



Nursing in Care Homes



FORTHEFULLTEAM
FELUNTÎM



Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales

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About the Royal College of Nursing (RCN)

The RCN is the world's largest professional organisation and trade union of nurses, representing around 435,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 26,000 members in Wales. RCN members work in both the independent sector and the NHS. Around two-thirds of our members are based in the community.

The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland.

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Executive summary

Care homes support some of the most vulnerable individuals in society. The care home workforce ensures these individuals are cared for with dignity and compassion and are able to receive care in their home setting. The role of nursing in care homes is key to the delivery of complex, high-quality care, supporting independence, reducing admissions to hospital and improving health and wellbeing.

Care homes have faced unimaginable challenges during the COVID-19 pandemic. Difficulties in the procurement of personal protective equipment (PPE) and COVID-19 testing, and a lack of communication between health boards, local authorities and care homes saw anxiety within the sector rise. COVID-19 further exacerbated existing challenges in recruitment and retention of the workforce and demonstrated the fragility of the sector.

This has been recognised by the Welsh Government as it has launched a consultation, 'Rebalancing care and support', that aims to improve social care arrangements and strengthen partnership working. RCN Wales will be responding to the consultation to ensure the importance of nursing is highlighted and understood.

This present paper will provide policymakers, politicians and the public an insight into the role of nursing in care homes and provide solutions for the challenges faced by many in the sector



Recommendations

- 1** The Welsh Government should work with Social Care Wales (SCW) and Health Education Improvement Wales (HEIW) on a national campaign to raise the profile of registered nursing in Welsh care homes.
- 2** The Welsh Government should consider options for a fairer and more sustainable way of financing the care sector in Wales.
- 3** The Welsh Government should commit to expanding the scope of the Nurse Staffing Levels (Wales) Act 2016 to care homes. SCW should work in partnership with the Chief Nursing Officer (CNO) to establish interim safe staffing principles for care homes.
- 4** The Welsh Government must support the Fair Work Commission and commit to offering nurses and health care support workers pay and benefits equal to that of the NHS.
- 5** HEIW, health boards and trusts, and higher education institutes should work together to increase student placement opportunities within the independent social care sector.
- 6** The Welsh Government, local authorities, and health boards and trusts should ensure care homes have access to infection prevention control nursing advice.
- 7** The Welsh Government should consider carefully and mitigate any potential implications of the UK leaving the European Union (EU) on the care home workforce.

Section 1 The role and contributions of registered nurses in care homes

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

I took a resident out shopping recently. I picked something out, saying "Ooh, look at this! I used to wear one of these in the sixties!" - she looked at me and said "Matron, I'm not that old." I'm not for the older generation: I'm caring giving nursing care to someone who needs nursing, and age is immaterial.

A registered nurse's presence in a care home, for residents with nursing needs, is essential for continuous monitoring and assessing those residents' health and wellbeing. They are the core of the assessment process for continuing health care. As autonomous practitioners, their clinical skills are used to recognise and anticipate problems, take action when a person's condition is deteriorating, and avoid unnecessary hospital admissions. Registered nurses are key to managing acute illness, making decisions around the management of long-term conditions, and delivering complex interventions in emergency or crisis situations. They also help to support the seamless transition from hospital back into the care home.

Registered nurses in care homes co-ordinate the residents' care to ensure they are referred to specialist services, allied health professionals, GPs and social services, as required. They are also key in ensuring safeguarding processes are followed to ensure some of their residents, some of whom are very vulnerable, are safe.



Section 1 The role and contributions of registered nurses in care homes

Registered nurses promote residents' independence through proactive, rehabilitative care; promoting residents' health; delivering high-quality palliative and end of life care; and playing a key role in advocacy for residents and families.

The role of nursing in care homes does not end with the clinical needs of the resident; rather, the nursing workforce is often left to manage and overcome non-clinical challenges, especially at night. For example, a nurse may be left to oversee a fire drill, building maintenance and manage equipment breakdowns. To do this effectively take responsibility, skill and leadership.

The nursing role in a care home is important and should not be marginalised in policy development. The powerful benefits of this role have failed to be recognised or articulated in current policy. This has added to the pressure faced by nurses in care homes and acted to prevent student nurses seeking a career in the field.

Our residents range from their early forties to over one hundred years old, from elderly people to young amputees who want to go to rock concerts in Cardiff - and why shouldn't they? Add in the broad range of pathologies, pharmacology and care for spouses, children and grandchildren. I don't know any sphere of nursing that's as multifaceted and multigenerational.

We talk about putting loved ones in a care home, like you're putting them in a drawer and shutting it! But here people get to do things they've never done before, because we take care of everything to do with the disease process, medication. Instead of bills, tax, heating, all they have to worry about is: what am I going to do today?

Section 2 Care homes and COVID-19

If it wasn't for care homes, the NHS would have struggled - big time. Because if we'd failed and sent our residents into hospital, there would have been no ITU beds! It's about time the independent sector and the NHS were seen on a par.

COVID-19 has challenged the entire health and social care workforce. The nursing workforce has led innovation, provided complex clinical care and shown professional leadership throughout the pandemic. The care home sector has faced unimaginable challenges, and existing difficulties in communication between care homes, health boards and local authorities has been exacerbated, and difficulties in recruitment and retention highlighted. However, the care home workforce has continued to provide care for some of the most vulnerable people in society and has shown dedication and commitment to residents of care homes.

During the early stages of the pandemic, RCN Wales heard anecdotal stories of how care home staff felt isolated from the rest of the health and social care sector. The divide between health and social care grew evermore noticeable for the care home workforce. Care home managers often faced difficulties in seeking guidance from health boards, local authorities and SCW. There were also challenges in understanding who the guidance should come from. Furthermore, the challenges of obtaining PPE and COVID-19 testing kits were well-documented during the first wave of the COVID-19 pandemic. However, RCN Wales is aware that in most instances this has been resolved.

During the COVID-19 pandemic, nurses in the care home sector did not enjoy the same terms and conditions as those in the NHS, meaning that some were disadvantaged in terms of access to sick pay. On 30 October 2020, the Welsh Government announced the Statutory Sick Pay Enhancement scheme,¹ allowing the employer to claim up to full pay for their staff who became ill. However, some employers and nursing staff found this difficult to access.



¹ Welsh Government, October 2020, *Two Schemes to help people self-isolate to be introduced in Wales*, <https://gov.wales/two-schemes-help-people-self-isolate-be-introduced-wales>. Accessed 29 March 2021.

Infection prevention and control

During the first wave of the COVID-19 pandemic, infection prevention and control (IPC) within the care home setting was highlighted as an essential practice to ensure a safe environment for residents. The use of PPE and how to gain supplies of it was an element of this.

Throughout the early phases of the pandemic, it became evident that the communication of IPC guidance was challenging, and ensuring its implementation was ever more so. The physical estate of care homes across Wales predominantly consists of older buildings. Not only does this challenge the care home sector with ensuring the financial and physical upkeep of the building, but it also made isolating during the COVID-19 pandemic difficult. For example, not every resident has an ensuite bathroom, and therefore there was a need for residents to share bathroom facilities. The care home workforce worked tirelessly to ensure residents were protected, whilst also trying to interpret numerous guidance changes in the setting of a shared residential home.

COVID-19 has highlighted the need for IPC nursing advice and support within the care home setting. To have structured and consistent support from specialist IPC nurses would greatly aid care homes' ability to protect their patients and implement guidance and policy changes. This is true for any future waves of the COVID-19 pandemic, but also going forward in normal practice.

The role of the district nurse

District nurses (DNs) work in partnership with nursing staff at care homes. DN's provide resident needs assessments and, when required, clinical care.

During the COVID-19 pandemic, DN's stepped up to support their colleagues in care homes by providing necessary clinical care, and, at times, palliative services for residents

The support from DN's was invaluable. DN's provided this support on top of their existing duties, including supporting an increased number of patients in the community, leading community teams, and remaining up to date on COVID-19 guidance and IPC advice. The invaluable communication and close working of community and social care have been highlighted throughout the COVID-19 pandemic.

Our residents have had lots of contact with their loved ones, but my mother, who's 82, hasn't seen me since last March, because I have infection prevention responsibilities to the care home. It's this sort of thing people don't understand. A care home is a 5 star hotel with nursing care.

Section 3 The need for more registered nurses in the care home sector

The shortage of qualified registered nurses within the care system is a significant cause for concern, as it impacts on the sustainability of nursing care provision within care homes and on the wider stability of the market. With more agency and locum staff working in the care sector, this can lead to an erosion of continuity of care between nursing staff and resident. Continuity of care is one of the fundamental drivers that attracts nurses to the sector.

According to SCW, the number of registered nursing staff employed by commissioned care providers in 2018 was only 1,438, making up 3% of all staff employed by commissioned care providers in Wales.²

The percentage of registered nursing staff ranged from 0% in care providers commissioned by Powys, to 4% in Gwynedd, Wrexham, Swansea, Neath Port Talbot, Rhondda Cynon Taf, the Vale of Glamorgan, Monmouthshire and Newport.³

The nursing shortage in the care home sector has become so acute that some care homes are struggling to provide nursing care. There have even been suggestions from the sector of “solving” the nursing shortage by watering down or abandoning statutory and professional guidance that mandates a registered nursing presence or the supervision of a registered nurse. Whilst flexible multi-disciplinary teams are a way of working, and are needed alongside technological innovation, the safety of the person being cared for must be paramount.

If people need nursing care then it is the responsibility of the Welsh Government and all other stakeholders to work to increase the nursing capacity of the workforce.

Retention and recruitment

Feeling valued as part of the workforce builds and maintains morale. It is extremely important that registered nurses and care workers in the care home sector have parity of esteem with colleagues in the NHS, in both pay and terms and conditions.

² Social Care Wales, 2021, *Workforce Profile 2019: Commissioned Care Provider Services*

https://socialcare.wales/cms_assets/fileuploads/SCW_workforce_profile_2019_Commissioned-Services_final_EngV2.pdf. Accessed 29 March 2021.

³ Social Care Wales, 2021, *Workforce Profile 2019: Commissioned Care Provider Services*

https://socialcare.wales/cms_assets/fileuploads/SCW_workforce_profile_2019_Commissioned-Services_final_EngV2.pdf. Accessed 29 March 2021.

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In an RCN Wales 2020 survey, respondents were asked what they believe would keep nursing staff nursing in the care home sector. Over a third (38.4%) of respondents believe higher pay is the most important aspect for retaining staff.

Higher pay received the greatest number of votes from respondents. However, this is just one element of improving recruitment and retention in the sector. Other elements include ensuring the role of nursing staff is valued, ensuring there is sufficient opportunity to undertake continuous professional development (CPD) and a suitable career pathway for both registered nurses and care workers.

Value and respect the workforce

Thirty-two per cent of respondents believed recognising and respecting the role of the nursing workforce in care homes would encourage nursing staff to keep working.

Many registered nurses and nursing staff who work in care homes will testify to the hugely rewarding nature of nursing in care homes. However, the perceptions of policymakers around care home nursing can still sometimes be negative and out of date. Given the knowledge and skill mix required to comprehensively manage residents with complex needs and multiple co-morbidities, as well as demonstrating strong clinical leadership and decision-making in managing and leading staff teams, these perceptions are unsubstantiated and unjustified. These perceptions need to be properly dispelled through the Welsh Government, HEIW and SCW working closely together to raise the profile of care home nursing as a profession, and to devise an effective recruitment and retention strategy for the sector.

Furthermore, the Welsh Government needs to recognise the importance of nursing within the care home sector in policy and legislative development. The Welsh Government has recently launched two consultations: the consultation paper 'Age Friendly Wales Our Strategy for an Ageing Society' and the 'Rebalancing care and support' white paper consultation.⁴

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Neither document highlights the important role of nursing in promoting independence, providing rehabilitation, and caring for individuals to ensure they can grow old with dignity. In fact, 'Age Friendly Wales' does not mention the term nurse or nursing once, and 'Rebalancing care and support' simply refers to nursing funding. The clear lack of understanding of the importance of the role of nursing in the care sector is in desperate need of addressing.

The Welsh Government must ensure the nursing workforce in care homes and the wider social care sector is appreciated for its incredible work, and that its value is reflected in policy and legislative developments. *A Healthier Wales: our Plan for Health and Social Care*, and any subsequent delivery plans must address the archaic perceptions of the social care workforce and improve retention and recruitment in the care sector.

Access to education and continuous professional development

Due to the complexities of health in older age – such as altered presentation of disease, multiple pathologies, social influences on ageing and psychological adjustment to growing older – nursing staff need specific knowledge, skills and expertise to work with older people.

Education and access to CPD are therefore essential and, of course, required by the Nursing and Midwifery Council's (NMC's) revalidation process for registered nurses. Often educational courses and training for registered nurses in care homes are run by NHS Wales. This presents various challenges and registered nurses and care home managers have expressed frustration at their inability to access, and lengthy delays in accessing, NHS-run training, as they do not have an NHS email account and therefore cannot access the NHS intranet.

Something as simple as providing care home registered nurses with an NHS email account and intranet resources would be extremely helpful and demonstrate that registered nurses in the care sector are respected and valued to the same extent as their NHS colleagues.

What are the biggest barriers to recruitment? Lack of education on what we do. We need nurses to see that there is career progression and understand what the pathway is. When you train as a nurse you can find yourself thinking the world starts and ends with the NHS. It's nice to understand there's a world outside NHS and you can have a great deal of fun.

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End of life care education

For residents of care homes, receiving good quality nursing care is key to having a good quality of life and, in situations where a resident may spend the last days of their life in a care home, a good and dignified death. The provision of high-quality end of life care can sometimes be undervalued and under-prioritised because of insufficient patient pathways and protocols to allow residents to stay in care homes at the very end of life. Palliative care is an essential skill needed by all nurses and CPD in palliative care is required.

Care home managers should be encouraged to develop a workforce that has palliative and end of life care skills as a valuable investment.

The Six Steps to Success in End of Life Care programme⁵ was adapted from the North West of England Life Care Model and implemented by the Macmillan End of Life Care Nurse Facilitation Team in Betsi Cadwaladr University Health Board. The programme improves outcomes and experiences for residents and their families. The 8-month programme offers six steps:

- Step 1:** discussions as the end of life approaches
- Step 2:** assessment, care planning and review
- Step 3:** co-ordination of care
- Step 4:** delivery of high-quality care in care homes
- Step 5:** care in the last days of life
- Step 6:** care after death

The success of the programme is highlighted by its evaluation. There was a reduction in the incidence of unplanned admissions to hospital; for every eight residents, there were an average of two unplanned admissions following the programme, compared with three before. Furthermore, incidences of documentation of preferred place of death was higher after the Six Steps programme. Prior to the course, 83.7% of care homes perceived that they “always” or “often” discussed wishes and preferences for end of life care, whereas following the Six Steps programme this increased to 93%.

What are the biggest barriers to retention?

The F word: Funding. Without proper funding we can't recruit properly or match the benefits of working for the NHS – such as pensions. You don't get that here. If care homes are paid properly, they can pay their nurses properly. And they can train staff. So it's a continuous circle.

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The success of the programme can further be seen by the ability of nursing and residential homes to provide advance care planning. In nursing homes, 31.3% offered advance care planning prior to the Six Steps programme, which increased to 87.3% afterwards. In residential homes, 32% offered advanced care planning prior to the Six Steps programme; this increased to 83.3% afterwards. There was also a rise in the confidence of nursing and care home staff, and an increase of death in the resident's preferred place.

As part of the Bevan Commission's Adopt and Spread Programme, the Six Step programme has been spread to Cwm Taff Health Board, Powys Health Board and Wrexham County Borough Council.

The value of end of life care cannot be underestimated. Consistent education and CPD are needed to ensure residents feel listened to and for their families and involved friends to feel confident in the care their loved one is being provided with. The Six Step programme is an example of good practice and a consistent approach to high-quality end of life education.

Investing in information technology (IT) and digital technology systems

Investment in technology in care delivery in Wales is important for those working in the care home sector. Access to NHS IT systems would improve data and information flows, particularly in relation to patient records management, but it also would allow vital access to current protocols, guidelines and the latest research findings. Investing in ICT and digital technology could greatly enhance the capacity and capabilities of care homes.

For instance, virtual reality (VR) and digital media (tablets, internet, etc.) are being used successfully with care home residents in a variety of ways. Digital Communities Wales has several examples of best practice, including a case study on Woffington House Care Home in Tredegar. During this study, the use of iPads, combined with VR glasses, allowed residents to visit Aberystwyth in 1965, and experience roller coaster rides. The home has seen a 100% reduction in the use of antipsychotic medications on an "as required" basis, as well as a reduction in falls and a 28% reduction in ambulance call-outs.⁶ Staff morale was also boosted. The experience of using digital technology to explore residents' hobbies and connect with family members who live far away improved the quality of life for the residents. As reported:

⁶ Welsh Government, Digital Communities Wales, *Woffington House Care Home*, <https://www.digitalcommunities.gov.wales/case-studies/woffington-house-care-home/>. Accessed 28 March 2021.

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“Ken (not his real name) has lived at Woffington House for over two years. He has no family and has no visitors. He suffers with anxiety, mild depression and lives with dementia. At times he would bite his knuckles and hit door frames because of his frustrations. He was prescribed Lorazepam when necessary. Using an iPad and Virtual Reality glasses, Ken has been able to revisit Aberystwyth in 1965 as well as go on rollercoaster rides. He also loves looking up songs using YouTube. Ken’s health and wellbeing has improved dramatically and gone are the days of anti-psychotic medications”.⁷

The integration of IT within care homes is not only important for the delivery of care, and access to current guidance and protocols, it is essential for the improved health and wellbeing of residents. Investing in ICT and digital technology could greatly enhance the capacity and capabilities of care homes.

Education and career framework

The care delivered outside hospital settings is increasingly complex and requires a substantial and varied skill mix, to not only look after care home residents but also to effectively manage systems, resources and people.

The undergraduate, pre-registration nursing programmes do not always adequately prepare the future nursing workforce with the necessary knowledge, understanding, and clinical and practical skills for a role in the care home sector. Nor are the programmes highlighting the possibility of career progression, leadership opportunities and level of skills a nurse in the care setting would achieve.

RCN Wales feels that additional educational attention is needed for care for older people; frailty; co-morbidities; complex long-term conditions; dementia; end of life care; health and social care partnerships; and the policy and regulation of care homes.

⁷ Wales Co-operative Centre, November 2018, *Digital Inclusion in Health and Care in Wales* <https://wales.coop/wp-content/uploads/2018/11/Digital-Inc-Summary-2018.pdf>. Accessed 27 March 2021.

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The NMC has published new pre-registration standards and, together with HEIW's current review of education commissioning, there is a real opportunity in Wales to address and strengthen these aspects.

To encourage registered nurses to begin their career in care home nursing, a career framework outlining a clear pathway for nursing in the care home and independent sector is required.

The CNO for Wales led on the development of the post-registration career framework for nursing, advanced practice framework and aligning nursing skills. This guidance needs to be both adapted and adopted in the care home sector. This will require collaboration with academic institutions that provide pre- and post-registered nursing education, to enable learning, teaching and mentoring; there should be funded learning and training opportunities both within and away from the work environment.

Hospital discharge

NHS performance statistics in Wales show that in 2019, on average, 452 patients remained in acute NHS beds despite being medically fit for discharge. An average of 194 of those 452 patients were waiting for community care and 69% of patients were aged 75-years-old or older.

The acute hospital environment is not beneficial for people to remain in longer than clinically necessary. There is an increased risk of infection and a growth of mental dependency. Physical abilities decline rapidly which result in an increased likelihood of falls and further injury. The Get Up, Get Dressed, Get Moving campaign acknowledges that patients aged over 80 years old who remain in bed lose up to 10% of their muscle mass in just 10 days. This equates to their muscles ageing by about 10 years. The campaign noted that up to 50% of patients over the age of 80 can become incontinent within 24 hours of admission and fewer than 50% of patients recover to preadmission levels within 1 year.



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The most significant factor causing delays in discharge is the lack of capacity in the community and care sector to receive adult and child patients. There is also a lack of communication between the secondary setting and care homes. The discharge of a patient into a care home is an extremely complex process. The care home must assess the individual's needs, ensure the home can meet the needs of the individual through physical and staffing resources, and discuss arrangements with family members and health professionals. Furthermore, discharge needs to occur on an appropriate day and if an individual needs to be transported to the home in an ambulance that needs to be arranged as well. Often the discharge of a patient involves multiple professions. Therefore, communication needs to be consistent and free-flowing throughout secondary, primary and social care.

Initiatives have been introduced to improve communication and hospital discharge across Wales. In Swansea Bay, the “red bags” scheme has been introduced; it helps care home residents admitted to hospital be discharged quicker. The bag contains key paperwork, medication, and personal items. This is handed to ambulance crews by care home staff when a patient need to be admitted to hospital. The bag travels with the patient from the care home to the hospital and back to the care home.

The red bag scheme was launched in certain areas in England in 2018. However, the scheme was only very recently introduced in Swansea Bay, and the COVID-19 pandemic disrupted any progress that could have been made.

It is essential that any scheme to improve the hospital discharge process is patient-centred and involves voices from secondary, primary, community and social care.



Section 4 Safe and effective care in care homes

Safe staffing saves lives.

Poor nurse staffing levels increase mortality rates by up to 26% compared to better-staffed wards. Research has also proven safe and effective nurse staffing levels reduce readmission to hospital, health care-associated infection rates, medication errors, falls and pressure ulcers.

RCN Wales believes that the next Welsh Government should commit to providing safe staffing in care homes. The Welsh Government should expand the scope of the Nurse Staffing Levels (Wales) Act 2016 and invest in the All Wales Nurse Staffing Programme.

As part of an ongoing agenda for ensuring safe staffing in the care home sector, SCW should work in partnership with the CNO to produce safe staffing principles for care homes.

Safe staffing principles

In 2017 the CNO's office published the 'Interim District Nurse Guiding Staffing Principles'.⁸ The eight staffing principles sought to empower district and community nursing teams and to recognise the complexity of care required in the community.

The principles were introduced as a tool to aid the preparation of the extension of the Nurse Staffing Levels (Wales) Act 2016. At the time, the CNO's office recognised that the scope of the Nurse Staffing Levels (Wales) Act 2016 could not be extended to the community as there was not a "sufficiently robust and evidence based workforce calculation tool and appropriate patient sensitive indicators".⁹ The principles were therefore introduced as an interim measure to support health boards in readiness for any potential extension of the Nurse Staffing Levels (Wales) Act 2016 to the community. The ambition to extend the Nurse Staffing Levels (Wales) Act 2016 to the community is ongoing.

⁸ Welsh Government, 2019, *Interim District Nurse Guiding Staffing principles*, <https://gov.wales/sites/default/files/publications/2019-03/interim-district-nurse-guiding-staffing-principles.pdf>. Accessed 23 March 2021.

⁹ Welsh Government, 2019, *Interim District Nurse Guiding Staffing principles*, <https://gov.wales/sites/default/files/publications/2019-03/interim-district-nurse-guiding-staffing-principles.pdf>. Accessed 23 March 2021.

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Care homes are not yet in a position to be covered by the Nurse Staffing Levels (Wales) Act 2016. The reasons why not are similar to the ones expressed in 2017 by the CNO regarding community nursing: “Firstly the readiness of an evidence-based workforce planning tool in a Welsh context, and secondly the feasibility (in terms of cost and workforce readiness) of maintaining the calculated required nurse staffing level”¹⁰. The care home sector is also extremely complex, with various commissioning bodies, funding streams and regulations. This would need to be understood in order to extend the Nurse Staffing Levels (Wales) Act 2016.

SCW and the CNO’s office should work in partnership to produce staffing principles for the care home sector. Similar to the interim community principles, any care home principles would act as a measure to prepare the sector for introduction of the Nurse Staffing Levels (Wales) Act 2016. The designing and implementation of the principles should be carried out by SCW and the CNO, in consultation with stakeholders. This would ensure the principles are suitable, sustainable and useable within the sector.

The Nurse Staffing Levels (Wales) Act 2016

The Nurse Staffing Levels (Wales) Act 2016 was enacted to protect patients and empower the workforce. The legislation currently does not cover care homes. Currently, Section 25A places a duty on health boards and trusts to have regard to the importance of nurse staffing in all settings. Section 25B places a legal duty on health boards and trusts to calculate and maintain nurse staffing according to a specified methodology. Section 25B currently cover acute medical and surgical in-patient wards and will cover paediatric in-patient wards by October 2021.

In 2020 RCN Wales surveyed its members on what setting it believed was the most important for Section 25B to be extended to. Over a third (36.7%) of respondents named care homes as the most important setting. Care homes received the highest percentage of votes.

¹⁰ Welsh Government, 2019, *Interim District Nurse Guiding Staffing principles*, <https://gov.wales/sites/default/files/publications/2019-03/interim-district-nurse-guiding-staffing-principles.pdf>. Accessed 23 March 2021.

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When you can't recruit and retain staff, you can only do the basics. It means I can't allow my staff to take six residents on a trip to Cardiff because in an emergency, they'd need two people for that resident and one with each other resident. So that's six staff and a nurse to care for tracheostomies, carry suction machines or oxygen on their backs, Parkinson's medication... But you're allowing that person to have a life. We've got to do that as nurses in care.

It should also be noted that, at the time of the original legislation being developed, a number of political parties tabled and supported amendments which were in favour of care homes being within the scope of the legislation.

The Welsh Government should extend the scope of the Nurse Staffing Levels (Wales) Act 2016 to care homes and, as an initial step, the Welsh Government should invest in a care home workstream as part of the All Wales Nurse Staffing Programme.

All Wales Nurse Staffing Programme

The All Wales Nurse Staffing Programme, responsibilities of which is held within HEIW, oversees the development of the Welsh levels of care tool to use in various settings. The levels of care tool provides the specific, evidence-based methodology needed to calculate and maintain the level of nursing required for a specific setting. This includes a continuous assessment of acuity and the dependency of patients to allow for the consistent calculation of staffing need. The tool allows for the extension of Section 25B to other settings.

A dedicated workstream would seek representatives from SCW, care home managers, local authorities and, of course, nursing representatives. This would allow for all voices to be heard in the development of safe staffing in the care home sector. There should be greater investment and support for the All Wales Nurse Staffing Programme to allow the programme to expand to other settings, including care homes.



Section 5

Integration and working with secondary, primary and community care

In *A Healthier Wales* (2018), the Welsh Government outlined its long-term vision of shifting the provision of health care from resource-intensive hospitals to community-based services and improve the integration of health and social care in Wales. The strategic policy drive, combined with the ageing population and increased comorbidity of illnesses, has placed community nursing services and care homes under heavy pressure and whilst the vision is there, the view from the frontline is that there is still a disconnect between primary, community, secondary and social care.

The goal of delivering the best possible care to people living in care homes is achieved by having a multi-disciplinary team made up of both health and social care professionals working seamlessly together. A good model of integration between health and social care must recognise and value the different specialisms and skills different professions can offer. Additionally, given the requirement for NMC registered nurses who are care home managers to also be registered with SCW, it is important for the system of registration to value nursing qualifications, and for the experience and knowledge to be recognised as part of the dual-registration system.

Registered nurses employed by care homes work closely with other agencies and professionals, making appropriate referrals as part of their management and co-ordination of care role. Some registered nurses working in care homes feel that a more co-ordinated partnership is needed with community nursing teams and GP surgeries, with primary care clusters taking a lead to make this happen.

Of course, there is an understanding that primary care is also not, in itself, immune to recruitment and retention pressures, particularly in rural areas. Yet, if there were closer collaboration between GPs, DNs and registered nurses in nursing homes, more care home residents could be kept well in the community for longer, reducing the pressure on the acute sector by avoiding unnecessary hospital admissions.

You have to have excellent communication, skills but still sometimes it's very difficult. Pre-pandemic, if I phoned a hospital to do an assessment from home, I would have been challenged. "This information is confidential - how do I know you're who you say you are?" Now I understand that, but we have to get over it somehow and work together, the independent sector and NHS, in a more cohesive fashion.

Section 6 The UK leaving the European Union

Research commissioned by the Welsh Government found that registered nurses are the staff group within social care with the highest proportion of non-UK EU workers (approximately 17.7%)¹¹

The report further highlighted that retention challenges were most acute with respect to NMC registered nurses within social care in Wales.¹²

In March 2020, RCN Wales signed the Welsh Government's migration position paper.¹³ The paper sets out a united Welsh position on a number of key migration issues, including the need to recognise demographical differences across the UK, the Welsh requirements for a new immigration system and the salary threshold.

A new immigration system

The new immigration system came into effect in January 2021. The RCN continues to call for this system to be designed and implemented to benefit nursing. The introduction of the new immigration system must not be used to create arbitrary barriers which affect our ability to recruit international nursing staff. Therefore we are calling on the UK Government to ensure the new system adequately:

- **benefits the recruitment and retention of international nursing staff**
- **appropriately assesses and mitigates the impact on social care**
- **grants indefinite leave to remain for health and social care staff who are supporting the COVID-19 response across the UK**
- **recognise that the needs of the health and social care sector differ across the nations and regions of the UK**

¹¹ Government for Social Research and the Welsh Government, 2019, *Research on Implications of Brexit on Social Care and Childcare Workforce in Wales* <https://gov.wales/sites/default/files/statistics-and-research/2019-03/implications-brexit-social-care-and-childcare-workforce.pdf>. Accessed 20 March 2021.

¹² Government for Social Research and the Welsh Government, 2019, *Research on Implications of Brexit on Social Care and Childcare Workforce in Wales* <https://gov.wales/sites/default/files/statistics-and-research/2019-03/implications-brexit-social-care-and-childcare-workforce.pdf>. Accessed 20 March 2021.

¹³ Welsh Government, 2020, *Wales position paper on migration*, <https://gov.wales/sites/default/files/pdf-versions/2021/1/3/1610564620/wales-position-paper-migration.pdf>. Accessed 21 March 2021.

Section 6 The UK leaving the European Union

The needs of the health and social care sector differs across the four nations of the UK. The future immigration system must accommodate the difference in demand in Scotland, Northern Ireland, Wales and England. The RCN has called for a formal mechanism for Wales similar to the existing Scottish Shortage Occupation List. This recommendation was made by the Migration Advisory Committee to the Home Office and accepted in principle, but other mechanisms to ensure the needs of the health and social care sector in Wales must be taken into account are required.

Settlement scheme

RCN Wales values all EU/European Economic Area (EEA) and Swiss nationals working in the health and social care sector in Wales and we recognise that it is not just about the professionals, but also their families and the communities they live in. EU/EEA and Swiss staff should be able to apply for the free Settled Status scheme and should be supported by the Welsh Government.

From January 2021, EU/EEA and Swiss citizens living in the UK must have registered and obtained settled or pre-settled status in order to be able to continue to live in the UK and access NHS services free of charge. The deadline for applying is June 2021.¹⁴ The Welsh Government should ensure that its package of free support is readily available to help EU citizens to work and live in Wales.



¹⁴ UK Government, *Apply to the EU Settlement Scheme (settled and pre-settled status)*, <https://www.gov.uk/settled-status-eu-citizens-families>. Accessed 29 March 2021.

Section 7 Funding social care

The current social care funding system is complex and confusing for care home residents, families and social care staff. It consists of self-funding, local authority funding and a contribution from the NHS for the registered nurse elements of care (via NHS-funded nursing care (FNC) or NHS-funded Continuing Healthcare (CHC)). Care homes support residents who have funding from any of these funding streams. The current system causes a great deal of frustration, with individuals feeling there was a “discriminative” system in place; a “them” and “us” mentality, separating health from social care.

Moreover, CHC funding is limited and does not reflect the true cost of care, meaning that many homes are now reluctant to offer CHC care. Some residents, when their needs increase so they qualify for CHC funding, are asked to move homes because the care home cannot afford to continue with CHC funding. This perceived two-tier system is also mirrored in the access to equipment the social care sector has, compared to the NHS, which limits the scope of care given in care homes.

The current system of accessing public funding for care requires a sharp distinction being drawn between nursing care and personal care, with nursing care funded by the NHS and personal or social care either not funded or subject to various eligibility criteria. This is a difficult and frustrating exercise from the perspective of nursing, which views the needs of the person being cared for holistically. The fundamentals of care, such as nutrition, hydration and personal hygiene, as well as physical and mental health more generally, are all aspects of health and wellbeing. It follows, therefore, that the current situation whereby one person can receive complete cancer care through the NHS, whilst another has to sell their home in order to pay for dementia care appears fundamentally unfair from a nursing perspective.

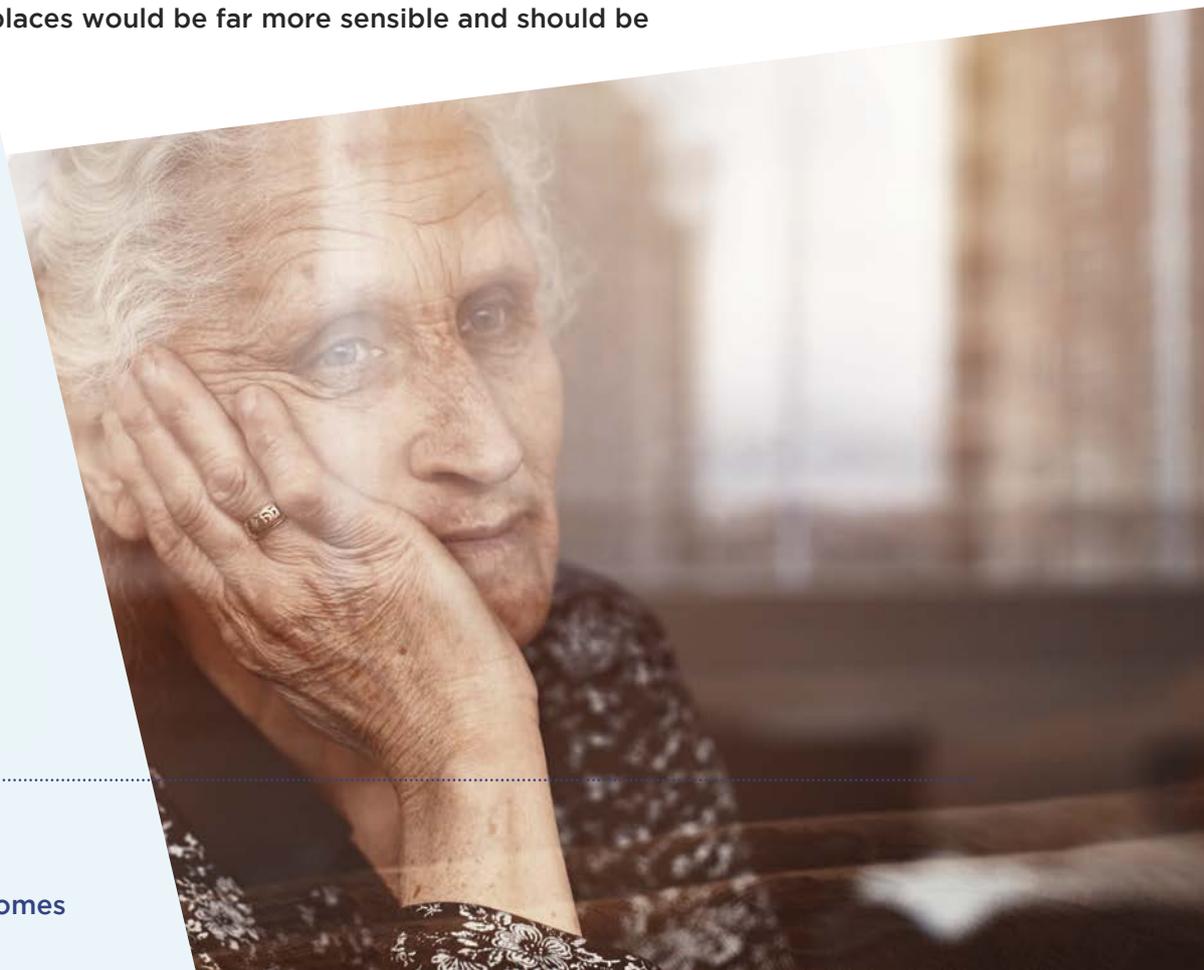
The distinction between nursing care and personal care has also previously had implications for nurses working in dual registered care homes. In these settings, nurses would have been limited to providing clinical services to residents with an assessed nursing need, whilst district nursing teams would provide clinical or “nursing” services (such as a dressing change) to residents assessed as “only” having personal care needs. The regulations introduced under the Regulation &

Section 7 Funding social care

Inspection of Social Care (Wales) Act 2016 state that registered nurses can give care to all residents, but that this would need to be specified in a care home's Statement of Purpose.

Care home service providers are advised to consider the wider implications for all the people using the service. For instance, if a high number of residents required wound care, which would normally be undertaken by DNs, this may detract from registered nurses caring for individuals with "nursing" needs (as defined by the funding system). If this were to have an impact on the people requiring nursing care, the regulations are clear that the staffing level would need to be adjusted to account for this. This system, and its interpretation by the employer, can cause frustration to the nurse or care worker in the home that would prefer to focus on providing care as needed to all.

It is clear that a long-term, sustainable and simplified funding system for social care needs to be devised. Given the size and significance of services provided by care homes and the non-statutory sector, it is vital these sectors have financial stability. The current funding system for care homes is particularly difficult, with NHS funding following individual patients. An All Wales NHS framework for commissioning care home places would be far more sensible and should be considered.



Section 7 Funding social care

Rebalancing care and support

The Welsh Government has launched a consultation into a white paper called 'Rebalancing care and support'. The white paper sets out how to ensure the vision of the Social Services and Wellbeing (Wales) Act 2014 can be fully fulfilled.

'Rebalancing care and support' recalls that during the implementation of the Social Services and Wellbeing (Wales) Act 2014 the Welsh Government experienced significant challenges in arranging and delivering care. The white paper consultation highlights the lack of co-ordination between local authorities as the main reason for this. It states that there are potentially 22 different ways of arranging and delivering care in Wales: a system driven by complexity and confusion.

'Rebalancing care and support' suggests establishing a national framework for social care. The purpose of the framework would be to set fee methodologies and improve co-operation and transparency. The system would further marginalise pay differences in the attempt to reduce provider competition.

The consultation further underlines the fact that the Inter-Ministerial Group on Paying for Social Care is currently examining options for future resourcing to be made available to the adult social care sector, including how additional funds would be raised and spent.

RCN Wales will respond to the consultation to emphasise the importance and value of nursing within the care home sector and to ensure any arrangements put in place are suitable for the nursing profession and the individuals using social care.

