

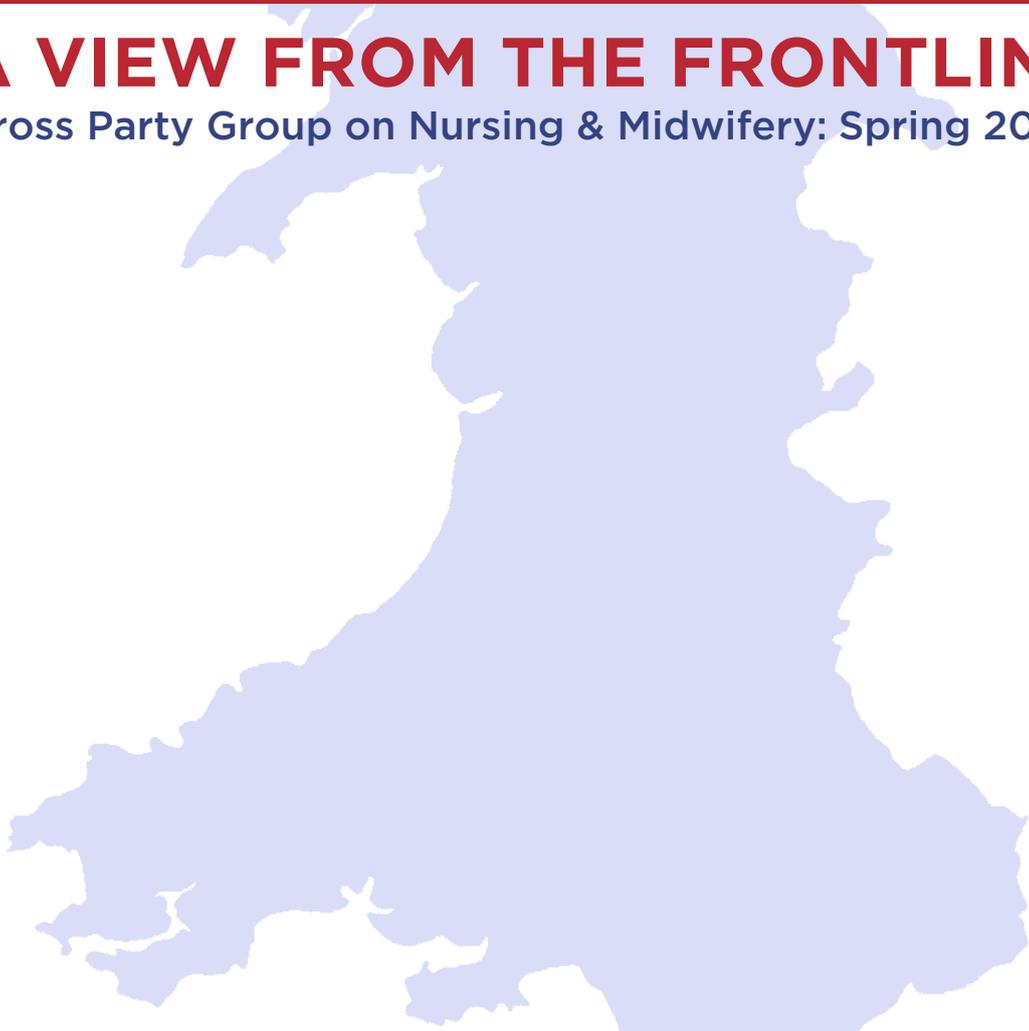


Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales

Nursing in Care Homes

A VIEW FROM THE FRONTLINE

Cross Party Group on Nursing & Midwifery: Spring 2019



Forward from Chair of the Cross Party Group on Nursing and Midwifery

In March 2019, RCN Wales invited members from across the care home sector in Wales to meet with Assembly Members and discuss some of the key issues and themes around the delivery of nursing in care homes. The discussion was focussed around three principle themes:

- the value of nursing to residents in care homes;
- the barriers preventing nurses and nursing from fulfilling their potential in care homes; and
- suggested solutions for Welsh Government to enable improvement.

This report sets out the key findings and recommendations emerging from this discussion.

I would like to thank all the RCN members who contributed to this report and also the Assembly Members who took time to attend the workshop and speak to participants. I'm sure this report will be read by many of my colleagues with interest and I look forward to working to progress and influence on this important area of work.



David Rees AM



Findings & Themes

The discussions were both productive and enabled a range of issues to be explored by nursing professionals from different backgrounds and by elected politicians from across the political divide. From the conclusions of those discussions emerged several overarching common themes:

- Registered nurses are key to the delivery of safe, high quality care and to supporting improved health and wellbeing outcomes
- Nurses and the nursing workforce in care homes must feel valued
- The positives of care home nursing should be celebrated
- The nursing capacity within care homes in Wales is not sufficient to meet current demand
- recruitment and retention of the nursing workforce in care homes must be improved



Recommendations:

- 1** Following the example of Train Work Live¹ the Welsh Government should work with Social Care Wales and Health Education Improvement Wales on a national campaign to raise the profile of Registered Nursing in Welsh care homes, with a focus on recruitment and retention of nursing staff in the social care sector.
- 2** Welsh Government should consider options for a fairer and more sustainable way of financing the care system in Wales.
- 3** Welsh Government should extend the scope of the Nurse Staffing Levels (Wales) Act 2016 to include care homes.
- 4** Independent and social care providers should offer nurses and Health care support workers pay and benefits as good as, or equal to the NHS, including access to continuous professional development and opportunities for career progression.
- 5** Health Education and Improvement Wales (HEIW) should, in their forthcoming workforce strategy, address the need for nursing in the care home sector.
- 6** HEIW should lead collaborative efforts with Health Boards, Trusts and higher education to increase student placements opportunities within the independent social care sector in order to widen access to careers in the care home sector.
- 7** Primary Care Clusters, with guidance from the Welsh Government, should lead on improving opportunities for closer collaboration between District and Community Nursing teams and care homes.
- 8** The Welsh Government should consider carefully and mitigate, as far as is possible, the implications of Brexit on the registered nurse and nursing workforce in the care home sector

The role and contribution of Registered Nurses in a care home

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 of care homes throughout Wales.

A Registered Nurse presence in care homes for residents with nursing needs is essential for continuous monitoring and assessment of residents' health and wellbeing. As autonomous practitioners their clinical skills are used to recognise and anticipate problems, taking action when a person's condition is deteriorating and avoiding 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 promote residents' independence through proactive, rehabilitative care; promote residents' health; deliver high quality palliative care and end of life care for individuals and play a key role in advocacy for residents and families.

Being a Registered Nurse in a care home is a rewarding role. RCN members who attended the Cross Party Group event spoke of their privileged position of being able to build relationships with patients, to get to know them and be able to take the time to care for them in a holistic way. Of course, this can only happen when a care home is well-managed and adequately resourced with enough nursing staff with the right skills and knowledge, in the right place, at the right time. In managing the increasing complex care needs of people in care homes there is a need for greater sharing of professional knowledge and support between Health Boards and independent care providers.

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

“Equity of professional support and education is needed for all those involved in the care of people, whether in hospital, in their own homes in care homes or nursing homes”

RCN Member

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 the sustainability of nursing care provision within care homes, and on the wider stability of the provider 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, one of the fundamental drivers that attracts nurses to the sector.

According to Social Care Wales in 2017 there were only 1600 registered nurses in the care home workforce in Wales. This critically low figure illustrates how difficult providing quality nursing care in care homes in Wales has become.”

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. While flexible multi-disciplinary ways of working 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.

The Royal College of Nursing Wales has consistently called for the Nurse Staffing Levels (Wales) Act 2016 to be extended to the care home sector. Welsh Government have initiated a suite of work streams looking at extending the Act into a number of different areas, including care homes. The care homes work stream is focusing on consolidating a standardised methodology to support health boards in their care home commissioning responsibilities under the Act, and the National Collaborative Commissioning Unit is supporting the progression of this work. Other work streams, such as paediatric inpatient and district nursing, have benefited from a dedicated staff resource being allocated to progress these areas. The Welsh Government should consider whether a similar level of investment is required to progress the care homes work stream. It should be noted that at the time that the original legislation was being developed, a number of political parties tabled and supported amendments which were in favour of care homes being within scope of the legislation.

In addition, the Royal College of Nursing Wales would like to see social care provision to be fully incorporated into Health Boards’ Integrated Medium Term Plans (IMTPs). IMTPs are required to cover the full range of health and social care provision, but this requirement is not consistently being met within all published IMTPs. This needs to be addressed in the forthcoming workforce strategy from HEIW.

Improving recruitment and retention of the nursing workforce within care homes

Feeling valued as part of the workforce builds and maintains morale. It is extremely important that RNs and care workers in the care home sector have an equivalence of pay, terms and conditions, ensuring that there is parity of esteem with colleagues in the NHS. However, this is just one element of improving recruitment and retention in the sector. Other elements include ensuring that there is sufficient opportunity to undertake continued professional development and a suitable career pathway for both RNs and for care workers.

“Please improve safe staffing levels. I would love to see improved patient care in hospitals, care homes and in the community.”
RCN Member

Valuing the workforce

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 policy-makers 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 Welsh Government, HEIW and Social Care Wales working closely together to raise the profile of care home nursing as a profession and devising an effective recruitment and retention strategy for the sector. HEIW must include the needs of this sector in their forthcoming workforce strategy which they are developing for the Welsh Government.

“Private sector pay especially in busy reputable care homes should be on a par with hospitals. That way recruitment of trained nurses to them will be more appealing.”
RCN Member

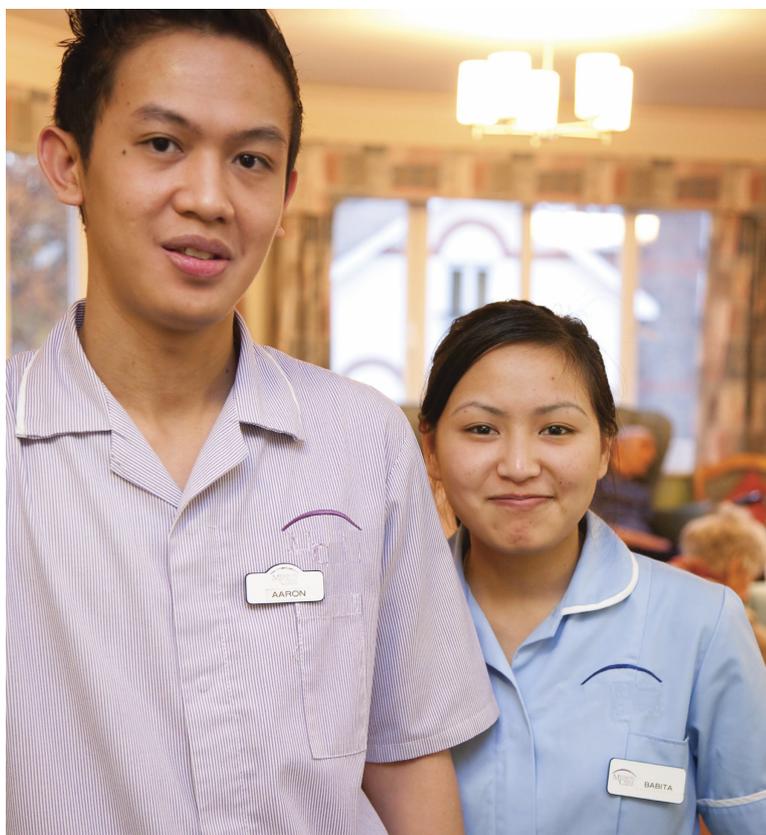
Access to education and Continuing Professional Development

“A lack of opportunities to update knowledge in partnership with colleges and universities is a barrier”

RCN Member

Because of the complexities of older age such as altered presentation of disease, multiple pathology, social influences on ageing and psychological adjustment to growing older – nurses need specific knowledge, skills and expertise to work with older people. Education and access to Continuing Professional Development (CPD) is therefore essential and of course required by the NMC’s revalidation process for Registered Nurses.

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 continuous professional development in palliative care is required. Care homes managers should be encouraged to see developing a workforce that has palliative and end of life care skills as a valuable investment.



Education and Career Framework

The care delivered outside of 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. There was consensus among workshop participants that undergraduate pre-registration nursing programmes are not always adequately preparing the future nursing workforce with the necessary knowledge, understanding, clinical and practical skills for a role in the care home sector. Participants felt additional 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. The Nursing and Midwifery Council (NMC) has recently 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.

In encouraging RNs 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 Chief Nursing officer 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 nurse education, to enable learning, teaching and mentoring; there should be funded learning and training opportunities to take place both within and away from the work environment.

Implications of Brexit

Recent research commissioned by 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%). Furthermore, the report found that retention issues were most acute with respect to NMC registered nurses within social care in Wales². The implications of Brexit in relation to the care home sector must be carefully considered and mitigated. Alongside the recruitment strategy discussed earlier the provisions of any future immigration system must be carefully considered from a Wales perspective. 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 social care sector in Wales are taken into account are required. For example the RCN is calling for the abolition of the salary threshold.

² *Research on Implications of Brexit on Social Care and Childcare Workforce in Wales*, Government Social Research, March 2019

Integration and working with primary and secondary care

While there is a national strategic policy drive to integrated health and social care systems through The Parliamentary Review into Health and Social Care and the Welsh Government's response, *A Healthier Wales*, the view from the front line is there is still a disconnect both between primary, secondary and social care.

"The Welsh Government needs to increase the number of nursing/residential care homes in the community so that the acute hospitals are not filled with elderly people that are medically fit for discharge but have social/nursing needs that mean it is not safe for them to return to their homes."

RCN Member

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 within a multi-disciplinary team. Additionally, given the requirement for NMC Registered Nurses who are care home managers to also be registered with Social Care Wales, 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 (RNs) 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 RNs working in care homes feel that more a 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, averse to recruitment and retention pressures, particularly in rural areas. Yet, if there was closer collaboration between GPs, District Nurses and RNs 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.

Funding Social Care

Amongst participants, there were concerns around the current complex and confusing funding system for residential and nursing care, which comprises of self-funding, local authority funding, NHS funding (via NHS funded nursing care (FNC) or Continuing Healthcare (CHC)) or a mix of all three. This caused a great deal of frustration with some respondents 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 was also mirrored in the access to equipment the social care sector had compared to the NHS, which was limiting the scope of care given in care homes.

“Excellent care promotes a good quality of life and death, and also promotes good morale which encourages recruitment and retention of staff”

RCN Member

The current system of accessing public funding for care requires that a sharp distinction is 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, personal hygiene, as well as physical and mental health more generally, are all aspects of health and well-being. It follows therefore that the current situation whereby one person can receive complete cancer care through the National Health Service, 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 only providing clinical services to residents with an assessed nursing need, while district nursing teams would provide clinical or 'nursing' services (such as a dressing change) to residents assessed as 'only' having personal care needs. The new regulations introduced under the Regulation & Inspection of Social Care (Wales) Act 2016 state that registered nurses are able to carry out care to all residents, but that this would need to be specified in a care home's Statement of Purpose. 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 district nurses, this may detract from registered nurses

caring for individuals with ‘nursing’ needs (as defined by the funding system). If there was 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 sectors, it is vital this sector has financial stability. The current funding system for care homes is particularly difficult with NHS funding following individual patients. An NHS system for commissioning care home *places* would be far more sensible and should be considered.

ICT & Digital technology

Investment in use of technology in care delivery in Wales is also important for those working in the care home sector. Access to NHS IT systems, which would improve data and information flows, particularly in relation to not just patient records management, but 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, VR (virtual reality) 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. Here, the use of iPads combined with VR glasses, has allowed residents to revisit Aberystwyth in 1965 and experience roller coaster rides. The home has seen a 100% reduction in the use of anti-psychotic medications on an “as required” basis, as well as a reduction in falls and ambulance call outs.³



Assembly Member Helen Mary Jones AM speaks to workshop participants

Annex A: RCN Nurse of the Year Finalists

Showcasing Nursing Excellence in Care Homes

2018 Older People's Commissioner for Wales Award

Runner Up, Jane Brunsdon and
Cathryn Smith,
Aneurin Bevan University Health Board

Lead nurses in expert clinical skills and professional development, Jane and Cathryn are passionate about older people and their right to dignity and respect. Working in all residential and nursing care homes within the borough of Gwent, equating to 126 care homes, they believe that residents need the same access to services as the general population, requiring a skilled and experienced workforce. Since joining the Professional Development and Integration Team, Jane and Cathryn have aimed to empower care home staff to feel confident in discussing and implementing advance care planning and to provide care home staff with education to make empowered evidence-based decisions regarding their residents' health care needs.



*Jane Brunsdon
and
Cathryn Smith*

2018 Community Nursing Award

Runner Up, Karen Gregory, Advanced Nurse
Practitioner in District Nursing, Betsi Cadwaladr
University Health Board

Karen has been instrumental in setting up an initiative that seeks to build effective, long term relationships with care homes. Key to this is educating and supporting care home staff and community nurses to implement the National Early Warning Score (NEWS).

Karen was instrumental in setting up the implementation of advanced treatment escalation plans and clinical management plans for each individual resident and she has implemented frequent reviews for care home residents to prevent unnecessary or over-visiting of care home residents and unnecessary admissions to hospital.



Karen Gregory

Annex B: List of Attendees at the March 2019 Cross Party Group on Nursing and Midwifery



*Left to Right: Helen Randall
RCN member, Jane Hutt
AM, Mark Drakeford AM,
Helen Whyley, Director RCN
Wales. Gaynor Jones Chair
of the Welsh Board, RCN
member*

ATTENDEES AT THE MARCH 2019 CROSS PARTY GROUP ON NURSING AND MIDWIFERY

David Rees AM – Chair of the Cross Party Group on Nursing and Midwifery
Helen Whyley, Director RCN Wales - Group Secretary

RCN Members

Gaynor Jones OBE, Chair of the Welsh Board
Professor Dame June Clark, Welsh Board Member
Nicola Milligan, Welsh Board Member
Maria Calahane, Manager, Glasfryn House Nursing Home, Swansea
Carol Cleary, Deputy Home Manager, Royal Masonic Benevolent Home
Margaret Harris, Regional Lead, Hafod Care Association
Karen Heard, Deputy Manager, Hafod Care Association
Kim Jones, Lead Nurse – Palliative Care, Hospice of the Valleys
Rowena Martin, Nursing Home Manager, Abbeyfield Homes
Geraint Morgan, General Manager, Ty Penrhos Care Home
Julia Parry, Registered Nurse, Nursing Agency
Helen Randall, Registered Nurse, College Fields Nursing Home, Barry
Colin Webb, Registered Nurse, Agency & Bank Care Home Nurse, North Wales

Assembly Members

Paul Davies AM
Ryland Doyle, Researcher for Mike Hedges AM
Mark Drakeford AM
Vaughan Gething AM
John Griffiths AM
Huw Irranca-Davies AM
Mark Isherwood AM
Ann Jones AM
Helen Mary Jones AM
Dai Lloyd AM
Eluned Morgan AM
Manev Patel, Officer for Mike Hedges AM
Joyce Watson AM

RCN Wales Staff

Nigel Downes, Associate Director, Employment Relations
Nicola Davis-Job, Associate Director, Professional Practice
Lisa Turnbull, Policy & Public Affairs Adviser
Rosie Raison, Policy & Public Affairs Officer
Abigail Curtis, Administrative Support Assistant