SLEEP-IN SHIFTS
- CAN WE AFFORD THEM?

LaingBuisson launches consumer website
CQC’s ‘State of Social Care’ report

Investment appetite keeps its edge
INTERVIEW: AVNISH GOYAL

September 2017
Social care business management
With over 100 years collective experience in advising providers of health and social care on how to confront complex and frequently thorny issues, Ridout's is uniquely placed to work with you to achieve the best possible outcome wherever you are in the UK.

- Challenging CQC / CSSIW reports
- Challenging CQC / CSSIW enforcement action
- Safeguarding investigations
- Inquests
- Funding & fees
- Regulatory due diligence

+44 (0) 207 317 0340
www.ridout-law.com

Ridouts Professional Services Plc is a public limited company registered in England and Wales. Authorised and regulated by the Solicitors Regulation Authority. SRA Firm Number: 522241. Registered no. 08482868
SLEEP-IN SHIFTS
- can we afford them?

HALLMARKS OF SUCCESS
Hallmark Care Homes CEO AVNISH GOYAL talks to Caring Times editor Geoff Hodgson

ARTIFICIAL INTELLIGENCE
Care homes asked to participate in data collection on falls

VALUES MATTER
HALLMARKS OF SUCCESS
A clear set of values promote a shared social identity, says PETER LAWRENCE

TRADITIONAL IS BEST
DANNY SHARPE: Flexibility and attention to detail are paramount in care home design

CMA MARKET STUDY
TIM RIISAGER, says providers need to engage with the Competition & Markets Authority

- can we afford them?

Table bookings now open: page 19

Join us on Facebook
facebook.com/pages/Caring-Times/412487745449499

Follow us on Twitter
twitter.com/caring_times

Find us on LinkedIn
uk.linkedin.com/pub/richard-hawkins/16/118/28a

Radio Nurse Call
The Choice of the Professionals

Recommended by the UK's leading care groups

- Modern stylish design
- Comprehensive training & support
- Low cost maintenance
- Easy to use, simple to install
- Fully compliant
- Finance packages available

let's talk!
0800 849 5123
www.medicaresystems.co.uk

REITS RUSH IN
Real Estate Investment Trusts are looking to care homes, says Clearwater's RAMESH JASSAL
Government suspends enforcement action on payments for sleep-in shifts

Following strong pleas from specialist care providers and their representative bodies, the Government announced at the end of July that it would temporarily suspend enforcement activity and is waiving historic financial penalties against employers concerning sleep-in shift pay in the social care sector.

Specialist care providers have hitherto found sleep-in shifts to be often the most practicable option at small facilities with just a few service users, where carers sleep through the night but are present on site to respond to emergency requests for care and support.

For years these shifts have been paid at a flat rate of £35-45, with workers receiving National Minimum Wage or National Living Wage, for the hours they spend providing care.

However government guidance on the NLW’s application to sleep-ins has recently changed, prompted by employment tribunals. The Court of Appeal is to consider the re-interpretation of the law next year.

This has left providers potentially liable for up to six years of back payments, which, until this most recent government intervention, was being actively pursued by HM Revenue and Customs (HMRC). Conservative estimates have put sector-wide liabilities at around £400m. This, combined with recent below inflation local authority fee increases for specialist care, has seriously alarmed providers. In mid-July, three care organisations – Learning Disability Voices, the Voluntary Organisations Disability Group and Care England – supported calls from the charity Mencap to clarify rules on overnight sleep-in shifts.

The three bodies called on the Government to immediately suspend HMRC’s enforcement activity until the law is clarified, and publicly fund back pay liabilities if the Court of Appeal upholds the re-interpretation- and met with partial success.

Andrew Cannon, co-chair of Learning Disability Voices and chief executive of specialist care provider Voyage Care, said government inaction over sleep-ins could have been catastrophic:

“Our sector is currently facing a funding crisis,” said Mr Cannon.

However, government guidance on the NLW’s application to sleep-ins has recently changed, prompting by employment tribunals. The Court of Appeal is to consider the re-interpretation of the law next year.

This has left providers potentially liable for up to six years of back payments, which, until this most recent government intervention, was being actively pursued by HM Revenue and Customs (HMRC). Conservative estimates have put sector-wide liabilities at around £400m. This, combined with recent below inflation local authority fee increases for specialist care, has seriously alarmed providers. In mid-July, three care organisations – Learning Disability Voices, the Voluntary Organisations Disability Group and Care England – supported calls from the charity Mencap to clarify rules on overnight sleep-in shifts.

The three bodies called on the Government to immediately suspend HMRC’s enforcement activity until the law is clarified, and publicly fund back pay liabilities if the Court of Appeal upholds the re-interpretation- and met with partial success.

Andrew Cannon, co-chair of Learning Disability Voices and chief executive of specialist care provider Voyage Care, said government inaction over sleep-ins could have been catastrophic:

“Our sector is currently facing a funding crisis,” said Mr Cannon.

However, government guidance on the NLW’s application to sleep-ins has recently changed, prompting by employment tribunals. The Court of Appeal is to consider the re-interpretation of the law next year.

This has left providers potentially liable for up to six years of back payments, which, until this most recent government intervention, was being actively pursued by HM Revenue and Customs (HMRC). Conservative estimates have put sector-wide liabilities at around £400m. This, combined with recent below inflation local authority fee increases for specialist care, has seriously alarmed providers. In mid-July, three care organisations – Learning Disability Voices, the Voluntary Organisations Disability Group and Care England – supported calls from the charity Mencap to clarify rules on overnight sleep-in shifts.

The three bodies called on the Government to immediately suspend HMRC’s enforcement activity until the law is clarified, and publicly fund back pay liabilities if the Court of Appeal upholds the re-interpretation- and met with partial success.

Andrew Cannon, co-chair of Learning Disability Voices and chief executive of specialist care provider Voyage Care, said government inaction over sleep-ins could have been catastrophic:

“Our sector is currently facing a funding crisis,” said Mr Cannon.

However, government guidance on the NLW’s application to sleep-ins has recently changed, prompting by employment tribunals. The Court of Appeal is to consider the re-interpretation of the law next year.

This has left providers potentially liable for up to six years of back payments, which, until this most recent government intervention, was being actively pursued by HM Revenue and Customs (HMRC). Conservative estimates have put sector-wide liabilities at around £400m. This, combined with recent below inflation local authority fee increases for specialist care, has seriously alarmed providers. In mid-July, three care organisations – Learning Disability Voices, the Voluntary Organisations Disability Group and Care England – supported calls from the charity Mencap to clarify rules on overnight sleep-in shifts.

The three bodies called on the Government to immediately suspend HMRC’s enforcement activity until the law is clarified, and publicly fund back pay liabilities if the Court of Appeal upholds the re-interpretation- and met with partial success.

Andrew Cannon, co-chair of Learning Disability Voices and chief executive of specialist care provider Voyage Care, said government inaction over sleep-ins could have been catastrophic:

“Our sector is currently facing a funding crisis,” said Mr Cannon.

However, government guidance on the NLW’s application to sleep-ins has recently changed, prompting by employment tribunals. The Court of Appeal is to consider the re-interpretation of the law next year.

This has left providers potentially liable for up to six years of back payments, which, until this most recent government intervention, was being actively pursued by HM Revenue and Customs (HMRC). Conservative estimates have put sector-wide liabilities at around £400m. This, combined with recent below inflation local authority fee increases for specialist care, has seriously alarmed providers. In mid-July, three care organisations – Learning Disability Voices, the Voluntary Organisations Disability Group and Care England – supported calls from the charity Mencap to clarify rules on overnight sleep-in shifts.

The three bodies called on the Government to immediately suspend HMRC’s enforcement activity until the law is clarified, and publicly fund back pay liabilities if the Court of Appeal upholds the re-interpretation- and met with partial success.

Andrew Cannon, co-chair of Learning Disability Voices and chief executive of specialist care provider Voyage Care, said government inaction over sleep-ins could have been catastrophic:

“Our sector is currently facing a funding crisis,” said Mr Cannon.

However, government guidance on the NLW’s application to sleep-ins has recently changed, prompting by employment tribunals. The Court of Appeal is to consider the re-interpretation of the law next year.

This has left providers potentially liable for up to six years of back payments, which, until this most recent government intervention, was being actively pursued by HM Revenue and Customs (HMRC). Conservative estimates have put sector-wide liabilities at around £400m. This, combined with recent below inflation local authority fee increases for specialist care, has seriously alarmed providers. In mid-July, three care organisations – Learning Disability Voices, the Voluntary Organisations Disability Group and Care England – supported calls from the charity Mencap to clarify rules on overnight sleep-in shifts.

The three bodies called on the Government to immediately suspend HMRC’s enforcement activity until the law is clarified, and publicly fund back pay liabilities if the Court of Appeal upholds the re-interpretation- and met with partial success.

Andrew Cannon, co-chair of Learning Disability Voices and chief executive of specialist care provider Voyage Care, said government inaction over sleep-ins could have been catastrophic:

“Our sector is currently facing a funding crisis,” said Mr Cannon.

However, government guidance on the NLW’s application to sleep-ins has recently changed, prompting by employment tribunals. The Court of Appeal is to consider the re-interpretation of the law next year.

This has left providers potentially liable for up to six years of back payments, which, until this most recent government intervention, was being actively pursued by HM Revenue and Customs (HMRC). Conservative estimates have put sector-wide liabilities at around £400m. This, combined with recent below inflation local authority fee increases for specialist care, has seriously alarmed providers. In mid-July, three care organisations – Learning Disability Voices, the Voluntary Organisations Disability Group and Care England – supported calls from the charity Mencap to clarify rules on overnight sleep-in shifts.

The three bodies called on the Government to immediately suspend HMRC’s enforcement activity until the law is clarified, and publicly fund back pay liabilities if the Court of Appeal upholds the re-interpretation- and met with partial success.

Andrew Cannon, co-chair of Learning Disability Voices and chief executive of specialist care provider Voyage Care, said government inaction over sleep-ins could have been catastrophic:

“Our sector is currently facing a funding crisis,” said Mr Cannon.

However, government guidance on the NLW’s application to sleep-ins has recently changed, prompting by employment tribunals. The Court of Appeal is to consider the re-interpretation of the law next year.

This has left providers potentially liable for up to six years of back payments, which, until this most recent government intervention, was being actively pursued by HM Revenue and Customs (HMRC). Conservative estimates have put sector-wide liabilities at around £400m. This, combined with recent below inflation local authority fee increases for specialist care, has seriously alarmed providers. In mid-July, three care organisations – Learning Disability Voices, the Voluntary Organisations Disability Group and Care England – supported calls from the charity Mencap to clarify rules on overnight sleep-in shifts.

The three bodies called on the Government to immediately suspend HMRC’s enforcement activity until the law is clarified, and publicly fund back pay liabilities if the Court of Appeal upholds the re-interpretation- and met with partial success.

Andrew Cannon, co-chair of Learning Disability Voices and chief executive of specialist care provider Voyage Care, said government inaction over sleep-ins could have been catastrophic:

“Our sector is currently facing a funding crisis,” said Mr Cannon.

However, government guidance on the NLW’s application to sleep-ins has recently changed, prompting by employment tribunals. The Court of Appeal is to consider the re-interpretation of the law next year.

This has left providers potentially liable for up to six years of back payments, which, until this most recent government intervention, was being actively pursued by HM Revenue and Customs (HMRC). Conservative estimates have put sector-wide liabilities at around £400m. This, combined with recent below inflation local authority fee increases for specialist care, has seriously alarmed providers. In mid-July, three care organisations – Learning Disability Voices, the Voluntary Organisations Disability Group and Care England – supported calls from the charity Mencap to clarify rules on overnight sleep-in shifts.

The three bodies called on the Government to immediately suspend HMRC’s enforcement action on payments for sleep-in shifts.
COMPLIANCE MANAGEMENT DOESN’T HAVE TO BE SCARY

HATE COMPLIANCE MANAGEMENT? WE LOVE IT!
At QCS we provide the care sector’s leading compliance toolkits, helping providers to meet care standards with minimal fuss.

SAVE TIME
2,500+ pages of Policies, Procedures and Guidance - all customisable

STAY AHEAD
We support you with Care Planning, Surveys, Audits, Risk Assessments and Legislation Changes.

ENJOY PEACE OF MIND
We will automatically update your policies and procedures to meet nationally recognised best practice.

JOIN OVER 27,000 CARE PROFESSIONALS NATIONWIDE.
SPEAK TO A QCS COMPLIANCE ADVISOR TODAY ON
0333 405 33 33
AND KICK START YOUR FREE TRIAL WWW.QCS.CO.UK

QCS Quality Compliance Systems
- CQC Compliance
- Quality Assurance
- Care & Client Management
Looming crisis in nurse recruitment

The nursing shortage in the UK is becoming more acute, according to a sector analysis report published by commercial property specialists Christie & Co.

The report, Adult Social Care 2017: Funding, Staffing & the Bed Blocking Challenge, surveyed every local authority, using Freedom of Information requests, and more than 200 operators across elderly and specialist care in the UK in order to understand the ongoing, as well as new issues, faced by the care sector.

Figures show there has been a 3% fall in total registered nursing numbers for 2016/17 with a 23% rise in de-registrations leading to 17,000 permanently unfilled nurse vacancies across the UK. Following the Government’s decision to axe NHS bursaries for student nurses from 2017, applications by students in England to nursing and midwifery courses at British universities have also fallen by 23%.

In a sector heavily reliant on immigration, since the Brexit vote there has been a 35% drop in new registrations of EU trained nurses from 2016 to 2017.

Providers say they’ll take fewer publicly-funded placements as staffing costs continue to climb

Provider representative body Care England has published results of its survey on pay, and says the findings affirm the fragility of the system owing to inadequate and unsustainable fees from local authorities.

Care England chief executive Professor Martin Green said the survey made it clear that providers were expecting higher staffing costs and falling profits whilst demand continued to increase.

“In order to manage this, providers are anticipating fewer local authority placements while investing in technology and services to respond to demand,” said Prof. Green.

“The sector can and must adapt, but dynamics are shifting and unless local authorities pay the commensurate rate to providers there will be a lack of capacity for local authority funded residents and the ongoing workforce challenges will not be addressed.”

Key Statistics

- 96% of providers expected their overall staffing budget to increase this year and all expected further increases over the next three years to keep pace with demand.
- Staffing budgets make up the bulk of costs for providers.
- Only 10% of providers expected profit margins to increase in 2017/18 and this slightly increased to 15% projecting an increase in profit over the next three years. Conversely 55% of providers were projecting a fall in profits up to 2020.
- As a consequence providers were projecting a decrease in the number of local authority placements taken on, with 32% projecting a decrease in placements accepted in 2017/18 which increased to 45% of providers projecting to take on less local authority placements over the next three years.
- Prof Green said providers were realising the potential of technology in order to streamline their businesses and reduce the demand for staff.

LaingBuisson echoes Radio 4’s findings on care home closures

Sector analysts LaingBuisson say their research supports the findings of a BBC Radio 4 “You and Yours” report about care home bed shortfalls, which shows that up to 3,000 elderly people will be unable to find a care home place by the end of 2018, and that the shortage of beds could rise to 70,000 beds by 2026.

LaingBuisson’s research has found that about 2,000 beds a year are lost in the elderly care home market, and that this fall in availability is concentrated in non-affluent parts of the country where there is a greater reliance on state payments.

William Laing, founder of LaingBuisson, and author of its flagship Care of Older People report, responded to the BBC report, saying “You and Yours” had once again found a worrying downward trend in care capacity, largely because council paid fees (and central government funding to support them) were inadequate to incentivise new investment in care homes in those areas, largely north of a line from The Wash to the Bristol Channel, where there were not enough private payers to boost profitability with premium fees.

“And it’s not just a matter of new homes,” said Mr Laing. “It’s also a matter of incentivising maintenance capital expenditure on existing care home stock. Without such continuing investment, it will not be possible to offer the physical environment in which society would wish older people with substantial care needs to live.”
Setting the new benchmark in clean

When the standards are set high, Miele Professional comes into its own. Our range of high quality laundry and dishwashing machines, meet the requirements of both care homes and regulators.

With thermal disinfection programmes of up to 93° for our washers and 85° for our Hygiene dishwashers, we take infection control as seriously as you do.

BENCHMARK
Introducing our new, innovative, Benchmark washing machines. Top class energy efficiency, performance, speed and reliability.

Compliant with the regulations. Our washers and dishwashers meet the Department of Health HTM 01-04 guidelines and are WRAS category 5 approved.

Built to last. Our machines are tested to last up to 30,000 wash cycles, providing you with a cost-effective and reliable product.

New!

0844 893 0764 | miele.co.uk/pro/care | @MieleProf
Socialising shown to improve lives in dementia care

Person-centred activities combined with just one hour a week of social interaction can improve quality of life and reduce agitation for people with dementia living in care homes, while saving money.

These are the findings from a large-scale trial led by the University of Exeter, King’s College London and Oxford Health NHS Foundation Trust. These results were presented in mid-July at the Alzheimer’s Association International Conference 2017 (AAIC). The research was funded by the National Institute for Health Research (NIHR).

The trial involved more than 800 people with dementia across 69 care homes in South London, North London and Buckinghamshire. Two ‘care staff champions’ at each home were trained over four day-long sessions, to take simple measures such as talking to residents about their interests and decisions around their own care. When combined with just one hour a week of social interaction, it improved quality of life and reduced agitation.

Professor Clive Ballard, of the University of Exeter Medical School, who led the research, said the approach also saved money compared to standard care, and that the next key challenge was to extend the programme to the 28,000 care homes in the UK to benefit the lives of the 300,000 people with dementia living in these facilities.

“People with dementia who are living in care homes are among the most vulnerable in our society,” said Prof. Ballard.

“Incredibly, of 170 carer training manuals available on the market, only four are based on evidence that they really work.

“Our outcomes show that good staff training and just one hour a week of social interaction significantly improves quality of life for a group of people who can often be forgotten by society.”

Dr Jane Fossey from the Oxford Health NHS Foundation Trust, said that taking a person-centred approach was about really getting to know the resident as an individual - knowing their interests and talking with them while you provide all aspects of care.

“It can make a massive difference to the person themselves and their carers,” said Dr Fossey.

“We’ve shown that this approach significantly improves lives, reduces agitation and actually saves money too.

“This training must now be rolled out nationwide so other people can benefit.”

The results are the findings of the Improving Wellbeing and Health for People with Dementia (WHIELD) trial, said to be the largest non-pharmacological randomised control trial in people with dementia living in care homes to date.

The project included collaboration from University College London, the universities of Hull and Bangor, and Alzheimer’s Society.

Cambridge care home hosts fall prevention classes

Staff at Home Close residential care home in Fulbourn near Cambridge, part of the Healthcare Homes Group, are helping residents and local community members to stay physically strong in an effort to stop them coming to harm through falls.

Every Thursday morning for nearly two years, the home has hosted ‘Falls Prevention’ classes which are open to members of the community as well as the home’s residents.

Led by a local physiotherapist and exercise leader, the classes guide attendees through a series of exercises that help provide strength and conditioning to reduce the chance of them being likely to fall. The session involves seated and standing exercises to strengthen muscles that are known to weaken with old age.

81-year old Shirley French, who lives in the village, has been attending the classes regularly with her husband Don and speaks enthusiastically about the effects they have had on her.

“The classes are just fantastic,” said Shirley. “Before I started going, I was getting really fed up with the aches and pains I was starting to feel.

“The classes make me feel invigorated and strong, and we practice exercises that involve a real explanation of what we are doing and why they are helping us, which is a great way for us to learn. It’s also a lovely way for us to socialise with other people, including the home’s residents, and I would thoroughly recommend it to anyone else who would like to stay strong in later life.”

Home Close manager Razvan Stanbeca said: “Our falls classes are proving to be a real success. We wanted to find a way to provide a physical exercise class that was accessible and enjoyable to our residents and our elderly community, to help stop the injuries that are so common with falling.”

Care UK partners with Worcester research unit to develop its dementia care services

Major provider Care UK has selected the Association for Dementia Studies at the University of Worcester as its new partner to help it invest further in its provision of care for people living with dementia.

The initial phase of the partnership sees an 18-month contract where the University of Worcester will support Care UK to build consistency, cohesion and continuous improvement into all aspects of dementia care in its 114 homes.

Care UK spent four months evaluating possible academic partners from universities across the UK. After narrowing it down to three, the University was chosen for its strong research base and its determination to develop a tailored programme based on a deep understanding of Care UK’s current and future dementia care services.

Announcing the partnership, Care UK’s residential care services managing director Andrew Knight said linking to an academic partner would help Care UK to use the very latest in dementia research to ensure they were at the cutting edge of residential dementia care over the next decade.

“We were particularly impressed by the fact that the Association for Dementia Studies at the University of Worcester wanted to develop a really tailored programme which will make a difference to every member of our team from carers and housekeeping colleagues to my executive team,” said Mr Knight.

“The two organisations also have a lot of shared values around respect, seeing people as unique individuals, and recognising the importance of our teams working closely with the family and friends of residents and other members of the community.”

Professor Dawn Brooker, director of the Association for Dementia Studies at the University of Worcester, will lead the team of academics supporting Care UK. Prof. Brooker is internationally recognised for scholarship in practice development of person-centred dementia care and has long established working relationships with practitioners and scholars worldwide.

As part of the contract with the University, Care UK has earmarked over half a million pounds to further improve the care it offers to residents living with dementia. The majority of this money will be spent on one of the most comprehensive programmes of training and awareness building that the organisation has ever embarked upon.
As part of our CareFirst service, eMAR can help you simplify medicines management and achieve your care objectives.

Contact us today to see if your home qualifies for FREE eMAR*

Improve patient safety & regulatory compliance

Get time back to improve patient care

Improve bed occupancy

Call for a FREE eMAR assessment on 02476 432106
Or visit www.putcarefirst.co.uk to register your interest

* This is dependant on the number of beds in your home and the length of contract. A full assessment by the LloydsPharmacy Team needs to be completed.
LaingBuisson launches consumer website

Health and social care market analysts LaingBuisson have launched CareHomeAdvisor, a consumer website which informs people which care homes provide the best quality care.

Endorsed by Age UK, Independent Age and Care England, CareHomeAdvisor is a free-to-use consumer-facing website which aggregates quality performance data on individual care homes in real-time via Application Program Interfaces (APIs) from independent sources, including The Care Quality Commission (CQC), The Food Standards Agency (FSA), NHS Choices and Ipsos MORI’s independent Customer Satisfaction survey Your Care Rating (YCR).

These sources are then combined with LaingBuisson’s proprietary survey data and each care home is awarded a unique star rating and a score out of 100. LaingBuisson business development manager Heidi Nicholson said that, because everything is updated in real time, if a care home’s rating from one of these sources changes, e.g. a care home’s CQC assessment is updated, the score on CareHomeAdvisor will change immediately to reflect this.

“Choosing a care home can be highly emotive,” said Ms Nicholson. “Rarely something that is planned ahead, people often find they have to make an important decision either for themselves or a loved-one in little time and often in difficult circumstances.

“When they turn to the internet for help with this decision, information is spread across numerous sources and much of the information available is highly subjective, based on ‘Trip Advisor’-style consumer reviews. While people’s views are valid, and in many cases heart-felt, they may not be helpful to the person who has to decide what is best and there is a lack of easily comparable information on long-term care options. CareHomeAdvisor fills this void by using objective, moderated facts and the views of experts in care.”

Ms Nicholson said LaingBuisson was working to raise awareness of the CareHomeAdvisor website and had written to local authorities, Clinical Commissioning Groups, NHS Trusts and general media outlets.

LaingBuisson were approached last year by Emma Challans, deputy chief operating officer of a leading NHS Foundation Trust, with the idea and she became the consumer champion and ambassador for CareHomeAdvisor.

“I was disappointed by the lack of impartial information and in particular, the lack of it being all in one place to allow people to make informed choices about which care home would be most suitable for their loved one,” said Ms Challans.

“Working with LaingBuisson, we have been able to develop this unique idea in a way that I believe will truly add value to consumers. CareHomeAdvisor is a truly remarkable, simple and user friendly aid for consumers.”

LaingBuisson chief executive Henry Elphick described Carehomeadvisor.com as an independent website, owned by LaingBuisson and not aligned with any care home provider.

“It does not allow advertising by any care home provider on its home page and is endorsed by organisations such as Age UK, Independent Age and Care England,” said Mr Elphick.

“CareHomeAdvisor is also impartial. It does not use TripAdvisor type rankings. It uses data from LaingBuisson, the Care Quality Commission, NHS Choices, Ipsos MORI’s Your Care Rating, the Food Standards Agency and the Health & Safety Executive. It does this because judging the quality of care is not as straightforward as judging the quality of a restaurant or hotel – it is complex and emotional and the focus is therefore on objective, moderated facts and the views of experts in care.”

“We wanted to develop something that was as arms-length and as objective as possible. It was important for us, as a company, to develop a service in keeping with our reputation for the provision of authoritative market intelligence and data.”

Carehomeadvisor.com currently only covers care homes in England but will soon be extended to Northern Ireland, Scotland and Wales.

£30m care homes bill is ‘national scandal’

Angry care home owners in Wales say they’re owed over £30m in unpaid fees because of a legal battle over who should pay a £20 a week fee for nursing care provided by care homes.

After more than three years of wrangling, the Supreme Court has reached a decision on a dispute between Welsh health boards, councils and providers, with the court ruling unanimously in favour of the local authorities and saying the health boards had misinterpreted the legal position.

Provider representative body Care Forum Wales said it was ridiculous that the health boards could not have reached an agreement without going to court in the first place. They believe the court costs are upwards of £1m, money they say would have been better spent on providing frontline nursing care for vulnerable and frail care home residents.

Care Forum Wales chairman Mario Kreft said the fees should be backdated so the care homes receive what they should have been paid years ago.

“We are delighted with the ruling of the Supreme Court which upheld what we always firmly believed was the case and what was said in the original Judicial Review secured by a group of providers,” said Mr Kreft.

“We appreciate the support of the local authorities in fighting this case because it was the right thing to do. Today’s decision has finally given us clarity over who should pay the fees and has hopefully brought this sorry saga to an end.”

Mr Kreft described the protracted litigation as ‘a national scandal’.

“From the outset, local authorities supported the notion that the amount calculated by health boards should be paid to providers. In fairness to the local authorities, it was the health boards who did not want to engage in discussions to sort this out much earlier.”

HENRY ELPHICK:
We wanted to develop something that was as arms-length and as objective as possible.

HENRY ELPHICK:
We wanted to develop something that was as arms-length and as objective as possible.

Caring Times Christmas Lunch

The Dorchester, Park Lane, London • Thursday 14 December 2017

Tickets: £110.00 + VAT (£132.00) each

To book, please contact Jessica Harman, 020 7720 2108 ext. 202 or email jessica@hawkerpublications.com
Fernihurst is a nursing home for those people who are in the latter stages of dementia. Debbie has worked as a care assistant for 8 years at Fernihurst and is known to be one of the kindest and most caring people you could ever meet, and she is always thinking of the small things that will make the residents smile.

Debbie wanted to raise money for her residents in order to buy them something that could brighten up their day on a regular basis. So Debbie ran a North Devon Hill run in November (a pretty gruelling 8.6 miles), and even though Debbie experienced a serious personal loss immediately before the run, she still ran it and raised almost £500 in the process.

Music in some way holds a very special place in the heart of all of the residents at Fernihurst, no matter what stage of their journey with dementia it always seems to ignite happy memories. So using the money that Debbie personally raised, the care home bought MP3 players and memory sticks to download residents’ favourite songs and themed music like holiday tunes, and songs to help residents identify the time of day like ‘How do you like your eggs in the morning’.

Debbie also bought a vintage record player and loves helping residents place the needle onto the vinyl and listening to how the music sounded in their younger days. The act of putting the record on themselves often brings as much joy as listening to the music itself.

Debbie has brought joy to residents and their loved ones, and all her colleagues are extremely proud to work with her.

Our next three Highly Commended finalists are:

1. Margaret Brodie
   – Foxburrow Grange

2. Joe Ballard
   – Home Meadow Residential Care Home

3. Heather Wighton
   – Ballhousie Care Home
State of Social Care Report - quality must drive reform says the Care Quality Commission

In its report, published in early July, on the state of adult social care services for 2014 to 2017, the Care Quality Commission said most adult social services were of a high quality and many were improving, but added that without a proper recognition of the importance of adult social care and a renewed commitment to quality, the numbers of people affected by poor care could increase and this would have a profound impact on their lives.

Andrea Sutcliffe, the CQC’s chief inspector of adult social care said that last October, the regulator had given “a stark warning that adult social care was approaching a tipping point”. “This was driven by more people with increasingly complex conditions needing care but in a challenging economic climate, facing greater difficulties in accessing the care they need,” said Ms Sutcliffe. “While this report focuses on our assessment of quality and not on the wider context, with the deterioration we are seeing in services rated as Good together with the struggle to improve for those with Inadequate and Requires Improvement ratings, the danger of adult social care approaching its tipping point has not disappeared. If it tips, it will mean even more poor care, less choice and more unmet need for people.”

“Quality must be at the heart of the long term reform of social care in England. CQC will continue to keep its relentless focus on quality with regulation becoming more targeted, risk-based and intelligence-driven over the next few years. But we cannot do it alone. Everyone must play their part in making sure quality matters and that adult social care services provide care that we would all be happy to use.”

CQC tasked with evaluating health and social care integration

Health secretary Jeremy Hunt has asked the Care Quality Commission to carry out 12 reviews of local areas to consider how well they are working at the health and social care boundary.

Addressing Parliament in early July, Mr Hunt said the reviews would begin immediately, with most being completed by the end of November, with a view to identifying issues and driving rapid improvement. A further eight reviews will be commissioned based on the performance dashboard and informed by local authority returns due in July.

Mr Hunt said the reviews formed part of the Government’s strategy to reduce delayed transfers of care (DTOCs) and free-up hospital beds in advance of this coming winter.

Budget survey confirms mounting pressure on social care

Health and social care research charity The King’s Fund says the latest budget survey from the Association of Directors of Adult Social Services (ADASS) provides more evidence of the mounting pressures on the social care system.

Richard Humphries, senior fellow at The King’s Fund, said rising demand for services imposed a huge human and financial cost on older and disabled people.

With the sector facing a £2.1bn funding gap by 2019/20 and increasing numbers of care providers being forced to leave the market, it underlines the need for fundamental changes to the way social care is funded and delivered,” said Mr Humphries.

“The finding that only one third of councils are planning to spend new funding for social care announced in this year’s Budget on measures to speed up the discharge of patients from hospital echoes similar findings from NHS leaders.

“Given the huge pressures facing social care services, expecting this money to double up by coming to the aid of the NHS was always likely to prove to be a triumph of hope over expectation. “The Government’s forthcoming consultation paper on social care must set out costed options for putting the system on a sustainable footing, and in doing so strike a far balance between public and private funding.”

“Successive administrations have ducked this challenge, but the Government must follow through on its commitment to act “where others have failed to lead” by tackling one of the burning injustices of our time.”

Report unpicks complexity of continuing healthcare

A report on an investigation into NHS continuing healthcare (CHC) by the National Audit Office has found that there is significant variation between areas administered by different Clinical Commissioning Groups (CCGs) in both the number and proportion of people assessed as eligible for CHC.

The investigation also found that, owing to the complexity of assessment protocols, there may be differences in the way CCGs are interpreting the national framework to assess whether people are eligible for CHC. The report said there was a shortage of data on CHC, which made it difficult to know whether eligibility decisions were being made fairly and consistently. For example, no data are collected on how many individuals appeal to the CCG against unsuccessful CHC funding decisions, the first stage of the appeals process.

“Successive administrations have ducked this challenge, but the Government must follow through on its commitment to act “where others have failed to lead” by tackling one of the burning injustices of our time.”

For more on these stories, go to ct Extra at: www.careinfo.org
The power of reminiscence

Three facts: 1) Reminiscing is as natural as breathing. 2) It’s something most people enjoy doing at any given opportunity. 3) The older we get the more we reminisce. All of which leads to the fourth fact: reminiscence is by far the most common activity in care settings which provide care for older people and people living with dementia.

So why is this wonderful, super-powerful tool not being used to achieve the many and varied benefits that it has the potential to achieve? One answer is that it is so blindingly obvious that we simply fail to recognise it. It’s not special enough, or new enough, or modern enough. Yet if we observe what is, rather than what we think should be, it is clear that reminiscence can make major contributions to residents’ quality of life in many different and important ways.

What happens in this activity of reminiscing? In the vast majority of cases, as older people reminisce they will relax. They enter a familiar world where they are safe and comfortable. They find peace in re-living their precious memories. The subjects of their reminiscence can be the big events of their lives, but they can equally be the very small things – their favourite cereal; an advertising jingle that they still remember; a special piece of pottery they kept on their mantelpiece. All these things, the big and the small, are the threads that have been woven together to make them the person they are now.

Reminiscence is a key tool in the quest to offer true person-centred care. Our ability to provide person-centred care is crucially dependent on our knowing the person we are caring for. The more we know about their life, the more we are able to give person-centred care. Reminiscence sets the ideal ambience in which a person can relax into sharing intimate details in a direct way.

To re-cap, reminiscence helps older people and people living with dementia to relax, to enjoy happy and comforting memories, and to share the intimate details of their earlier life - very powerful achievements for any care home. But reminiscing does much more than that. Reminiscing happens when someone is sharing memories of their life with someone who is listening to them. This then provides an essential human need, the need for company. Company is one of the most longed-for qualities of the person we are caring for and also an excellent way of engaging people who tend to isolate.

Group reminiscence sessions can be a lot of fun and can also serve to initiate connections between the people being cared for. Again, no special skills are required of the group leader (although everyone can benefit from training). Such sessions work best with around four to six people who are a mix of residents and members of staff. Again, no special skills are required of the group leader (although everyone can benefit from training). Such sessions work best with around four to six people as well as the session leader. Almost any topic can be the ‘starter’ and then the discussion will probably spiral off in other directions. Almost any topic can be the ‘starter’ and then the discussion will probably spiral off in other directions. As with one-to-ones, information which can be helpful in providing care can later be recorded and used in individual care plans.

At The Daily Sparkle we specialise in reminiscence products, especially our flagship resource The Daily Sparkle reminiscence newspapers. We supply over 1,000 care homes, hospitals and day centres throughout the UK. We also run trainings throughout the country.

We’d love you to take a free trial of our resources. We’d also like to give you a copy of The Reminiscence Ebook Training Manual which we commissioned from the UK’s leading reminiscence expert, Bernie Arigho. Please see the boxes on this page for details.

Would you like to see how The Daily Sparkle resources work? To enjoy a free no obligation trial please register at www.dailysparkle.co.uk/freetrial

By Chris Harding, Founder and MD of The Daily Sparkle

Ebook

Training manual

To find out how to obtain your free copy simply visit www.dailysparkle.co.uk/trainingmanual

Using reminiscence in the care setting

One of the brilliant things about reminiscence is that it can happen at any time, anywhere and anyone can do it. While there are some techniques that can help get the best results, reminiscence is such a natural activity that anyone can do it (and already does!) And it doesn’t necessarily need to take up someone’s time. For example, a carer can encourage a person to reminisce while they are moving them from one place to another simply by asking them a question like “What is your favourite pudding?” or “Who is your favourite actor?” The carer is learning about the person, and the person is being engaged in meaningful conversation, and still the task is getting done.

In some care settings which practice the Whole Home Approach all staff are encouraged to engage with the people being cared for. In other settings it may be the job of specialist activity staff. Either way, sitting down with someone for a one-to-one conversation is probably the most frequent reminiscence practice. One-to-one reminiscence is also an excellent way of engaging people who tend to isolate.
Motivation and empowerment: hallmarks of success

With 16 care homes in England and Wales, Hallmark Care Homes ranks as a medium-sized provider with about 1200 beds. The company has grown steadily, mainly via the new build route and for the past two decades, has been always at the forefront of contemporary care home design.

“Our overall strategy is to continue to find land in good areas and build high quality care homes,” said Avnish Goyal, Hallmark’s chief executive.

“In our new-builds we are continuing to develop the designs to create facilities that people now expect. We are very proud to have won a number of Pinders awards for the design of our care homes – we won five in a row between 2010 and 2015 – and we believe that good design is the first ingredient in the recipe of delivering high quality care.”

With continuing strictures on the public funding of care home placements, Hallmark has, for the last eight or nine years, focused more heavily on the private-pay market.

“By doing that, we can offer very, very high quality facilities, good staffing levels and add-ons such as free hairdressing and therapies,” said Avnish. “That has been our strategy so we are now not affected by government funding, although it is the constraint on public funding that has helped to drive the self-pay market forward.

Recruitment

“Recruitment remains an issue. It is important to be seen as one of the best or better providers in the area so that people will want to come and work for you. It’s not that there are no nurses around, there just aren’t enough, so what we try to aim to make sure is that those nurses who are there, and the good ones, will want to come and work for us. So we don’t see it quite as dire, but we are very proactive in our recruitment to make sure we don’t have to resort to agency staff, a measure which has become the bane of the care sector.”

Nevertheless, like many other providers, Hallmark is looking at whether or not to offer nursing care because of the challenges around finding high quality nurses.

“The demand for residential care is still very strong,” Avnish pointed out. “At one of our most recent developments, Chamberlain Court in Royal Tunbridge Wells, for example, we have 18 people signed-up to come into our care home for residential care. What we find in the private-pay market is that people are making those choices and decisions a bit earlier and so require only residential care, and can be supported by district nurses. There is more awareness now that good quality homes are available, which was not so much the case say 10 years ago.”

Wider involvement

Awnish is known throughout the care home sector as someone who, when he commits himself to something, doesn’t do it by half-measures. At present, as chair of the representative body Care England he is concerned with developing that organisation’s role.

One of the things I am most proud of is when I walk into one of our care homes and residents and their relatives say ‘thank you for building this care home here, and for the wonderful care your team provides, and for changing my mum or dad’s life’.

“How can we best promote the sector as being one that delivers high quality outcomes for older people? How do we change the general public’s perception of care homes and how do we lobby Westminster about creating a proper, thought-through strategy around older people for the next 20 to 30 years? As opposed to this knee-jerk response that

Now celebrating 20 years of operation, Hallmark Care Homes is well established as a middle-sized provider of high quality care in multi-award winning modern facilities. Caring Times editor Geoff Hodgson recently spoke to Hallmark’s chief executive, the forward thinking motivator AVNISH GOYAL about his company’s achievements, and about his wider involvement in the care home sector.
we’ve seen exemplified by the proposed so-called ‘dementia tax’.
“Until government engages with providers and other stakeholders, they are going to make soundbites that they then have to go back on because they don’t fully understand the dynamics of the sector.”

Avnish is also one of the founding trustees and present vice-chair of The Care Workers Charity which, he says, is going from strength to strength.
“We feel really confident now that with the new chair Ben Allen and chief executive Alex Ramamurthy, it will become the chosen charity for the care sector and it will really help against those unforeseen hard times, which was our vision when we first set it up about eight years’ ago.
“More care providers are coming on board and we are getting more grants out, so that is really satisfying.”

Motivation and empowerment
Anyone who has known Avnish for any length of time has probably been invited by him to a motivational session, the highlight of which is a barefoot walk across a bed of hot coals.
No doubt inured by now to the polite refusals he gets along with the acceptances, Avnish is undaunted:
“One of the things I am most proud of is when I walk into one of our care homes and residents and their relatives say ‘thank you for building this care home here, and for the wonderful care your team provides, and for changing my mum or dad’s life’. And when members of our team say ‘thank you for employing me because how I feel at Hallmark is something I haven’t felt before’.”

I asked Avnish if the high level of staff satisfaction could be demonstrated though internal promotions and a defined career path.
“That is becoming more evident now,” he said.
“As an example, we had a junior member of our team who was the hospitality manager in one of our homes. He attended one of our empowerment days and subsequently lost seven stone in weight.
“He came to feel really empowered and is now the health and safety manager for our company and is a very valued member of the team, and he is just one example of people who have done very similar things.”

Hallmark is now running empowerment days for other people in the care sector.
“We’ve run four or five of these empowerment events now, with between 100 and 300 people attending each event.
“Now there are about five other providers who are doing similar things and changing their whole management culture so I’m really proud of what has been achieved.
“Next year, around March, I’m planning to hold an ‘industry empowerment day’ for chief execs in the sector and other senior team members, aimed at creating the paradigm shift that we are seeing with the people who have already been.
“Concepts that five years ago were sometimes dismissed by people as being ‘new age’ are now being taken seriously, concepts like mindfulness.
“Before we start our board meetings we have three minutes of mindfulness where we get ‘in state’ as it were; where we are totally relaxed and productive, so I’d like to get those five providers I mentioned tell others how their organisations have changed and how their leadership has changed.”
The Care Quality Commission has recently published a report entitled ‘The State of Adult Social Care Service 2014 to 2017: Findings from CQC’s initial programme of comprehensive inspections in adult social care’. The report contains conclusions published by CQC between October 2014 and May 2017 of 33,000 inspections it had undertaken of adult social care providers at 24,000 different locations. Almost four-fifths of adult social care services in England had been rated by CQC as good (77%) or outstanding (2%). A fifth of services were rated as requiring improvement, with 343 locations (2%) rated as inadequate.

In this article we focus on the regulator’s own analysis of its inspection findings over the period, with particular focus on the characteristics which CQC has identified as having led to high quality and poor quality care.

Factors identified by CQC as leading to high quality care

Leadership: CQC recognises that good leaders, both at registered manager and provider level, have a pivotal role in high-performing services and bringing about improvement in adult social care; in creating a supportive environment for staff, listening to their concerns, and communicating well with them, other professionals, and people who use services. At registered manager level, CQC found that strong leadership was characterised by individuals with an innovative, outward or forward looking approach who were open to feedback and actively sought out best practice to steer improvement. Successful attributes of good managers included being visible in the service and being known to staff, service users and their families alike. Good managers truly valued their staff and supported them to maintain their knowledge of best practice and person-centred care through training and establishing ‘champions’ in different areas of care.

CQC identified that providers in successful services supported their managers to communicate a strong vision and values to all staff, encouraging a culture of openness and transparency. Good and outstanding services were supported by quality assurance systems and processes to monitor standards, such as quality audits and surveys. In well-led organisations leaders would ensure these systems and processes were embedded across the organisation, with clear lines of accountability.

Culture: CQC found that particularly positive and supportive cultures were characterised by staff who were well-trained, caring, skilled, dedicated, enthusiastic and focused on positive outcomes for people. Successful services were found to be open and transparent, with a culture of improvement based on good practice and feedback. Organisations with an identifiable link between organisational vision and values and quality were also more likely to be found to be ‘good’ or ‘outstanding’. Conversely, services where there was little or no evidence of the organisation’s vision or values were more likely to be rated as ‘requires improvement’ or ‘inadequate’.

Practical examples provided by CQC of how a positive culture was created included:

• Staff not wearing uniforms in recognition that they were in people’s home and viewing themselves as ‘guests’.
• Involving people who use services in training.
• Staff designated as ‘champions’ in particular areas.

Person-centred care: The third key element that CQC found in high-quality services was a focus on person-centred care. CQC found that in high-quality services, staff really get to know people and understand their interests, likes and dislikes. CQC identified the following ways in which services achieved person-centred care:

• Tailoring activities to individuals’ likes and interests, which often involved using the arts, such as music and singing, to find creative ways of enhancing people’s quality of life.
• Staff actively supporting links with the wider community and involving volunteers in day-to-day activities.
• Arranging the environment so it provided positive living, learning and social experiences. For example, placing objects around the home that were meaningful to people and that they could interact with.

Characteristics identified by CQC as having led to poor quality care

CQC found that of the five key questions, ‘safe’ had the poorest ratings, with 23% rated as requires improvement and 2% as inadequate.

Staffing: CQC found that staffing levels and training were key factors in providers being rated as ‘inadequate’ or ‘requires improvement’ for safety, specifically in terms of whether people’s needs were being responded to in a timely manner.

Medicines management: It is widely acknowledged that poor medicines management can have extremely serious consequences. CQC found that medicines management was a key factor associated with unsafe care.

Whilst CQC’s findings may merely confirm what people already know, it is worthwhile for care providers and staff to take time to consider the regulator’s analysis, which forms a useful guide for providers. There can be no doubt that CQC will be focusing on the areas identified when they next come to inspect.
Sign-up for a **FREE** demo today

**Care Certificate**

by Laser Learning

Online vocational training for Healthcare Professionals

---

**Welcome to the Care Certificate Course**

Welcome to Care Certificate by Laser Learning. Our lessons are designed to help you gain all the knowledge you need to achieve your Care Certificate. The Care Certificate is an industry standard qualification for healthcare support workers and meets the new mandatory induction requirements for employment in the care industry.

**Your Progress**

80%

Nearly there! Keep it up!

**Let's Keep Learning!**

1. Infection Prevention and Control

In this lesson you will learn about how infections can spread in a care environment and how to reduce the risk to the individuals you support through the use of effective...

---

**Are you a care home manager with staff who need to complete the Care Certificate?**

- Complete the course on the Laser, our easy to use e-portfolio which learners can access online at any time
- Learners are taught using online, interactive learning resources
- Each lesson contains filmed tutorials, reading, good practice example videos and end of lesson quizzes
- Learners must successfully complete all end of lesson quizzes to access their certificate
- As a workplace manager, track individual staff progress across multiple sites with one secure manager login
- Learning covers required knowledge for all 15 care certificate standards

**Find out more and contact us for a FREE demo**

[www.lasercarecertificate.co.uk](http://www.lasercarecertificate.co.uk)

or visit our website and register your organisation today

admin@lasercarecertificate.co.uk | 01753 584 112
A poor inspection report can have a dramatic and detrimental impact on a care home. The consequences can often be severe and, if remedial work and required improvements are not made within the timeframes given, operators may be compelled to contend with anything from loss of support from local commissioning teams to home closure.

Services found to be providing ‘Inadequate’ care face special measures to ensure that they improve. This includes providing a clear timeframe within which the quality of care needs to improve to avoid further action.

Putting things right after being rated ‘Inadequate’ can be a daunting prospect. BEN CHALLINOR, co-founder and consultancy director of Caresolve, explains how it is possible to regain trust.

www.caresolve.org.uk

Inadequacy: the road to recovery

So what can providers do in this situation? They need to be prepared to pull the rug back, unearth everything and be prepared to put it right. If trust is going to rebuild trust, there are key things to consider. The first is to understand how crucial it is to build a good relationship with the CQC going forward. Here’s how:

Before the report goes live, check to see if you agree with it. Make any challenges on the factual accuracy report – but be careful not to challenge the sake of it and only when you have grounds on which to do so.

Start by immediately contacting CQC - and the inspector if you have their name - to acknowledge receipt of their report.

Review the report in detail and pull together a comprehensive action plan. It is essential that all breaches are covered and the plan contains sufficient detail.

Once complete, respond to the CQC with the detailed action plan at the earliest opportunity. It is important to look – and be – proactive.

Consider how the action plan will be carried out and implemented over the coming weeks and months. This is a good opportunity to consider if the home needs additional resources such as new staff, better cash flow or investment. Consider where these resources may be able to come from and where there might be gaps. Get a handle on the finances and understand the cost implications of everything that needs to be done.

Make sure everything is followed through without targets or deadlines being missed. When a provider is in control of setting realistic deadlines, for example within the action plan, they should try not to make the mistake of setting unrealistic deadlines which cannot be met. You don’t want to set yourself up to fail.

Embrace change. Be prepared to throw out bad habits and work differently going forward. After an ‘Inadequate’ CQC rating, it is often a question of working in a new more effective way, not just working harder or longer hours.

Never underestimate the power of keeping a good line of communication going. It is why it’s such a good idea to keep in touch with CQC throughout the process. Organise regular meetings with them, consultations and encourage their feedback. It’s something you may feel is difficult to do, but it is very important for the future wellbeing of the business.

It can be helpful to involve the local authority and other commissioners in the process. It is likely that they will have their own quality monitoring teams involved at this stage. Working together is critical.

Organise meetings with the home’s residents and their relatives to explain the situation and what is being done to address any issues. These people are your customers and you need to carefully manage the situation. Poor communication can quickly lead to a bad reputation. Explain how you want to ensure that there is a minimal negative impact on the residents.

Believe in yourself and your team. Don’t panic. Try to stay in control. Avoid having open discussions in front of residents in respect of the report or the findings. Do it appropriately.

Embrace change. Be prepared to throw out bad habits and work differently going forward. After an ‘Inadequate’ CQC rating, it is often a question of working in a new more effective way, not just working harder or longer hours.

Take a hard look at existing processes and all the key individuals within the home. Be ruthless and consider if either have contributed to the root cause of the failings. If you suspect they have, you need to make all necessary changes. If management is inadequate, urgent changes need to be made. If the quality of care has been criticised, standards will have to be raised and staff potentially retrained.

Avoid falling into the trap of encouraging a blame culture. When dealing with any of the authorities, try to tackle the issues at hand and focus on this rather than looking to make excuses or assign blame.

Finally, if you are struggling to cope, consider bringing in outside help. For all sorts of reasons, it can often be beneficial to have an independent view.
FRIDAY 24 NOVEMBER
HILTON LONDON METROPOLE

HOST ANNOUNCED: DAVID BADDIEL
An accomplished comedian, author, screenwriter and television presenter, David Baddiel returned to stand-up comedy in 2013 and his latest show, My Family: Not the Sitcom, has received widespread critical acclaim and run for 15 weeks in London’s West End at the Vaudeville and Playhouse Theatres. David’s television work includes classic shows including The Mary Whitehouse Experience (BBC TWO), Newman and Baddiel in Pieces (BBC TWO), Fantasy Football (BBC and ITV) and Baddiel & Skinner Unplanned (ITV). An acclaimed children’s novelist, his first The Parent Agency won the LOLLIE award for ‘best laugh out loud book for 9-13 year olds’ and is in development with FOX for a feature. He has also written four adult novels and two further children’s books.

OUR MAIN SPONSORS
“Christie & Co has been delighted to be involved in the National Care Awards since their inception. It remains one of the sector’s premier events, attended by the whole industry, whilst retaining its ethos of highlighting the work done by individuals on a day-to-day basis, providing quality care. It is crucial to showcase all that is good in the sector and remind everyone in the commitment and sheer hard work by many people across the UK.”

NATIONAL CARE AWARDS WINNERS LUNCH, PARTNERED BY COUTTS
This year after the success of the first ever National Care Awards winners lunch which took place on 16th February 2017, Caring Times are delighted to announce the second Winners Lunch will be taking place again in 2018 for the winners of the National Care Awards 2017 at the superb Coutts HQ, 440 Strand, London, WC2R 0QS. We are very grateful to Coutts for making their much admired building available to us. The purpose of this event is to celebrate all the winners of the awards and give them a chance to mingle with each other and discuss their individual experiences.

SPONSORSHIP OPPORTUNITIES: CAROLINE@HAWKERPUBLICATIONS.COM
Since the Care Act was introduced, just over three years ago, adult social work teams in parts of the UK have publicly struggled to meet the demand to help people who cannot perform basic tasks, assessing anyone who appears to need care and support and reviewing the existing care provision for older and vulnerable people every year. According to the British Association of Social Workers, some local authorities facing staff shortages and increased demand have experienced a 40% delay in their reviews, with some service users waiting up to 18 (rather than the 12 months statutory Care Act guidance) to be seen.

**STEVEN NAYLOR**, managing director of Access Independent Occupational Therapy Services, says that having OTs take the lead role in social care assessment has enabled Nottingham City Council to make better use of limited resources.

**Occupational therapists: the logical choice for social care assessments**

This summer we have encountered another wave of political change that will, without doubt, have an impact on the way that social care is delivered for the community. But, whatever the political agenda, it is certain that all local authorities will need to continue to keep up with demand, maximising their limited resources in order to boost capacity.

To achieve this, some councils have already been drafting-in full teams from social work recruitment agencies or getting care providers to carry out reviews, often with limited success.

In September last year, Nottinghamshire County Council (NCC) took an innovative and flexible route to meet its social care objectives. To support its in-house team and build extra capacity, NCC began working with Access Independent: Occupational Therapy Services to introduce a new way of working and putting occupational therapy at the core of social care assessment.

Like social workers, occupational therapists work with a whole cross-section of society, in a myriad of different environments. But they don’t set the occupational goals; their clients do. When they go into a person’s home environment to evaluate, they examine the challenges it presents and suggest how they might be overcome. They assess for care and support packages and home adaptations, providing rehabilitation and reablement. Ultimately, they work to build self-reliance, rather than dependence on services.

After a month, when Access Independent staff were trained alongside the NCC social work and occupational therapy staff, an interdisciplinary team began to undertake social care assessments and reviews, initially both in community care and residential care settings. Steve Jennings-Hough, project manager for the council, felt this was “quite a change for the department” with “new ways of working where case scheduling was carried out from the point of access, rather than being allocated out by the care teams”.

Involving Access Independent allowed reviews to include many different elements, ensuring that the care targeted the specific need across different settings. It also enabled people to be more independent, by giving them the opportunity to help themselves. Occupational Therapists are uniquely placed to provide needs-led, personalised care and support plans and, working with Access Independent, the NCC team began to identify rehabilitation and reablement potential; manage short and long term need through equipment provision and adaptations; and ensure access to support networks such as telecare through a detailed assessment of risk and function.

The potential outcomes for integrated assessments carried out by occupational therapists are therefore broad ranging and can include:

- equipment provision
- recommendations for nature of care support eg length of care calls, nature and level of assistance
- moving and handling training with family and carers
- telecare intervention
- long term conditions management
- major adaptations
- tertiary services
- other professional referrals
- alternative housing options
- vocational support
- capacity assessments and best interest decisions

Steve Jennings-Hough describes the collaboration with Access Independent as “quite a success piece”. A study of 144 cases, validated by the Nottinghamshire Community Review Team, demonstrated that 49 cases yielded a saving which, for the full year, amounts to nearly £91k. Using specialist occupational therapy skills achieved a reduction in some care packages, while other care packages were no longer required.

However, adding value is just as important as cost saving. The new review programme has not only allowed different care to better fit the service user’s lifestyle, it has enabled NCC to make the most efficient use of funding and allocated resources, moving towards the heart of the Care Act to empower and enable individuals.
The 8th National Dementia Care Awards will return once again during the latter part of 2017 culminating in an Awards Presentation Dinner. Following the phenomenal success of the 2016 Awards we will continue to highlight excellence in all parts of the sector and reward those who work tirelessly to provide consistently outstanding care.

INTRODUCING OUR HOST: JOHN MIDDLETON

After a staggering twenty years, in April 2017 John Middleton and audiences alike said goodbye to ITV Emmerdale’s Ashley Thomas. Ashley spent many years as the well loved and respected vicar. He had it all – a loving wife and family, and despite the curve balls thrown at them, they always came through.

The soap character’s health had been slowly deteriorating as the effects of his dementia took hold. Emmerdale viewers saw him move into a care home as his wife Laurel began to struggle to cope with his condition. Ahead of his final scenes, Emmerdale released an emotional trailer detailing happy moments in Ashley’s life, and in affecting scenes, Ashley finally slipped away.

John has won a multitude of praise for his portrayal of a person living with dementia which has touched the nation.

FIND OUT MORE ONLINE CAREINFO.ORG/DEMENTIACAREAWARDS-2017

TABLE BOOKINGS NOW OPEN JESSICA@HAWKERPUBLICATIONS.COM

CATEGORY SPONSORS

PHOTOBOOTH SPONSOR

SPONSORSHIP OPPORTUNITIES CAROLINE@HAWKERPUBLICATIONS.COM

#DementiaCareAwards
Effective medication management has been a problem for care homes for a number of years. Reports show almost 70% of residents have experienced at least one error in their medication regime. New technology is helping Avery staff tackle this serious issue by reducing the risks associated with using a paper medication administration record sheet (MAR).

**JULIE SPENCER**, head of care at Avery Healthcare Group, discusses how the introduction of innovative technology has improved medication management within the group’s care homes.

**Medication – the eMAR option**

On average, residents in care homes take an average of 7.2 medicines per day. With each additional medicine comes an increased risk of errors in:
- prescribing
- monitoring
- dispensing
- administration
- adverse drug reactions
- impaired medication adherence
- compromised quality of life for patients.

At Avery Healthcare, we needed a simple solution to ensure that our residents were receiving the right medication at the right time. We currently have 50 homes within Avery so our teams are dealing with many complex medication regimes and controlled drugs every day.

We found that staff’s time was regularly taken up for long periods with medication management, from receiving medication to administering it. These processes are not only time-consuming for our highly-qualified staff, but also reduce the time dedicated to face-to-face resident care – the very heart of our vision and ethos.

We decided to run a pilot scheme across two of our homes where our residents have an extensive daily medication regime. After looking at a number of eMAR systems we decided to pilot Omnicell eMAR as it was really user friendly and provided a robust audit trail. In addition, the dashboard presents an oversight of medication rounds within the homes. The system gathers information, provides prompts and accurate instructions for our staff and gives managers real-time medication administration data at the touch of a button.

With this system, each individual medication is identified through a barcode applied in the pharmacy. Medication can then be tracked at all stages from check-in at the care home and administration to the resident, to unused items that are disposed of or returned to the pharmacy. The system uses on-screen photograph identification and provides important medical history for each resident. It includes a simple alert and verification system to minimise the risk of medication administration errors in the home. Each staff member has their own login details which enables robust auditing.

Prior to using eMAR the checking-in of medication would take five hours per floor, totalling 15 hours of staff time per month for three floors. Since we have introduced the system this has been reduced significantly to two hours per floor which is now only six hours per month. This reduction of 60%, means our staff can spend more time providing face-to-face patient care.

Our staff have really embraced the new system and we have had multiple reports detailing just how easy it is to use. Our previous systems always meant there was a risk of human error, but since we’ve introduced eMAR the risk of this has been significantly reduced and our residents’ safety has increased.

A ‘carried forward’ feature allows the homes to use up medication from a previous cycle rather than throwing it away, helping to tackle another large-scale problem in care settings - medication wastage. A simple report shows how much stock needs to be ordered, avoiding the risk of surplus or shortfall.

The system provides a clear audit and robust trail of all medication management, making CQC inspections much easier. It mitigates compliance risks and provides accurate information in the event that medication is not administered and gives clear reasons as to why.

Following a successful pilot of the system within two of our homes, Avery is currently expanding the pilot to include a further six care homes.

For care home staff and nurses either working in or considering a career in care, the good news is that the digitalisation of these services offers unparalleled opportunities to convert time-consuming administration time back into real resident care. Technology really is helping to facilitate care fit for the 21st-century.
Could linen be scuppering efforts to improve infection control?

Any care professional worth their salt knows the importance of regular and correct hand washing but, despite best intentions, clothing and other linens could be inadvertently limiting the effectiveness of infection control practices. Here’s how laundry processes can provide a greater degree of protection.

Hygiene is widely accepted as the first line of defence in the fight against the spread of bacteria and viruses. The importance of regular hand washing, in particular, and its role in saving lives has been heavily highlighted in recent years and you would be hard pushed to find a care professional that cannot wash their hands – using the correct technique of course – in their sleep. However, could the fabrics present in the care environment be limiting their efforts to best protect their residents and clients against harmful germs?

Unfortunately, it is highly probable that this is happening as clothing and other textiles have been proven to harbour microorganisms and act as a vehicle for spreading pathogens. In a residential or nursing home, for example, linens such as bed sheets, pillowcases and towels come into direct contact with the body during use and are likely to become contaminated with any number of potentially infectious matter, including blood, saliva, sweat, urine, faeces and vomit, that can be passed on to other surfaces or people.

Some bacteria, namely salmonella and campylobacter, can survive for only short periods of time on fabrics and soft surfaces – typically about one to four hours – but other bugs can present a danger for much longer. In particular, norovirus can survive for a few days, and clostridium difficile has been shown to survive for five months. More frightening still though is the fact that the MRSA super bug can live for up to nine weeks on a cotton towel and over six months on a blanket.

When working with people who are especially vulnerable and have a reduced immunity to infection, as is often the case in the care sector, this risk simply must be eliminated. Some conventional laundry techniques alone are not enough. There is evidence to suggest that the transfer of pathogens can occur during the washing cycle and concerns have been raised over the ability to reduce bacteria with some detergents at certain temperatures. Furthermore, the incorrect handling or storing of textiles can even sometimes increase the danger of passing germs from contaminated items on to those that are clean.

Following best practice laundering methods, particularly those defined in the Department of Health’s HTM 01-04 guidance on decontaminating linen used in health and social care, will eliminate the risks and kill the bacteria but meeting the Essential Quality Requirements (EQRs) outlined in the document is no small task for care businesses operating in-house laundries. With firms already being pressed by funding cuts and staff shortages, upgrading on-site washing facilities that were not designed with these guidelines in mind can be prohibitively expensive and labour intensive.

Instead, a growing number of care providers are turning to commercial laundry and linen services specialists to outsource the job to guarantee compliance with infection control regulations while also removing the hassle of having to manage the process internally. Leading external laundry firms, such as Berendsen, ensure textiles are microbiologically clean and operate to the highest European standard for bio-contamination control, BS EN 14065, for total peace of mind.

For instance, the industrial laundries of experienced providers feature state-of-the-art equipment that enables all textiles – everything from clothing to bed linen and towels – to be disinfected and finished to an outstanding level of hygiene in line with the EQRs defined in HTM 01-04. Berendsen also continuously monitors and tests its plant to ensure full compliance on an ongoing basis using its own, in-house UKAS-accredited microbiology laboratory.

In addition to the guaranteed infection control, outsourcing laundry offers many other benefits, including a reliable and constant supply of clean linen thanks to a bespoke service schedule for the collection of used laundry and delivery of disinfected items, while also freeing up considerable time. Meanwhile, adopting this way of working dramatically cuts the space needed for processing laundry in business premises by eliminating the need for large washing machines and other equipment. All care providers need to worry about is making sure there is an area for soiled linen as well as a separate cupboard for clean linen when it arrives back on site.

With this in place, alongside the security of linen hygiene that comes with outsourcing, care firms can be confident they are optimising their infection control practices and protecting both their staff and clients as best they can. Equally, having all avenues covered means they can consistently deliver a superior level of care that will in turn cement the trust users have in the brand and the service being offered for long-term business success.

Learn more at www.berendsen.co.uk/care
Falls: predicting and preventing them with artificial intelligence

Artificial Intelligence, increasingly abbreviated to ‘AI’, is a term heard across most industries nowadays, but has yet to make much of an impact in the care sector. This is changing; a London-based start-up called Machine Medicine is bringing AI to the sector by looking at how to predict and prevent falls.

“Frequent falling is the main reason why people begin to need care in the first place, and is therefore a major driver in terms of bed pressure,” says Dr Jonathan O’Keeffe, an academic clinical neurologist at University College London and joint founder of Machine Medicine, along with software engineer Georgiana Petria.

“Those who enter residential care have a 66% annual chance of suffering a fall. Falls are of course a danger in themselves, but may also be symptomatic of other underlying problems, such as untreated infection.”

Annually, falls represent a cost to the NHS of £2.3bn, result in around 70,000 fractured hips, and are directly responsible for about 7,000 deaths. Machine Medicine is tackling the problem by using video footage. CCTV for example being already installed in many care homes, to monitor for the subtle changes in mobility such as gait speed, stride length, and standing “wobble”, which can be used to identify a high risk of falling.

“Not only are we doing this automatically using artificial intelligence, but we are doing it even better than a human observer could do it,” said Dr O’Keeffe. “This is possible because computer vision systems can detect tiny changes which are essentially invisible to even trained human observers.

“However, one of the problems with using AI is that the algorithms, such as neural networks, require very large quantities of training examples to be able to correctly identify new examples. The largest collection of videoed falls in the world currently consists of less than 300 falls, and is not available publicly. People have tried to use actors to simulate falls, but it turns out that algorithms that are trained on simulated data do very poorly in detecting and predicting real falls.”

Backed by scientific start-up support company Entrepreneur First, Machine Medicine is now building a database of video footage, recorded from CCTV in communal areas in partner residential homes and in volunteers’ private abodes. They estimate that hundreds of thousands, if not millions, of hours of video footage of high risk populations will be needed.

“With this data we can train algorithms that automatically detect the subtle behavioural changes that herald a coming fall,” said Dr O’Keeffe. “We plan to offer versions of a predictive platform to both care homes and people still living at home so that staff or relatives can be alerted to the risk and initiate preventative measures well in advance.”

Some will say that no matter how good falls prediction and preventative measures such as exercise programmes become, there will always be falls. This is obviously true for very frail but still mobile elderly people, and also for epileptic and Parkinsonian patients, who often fall due to unpredictable neurological causes. That seems to place a limit on how useful predictive analytics combined with prevention programmes could be.

However Machine Medicine are optimistic and, once they have conquered predictive analytics, they plan to expand into making falling safe. Although speculative at this stage the future could see robotic systems installed in people’s homes, which can detect falls in real time and physically intervene to make the fall safe. This could allow people to live independently at home much longer than is currently the case, and prevent people from suffering serious injuries such as fractured hips.

Machine Medicine are seeking to expand the number of care home partners and private individuals who would like to help them gather the enormous database of video footage that is necessary to train the algorithms they are using. They are installing cameras, free of charge, in communal areas of care homes and in the homes of volunteers. Partners will also receive a year’s free service once their predictive platform is active.

Dr JONATHAN O’KEEFFE: We plan to offer a predictive platform to both care homes and people still living at home so that staff or relatives can be alerted to the risk and initiate preventative measures well in advance.

Care homes which may be interested in being part of the programme should get in touch via info@machinemedicine.com or visit: www.machinemedicine.com
Infection prevention in care homes with Miele Professional

Care home services are constantly under the spotlight, as they continue to adjust to the demands of an ageing population.

Providing high living standards means consideration across a multitude of aspects, from lighting and a comfortable bed to perhaps a decorating scheme that reminds them of home. However, one of the most important factors for care home operations is providing a clean and safe environment.

With the threat of antibiotic resistant infections a constant concern for care homes, staff need to consider the best laundry facility to provide a safe environment. Laundry facilities need to comply with legislation to protect against the risk of infection, as well as keeping soiled and clean items separate. Other factors, such as the volume and nature of the laundry being processed, equipment reliability, ease-of-use and longevity, all play an important part in deciding on the most appropriate laundry equipment.

Importantly, having the right machines means that care homes can guarantee they conform to the necessary regulation. The Department of Health’s Health Technical Memorandum 01-04 (HTM 01-04) for the decontamination of linen for health and social care states that in order to kill bacteria, linen should be thermally disinfected using washing cycles that achieve 65°C for at least 10 minutes, 71°C for at least three minutes or 85°C degrees for one minute. Miele Professional’s washing machines have thermal disinfection cycles which meet these requirements. They also use an independent validation system, NeQis, that allows managers to make sure that their washing machines are meeting these temperatures for the required time.

The machines are also tested and approved to WRAS (Water Regulatory Advisory Scheme) category 5. This ensures that the washing machines are able to prevent backfilling of soiled or contaminated water from the washer into the water mains supply, a regulatory requirement that all care homes have to comply with.

Miele Professional understands the needs of the care home industry and designs its products accordingly. The benchmark range, launched in April, is split into two product lines: Performance and Performance Plus, both of which have highly efficient infection control systems.

However, the machines also boast additional features that are perfect for the needs of care homes and care home employees.

The Performance machines range from 13kg to 18kg, and with outstanding wash quality and cycle times from just 52 minutes, provide essential time savings for busy staff. To enable carbon usage reduction, the range includes an improved heating system and the ability to specify load sizes, which means less water, energy and detergent are used.

Meanwhile, the Performance Plus machines become the new industry leaders, with cycle times from just 45 minutes. The machines (in the cottons 60°C programme) require up to 20% less water and 30% less energy than the previous generation, while also reducing residual moisture to 45% to enable further energy savings.

Both product lines feature an exclusive new OneFingerTouch door system which, alongside an easy-to-use six-button programme selection, creates a seamless process for laundry operators.

Miele’s machines are designed and tested to last up to 30,000 wash cycles, providing a cost-effective product that achieves first-class cleaning results.

In addition, Miele Professional washers and dryers have a patented honeycomb drum design which allows for perfect laundry processing, while also maintaining the linen quality and extending the lifetime of the linen through gentle fabric care.

For more information on Miele Professional’s products, phone 0844 8936907, visit www.miele.co.uk/professional or follow the company on Twitter @MieleProf
Quotes of the month...

No-one should stay in a hospital bed longer than necessary: it removes people’s dignity, reduces their quality of life; leads to poorer health and care outcomes for people; and is more expensive for the taxpayer.

– Health secretary Jeremy Hunt announcing that the Care Quality Commission has been tasked with reviews of 12 local areas to consider how well they are working at the health and social care boundary

Recent weeks have shown that the Government can find money in an emergency – in a political crisis or in the wake of human tragedy. Social care is in crisis and though it may have dropped from the headlines, the problems haven’t gone away.

– Independent Care Group chair Mike Padgham on an ADASS report of further cuts to council services

Having produced reports on these crucial issues impacting the care sector for three years in a row, the core message remains: a sustainable funding solution for social care is needed.

– head of consultancy, care
Mike Hodges
at the launch of Christie & Co’s Adult Social Care report

Nobody “deserves” good care; it’s not something one receives as a reward for meritorious conduct, you don’t get good care in recognition of your past contribution to society. Older people get good care because they need it. End of story.

– Caring Times editor Geoff Hodgson weekly blog

Assessments for eligibility take too long, causing distress to residents and families.

– Care England chief executive Prof. Martin Green responding to the National Audit Office’s report on Continuing Healthcare

HawkerEvents

SEPTEMBER

■ Best Practice in the Care Sector
DATE: September 20
VENUE: MAC Birmingham

■ National Dementia Care Awards
DATE: November 9
VENUE: Doncaster Racecourse, Doncaster

■ National Care Awards
DATE: November 24
VENUE: Hilton London Metropole

■ Young Dementia
DATE: November 29
VENUE: UCL London

OCTOBER

■ Barclay’s/Knight Frank/Pinsent Masons Roundtable
DATE: October 4
VENUE: Cardiff Castle

■ Annual Care Conference for Wales
DATE: October 5
VENUE: Cardiff City Stadium

■ DECOrated Christmas Lunch
DATE: December 14
VENUE: The Dorchester Hotel, London
For further information on all these events, or to book a conference place, telephone Jessica Harman on 020 7720 2108 Ext. 202.

NOVEMBER

■ National Dementia Care Awards
DATE: November 9
VENUE: Doncaster Racecourse, Doncaster

■ National Care Awards
DATE: November 24
VENUE: Hilton London Metropole

■ Young Dementia
DATE: November 29
VENUE: UCL London

■ DECOrated Christmas Lunch
DATE: December 14
VENUE: The Dorchester Hotel, London
For further information on all these events, or to book a conference place, telephone Jessica Harman on 020 7720 2108 Ext. 202.

■ Policy conference on the future for social care in England: funding, integration & workforce challenges
DATE: November 2
VENUE: London
ORGANISER: Westminster Social Policy Forum
TEL: 01344 864796

■ NACC Training & Development Forum
DATE: October 4-6
VENUE: East Midlands Conference Centre, Nottingham
ORGANISER: National Association of Care Catering
W: www.mccuoughmoore.co.uk/nacc

For a free listing of your care sector focused event, email the editor: editor@caringtimes.plus.com

Alternately, email jessica@hawkerpublications.com or visit www.careinfo.org/events-2017/ to download a booking form.
We wanted to develop something that was as arms-length and as objective as possible. It was also important for us, as a company, to develop a service in keeping with our reputation for the provision of authoritative market intelligence and data.

– LaingBuisson chief executive

Henry Elphick

on the launch of Carehomeadvisor.com

OUTSTANDING

Congratulations to the following care homes and services which have been recently rated as 'Outstanding' by the Care Quality Commission:

- The Foundation of Lady Katherine Leveson, a 32-bed care home in Knowle, Solihull, owned by The Foundation of Lady Katherine Leveson. Manager: Kevin Allen.
- Kirkgate House, a 28-bed care home in Bridlington, Yorkshire, supporting up to 28 individuals aged 18 and over with a learning disability, and operated by Hull-based HICA Group. Manager: Julie Wood.
- The Woodmill, a 19-bed care home in Cullompton, Devon, specialising in brain injury and operated by the Brain Injury Rehabilitation Trust. Manager: Emma Ellis-Clark.
- Drovers House, a 75-bed care home in Rugby, Warwickshire, operated by WCS Care. Manager: Louise Goode.
- Kingfishers, a 60-bed care home in New Milton, Hampshire, operated by Colten Care. Manager: Beata Brzozowska.
- Home Instead, a homecare franchise in Telford, Shropshire, supporting just over 100 clients.

Rated 'Outstanding'? Let us help spread the word, email: editor@caringtimes.plus.com

Appointments

Sherford Manor in Taunton, Somerset, operated by Larchwood Care, has appointed experienced manager Katrina Ball to lead its team of staff and volunteers.

Katrina started her care home career as a teenager, and developed a passion for working in the social care sector. She qualified as a nurse in 2002, and has gained extensive experience as the registered manager at three previous care homes before accepting the position at Sherford Manor.

In 2007, Katrina achieved the Registered Managers Award qualification. In her previous role, the home she managed obtained Beacon status as part of the Gold Standard Framework, which provides the industry standards for end of life care. She has vast experience in dementia and palliative care, working towards completing her master degree in dementia care.

Sherford Manor provides dementia, residential and day care for up to 105 elderly residents.

HICA Group, which operates 19 care homes across Hull and the East Riding of Yorkshire, has promoted quality and compliance advisor Brian Johnson to head activities and wellbeing across the group.

The appointment comes following years of significant investment in hiring and training an increased number of exercise and activity co-ordinators, general training, specialist activity sessions and entertainers.

The not-for-profit organisation has invested heavily, both in time and resources to provide customised, individual care and exercise activities, resulting in an improvement in health and wellbeing with its residents.

Balhousie Care Group has appointed new home managers at two of its Perthshire care homes.

Pamela McAllister has taken up the post of home manager at Crieff-based Balhousie Dalnaglar care home. Pamela stepped into the role of home manager at 39-bed Dalnaglar after joining Balhousie Care Group two months ago, bringing with her a wealth of experience from previous roles in the care industry.

Angela Parnell has been introduced as the new home manager at Balhousie’s Pitlochry care home.

Angela joined Pitlochry after relocating from Somerset, where she managed a private elderly care home. Angela also brings with her experience from her nine-years with Capability Scotland in an area operations manager role.

Made a recent senior appointment? Let us know!

Email: editor@caringtimes.plus.com

COMPANY INDEX

Avery Healthcare . . . . . . . . . 22
Balhousie Care . . . . . . . . .27
Belfast Central Mission . . . 35
Brain Injury Rehab Trust . . . 27
Care UK . . . . . . . . . . . . . 8
City & County Healthcare . . . 39
Colten Care . . . . . . . . . . . 27
Constance Care . . . . . . . . . 39
Embrace . . . . . . . . . . . . . 40
Lady Katherine Leveson . . . 27
Geohegan . . . . . . . . . . . . . 36
Gold Care Homes . . . . . . . . 41
Greensleeves Care . . . . . . .27, 39
Hallmark Care Homes . . . . 14
Healthcare Homes . . . . . . 8
Hica . . . . . . . . . . . . . . 27
Home Instead . . . . . . . . . 27
Ideal Carehomes . . . . . . . . 40
Larchwood Care . . . . . . . . 27
Oakland Primecare . . . . . . 35
Regard . . . . . . . . . . . . . 40
Sanctuary . . . . . . . . . . . . . 36, 40
WCS Care . . . . . . . . . . . . . 27
Best Practice
in the CARE HOME SECTOR

BOOK NOW!
20 SEPTEMBER 2017
MAC THEATRE, BIRMINGHAM

THE KEY EVENT FOR THE CARE HOME SECTOR
BY THE CARE HOME SECTOR

Organised by the sector's own long established and most respected publication, Caring Times

KEY OBJECTIVES

This conference will highlight the excellent practice which is happening in so many care homes day in and day out. The purpose is two-fold:
• To provide a live ‘theatre’ experience which informs, challenges, teaches and enthuses care staff to learn from those providing the best care so that as many as possible can return to their work places and put into practice what they have learnt.
• To start highlighting, documenting and broadcasting (by word of mouth, digitally and in print) the evidence which is needed to show to stakeholders such as the regulator, commissioners, the consumer and the media that the sector provides high quality, innovative care in so many settings.

FOCUS (BUT NOT EXCLUSIVELY) ON:

• Innovation and technology to help residents and staff in care homes
• All aspects of practical care including working with residents living with dementia
• Staff: all aspects of recruitment, training and retention

EXHIBITION OPPORTUNITIES

There will be an exhibition for Suppliers who believe they have innovative products and services which match the content of this conference. Such Suppliers are asked to contact caroline@hawkerpublications.com

BOOK NOW AT WWW.CAREINFO.ORG/BESTPRACTICE

WHO SHOULD ATTEND?

• Innovative leaders in care homes
• Senior care home management but also newly appointed managers and front line staff
• Stakeholders such as regulators, commissioners and the media
• Advisers and consultants
• Technical support specialists
• Architects and builders

The MAC Theatre Birmingham is conveniently located in Cannon Hill Park, Birmingham, opposite Edgbaston County Cricket Ground on Edgbaston Rd
BOOK NOW AT WWW.CAREINFO.ORG/BESTPRACTICE

CONFERENCE PROGRAMME

8.45 - 9.30  Registration, Networking and Exhibition viewing

9.30 - 9.40  Introduction: Proud of what we do
Dr Richard Hawkins, Editor-in-Chief, Caring Times

9.40 - 10.10  Plenary Presentation: Valuing Individual Resident Experience: The challenge of meeting care needs and beyond
Dr Claire Royston, Group Medical Director, Four Seasons Health Care

10.10 - 11.20  PARALLEL SESSIONS

Room A  • Robots and the impact of advanced technology on residents living in a care home Angela Lindsay, Activity coordinator, The Orders of St John Care Trust
• Bedside Buddies Sue Faulkner, Leisure & Lifestyle Manager, The Fremantle Trust
• The LAUGH project: playful technologies for people living with advanced dementia Dr Jac Fennell, Research Assistant, Cardiff Metropolitan University
• Rethinking ‘Skill Mix’ in Care Homes: The care home assistant practitioner Louise Morris, CHAP Lead, Four Seasons Health Care
• Doing What It Says on the Tin Louise Taylor, Director, Villa Care Ltd
• Setting up a Best Practice Network Lucy Garrod, Research Therapist, and Fran Butler, Dementia Clinical Network Manager, Oxford Health NHS Foundation Trust

Room B  • Care Improvement and End of Life service in Walsall - A collaborative approach to reducing unnecessary hospital admissions Helen Reeves, Head of Inpatient Services, St Giles Hospice
• The Role of Chaplaincy in Meeting Spiritual Needs of Care Home Residents Julia Burton-Jones, Dementia Specialist Project Officer, Church of England Diocese of Rochester
• Enabling Environments: Small changes can help residents live well with dementia Teresa Atkinson, Senior Research Fellow, The Association for Dementia Studies, University of Worcester

Room C  • Information Governance in Care Homes Mandy Thorn, Care Provider, On behalf of the Care Providers Alliance and Keith Strahan, NHS Digital
• Improving Person-centred Care for Older People in Care Homes Jennifer Celisies, Senior Information Specialist, and Pamela Holmes, Social Care Institute for Excellence
• Going digital to Drive Quality Care Outcomes Rachel Gilbert, Director of Care, Quality and Governance, Care UK Aims

12.50 - 1.50  Lunch, Networking and Exhibition viewing

1.50 - 2.30  Controversies for Quickfire Debate:
• Training of staff by care home companies is a waste of time and money because the newly trained staff move on rapidly to rivals who can afford to pay higher wages as they do not train.
• It is justifiable to withhold information in a CQC or police investigation if not directly asked for it.
• Daily camera surveillance and live real time monitoring is required in the modern care home to improve and sustain quality care and reduce abuse.

2.30 - 2.50  Tea/coffee, Networking and Exhibition viewing

2.50 - 4.00  PARALLEL SESSIONS

Room A  • Innovation into Care: Six ‘Outstanding’ homes and an innovation hub Christine Asbury, CEO, WCS Care
• “Mountains and Mousetraps” - An Overview of Care Home Management Maggie Candy, Regional Manager, Guide Total Care
• From Red to Green - The story of a couple of disrupters and an inadequate home that now is OUTSTANDING for Care in 2 years Sanjay Dhona, Managing Director, and Dominik Cudek, Strategic Business Analyst, The Close Care Home

Room B  • Minimising Risk of Choking in Care Homes Alana Irvine, Regional Manager, Four Seasons Health Care
• Dining with dignity Jen Bicknell, Director of Food and Hotel Services, Care UK Aims
• To be confirmed

Room C  • Developing Communication Toolkits for Residents Living with Dementia: A whole team approach to understanding and supporting meaningful communication Colin Sheeran Lead Project Facilitator, Dementia Care Framework Team, Four Seasons Health Care
• Optimising Dementia Care in Care Homes: The TRaCAd Dr Claire Royston, Group Medical Director, Four Seasons Health Care
• Activating People’s Personal Relationship Networks to Achieve Personalised Outcomes in Care Homes Cath Barton, Community Circles Connector, Community Circles

4.00  Close

Any questions? Contact the event team on events@hawkerpublications.com / 020 7720 2108 ex 204
Strong company values impact every facet and process of an organisation, including decision-making, goal setting and recruitment. But for values to help shape vision and give direction leaders need to “live” the company values day-to-day, so that they become ingrained in the culture. Effective leaders ensure their co-workers are focused on the organisation’s values, while promoting a shared social identity.

An independent social care owner believes their own personal values become the values of the company, and that if you try to create business values that aren’t really the same as your personal values, they don’t come across as authentic. One needs to clarify one’s own personal values before articulating those of the business, and ask: “What do I believe? What’s important to me? How am I demonstrating my beliefs to the world and my customers? How is the world made better for my being here? How do my values and actions make my customers feel?”

The sooner these questions are tackled, the better; company values can be a work in progress that evolve as the company grows, but if it is delayed until the business is too big, it becomes complicated to define values. Company values probably already exist within a team; they don’t have to be pulled out of thin air; they’re already there. It’s about how these values are drawn out of the people within an operation.

Company values need to be authentic. A care home manager commented that: “Whilst employed as the manager of a care home owned by a large corporate, it became clear that, whilst the company claimed to put resident care first by providing well trained staff and support for managers, in practice they were focused on a micro-management and audit approach. The home managers were aware of the problems and how to address these, but senior management did not support them. This caused a disjointed approach, and the result was poor care and undervalued staff”.

Those who don’t know what defines their company, risk losing what makes it different as the business grows, says PETER LAWRENCE, a director of human resources consultancy Human Capital Department.

01553 609968 peter.lawrence@humancapitaldept.com

Why social care providers need to define their values

How can values be determined?
Scheduled discussions, ‘post-it note’ sessions and surveys can help tease out what staff think the values of the company are. But how can values (which, by definition, should be measurable) be distinguished from aspirations, which may be more general?
Take a characteristic about a company that’s important to its long-term success. If this characteristic is sustainable and can be applied to every area of the company – and it will help the company make huge decisions – then it’s probably a value.

To avoid values ending up as little more than a plaque in the company lobby, they need to be made actionable. That means using them in recruitment, benchmarking objectives against them and referring to them when new challenges or opportunities arise to see how those align with the company’s values.

A resident: “My current home is now owned by a small group whose values and beliefs centre around ‘MUM’; if it’s not good enough for your mum it’s not good enough for our residents. The owners truly care about their residents and staff”.

A resident: “My current home is now owned by a small group whose values and beliefs centre around ‘MUM’; if it’s not good enough for your mum it’s not good enough for our residents. The owners truly care about their residents and staff”.

Building these values into the recruitment and induction processes will help operators to hire well, by asking values-based questions to understand potential employees’ values and motivators, and whether they’re a cultural fit with the business.

Recruitment decisions about the kind of people who are being brought into a growing company will communicate more to existing employees about that company’s true values and future business direction than anything ever said by the management.

A strong set of company values will also act as a tool to attract quality candidates. As millennials begin to dominate the workforce, it’s becoming increasingly clear that they don’t want just any job; they want a job where they can feel aligned with a company’s mission and philosophy. In short, they want an organisation that actually stands for something.

Nature v nurture
However, some business experts and entrepreneurs caution that values can become a distraction. Small businesses have to get on with getting clients and doing the work, because values, although unspoken, are inherent. An honest person doesn’t need to spend time or money defining honesty as a business value; they will recruit people like themselves and have a gut feel if someone doesn’t align with their values.

It’s important that values are constantly communicated to the wider team, which can happen across many communication lines. Values should be drummed-in from the very start, and be highlighted in interviews and talked through in staff induction meetings.

Staff should be praised when they do something that reflects the values – and this should be shared with the team.
Become a Commercially Aware Care Manager

Day course • Tuesday 12 September 2017
Novotel Broad Street, Birmingham

Are you a Compassionate Manager? ✔
Are you a Commercially Aware Manager? ✗

Change all that by joining an intensive day-course which will immediately make you more confident about your knowledge and ability to make your care home more commercially successful.

The programme is based on Caring Times’ new manual The Compassionate and Commercially Aware Care Manager.

09.00 – 9.30 Registration
09.30 – 10.30 Introduction and the importance of being a compassionate manager
10.30 – 10.40 Comfort break
10.40 – 11.40 Understanding more about commercial awareness and how care homes are funded
11.40 – 12.00 Coffee/Tea
12.00 – 12.40 Understanding more about budgets and budgeting
12.40 – 13.40 Lunch
13.40 – 14.40 Understanding financial statements (P&L, balance sheets etc) and cash/profit/surplus
14.40 – 14.50 Comfort break
14.50 – 15.30 Finding clients to fill your home and building a fantastic team round you
15.30 – 15.50 Tea/Refreshments
15.50 – 16.30 Making sure your inspections are a huge success
16.30 Close

The course facilitator is Chris Manthorp. Chris is an independent consultant on older age issues. His long career in social care includes managing a single, specialist home to managing more than 20 homes, day care, sheltered housing and home care, working in the public and independent sectors, focused on person-centred care. He is a writer, lecturer and trainer.

Organised by the care home sector’s longest running and most respected publication Caring Times.

Course Fee: £130 + VAT including a complimentary copy of the manual The Compassionate and Commercially Aware Care Manager and light refreshments but not lunch.

LIMITED AVAILABILITY: THE COURSE WILL CONTAIN A MAXIMUM OF 20 PARTICIPANTS SO HURRY NOW TO BOOK. Money Back Guarantee.

Book online or download a form at www.careinfo.org/care-manager-course
The full programme is now available for the 12th UK Dementia Congress, to be held at historic Doncaster Racecourse, in the market town of Doncaster in South Yorkshire. The racecourse offers an ultra-modern grandstand with spacious interiors and easy access, set in stunning scenery with impressive views across the racecourse and beyond. As always we offer an exciting mix of plenary sessions, parallel sessions, interactive workshops, symposia, posters, early bird sessions, special events and installations.

KEY SPEAKERS

Professor Craig Ritchie, Centre for Clinical Brain Sciences, University of Edinburgh
Professor Murna Downs, University of Bradford
Dr Liz Sampson, Marie Curie Palliative Care Research Department, University College London.
People living with dementia and carers from DEEP and Tide

THE DEBATE

THE MOTION: Research has brought us no closer to a cure for dementia than we were a decade ago, and therefore funding should be switched to researching care and support.

PROPOSER: Professor Claire Surr, Leeds Beckett University.

OPPOSER: Dr James Pickett, Alzheimer’s Society

SPECIAL INTEREST SESSIONS

Care of people with dementia in acute hospitals in association with the Dementia Action Alliance
End-of-life care for people with dementia in association with the National Council for Palliative Care and Hospice UK
Support for people with learning disabilities and dementia in association with MacIntyre
Home care support for people with dementia in association with UK Home Care Association
The Royal College of Psychiatrists

FULL PROGRAMME INSERTED WITH THIS ISSUE

FOR BOOKINGS AND UPDATES VISIT CAREINFO.ORG/UKDC-2017

STAND BOOKINGS AND SPONSORSHIP OPPORTUNITIES: CAROLINE@HAWKERPUBLICATIONS.COM

#UKDC2017
UK Dementia Congress: 7-9 November 2017, Doncaster Racecourse

To guarantee your place at this conference, please supply all the information requested:

- Please supply delegate details – a booking confirmation email will be sent to the first named person
- Please supply full contact details and address of the organisation or department paying for your conference places

SAVE TIME AND BOOK ONLINE AT WWW.CAREINFO.ORG/UKDC-2017 (debit/credit cards only)

1. DELEGATE DETAILS

Please list all delegates attending. A booking confirmation email will be sent to the first named delegate (Name 1). Please tick the box at the end of the email address line if the address holder would NOT like to receive information from Hawker Publications/Hawker Events by email.

Name 1
Position
Company/organisation
Address for delegate information
Telephone
Postcode
Email address

Name 2
Position
Email address

Name 3
Position
Email address

Name 4
Position
Email address

Name 5
Position
Email address

Please complete the section below giving details of the person responsible for payment

Purchase Order Number: ____________________________

We can only invoice your organisation if you provide a purchase order number.

You must send Confirmation of Remittance to Fiona Robb: events@hawkerpublications.com

INVOICE

Closing date for early bird bookings: 1 September 2017

Send this form now to Fiona Robb
Hawker Publications, Culvert House, Culvert Road, Battersea, London SW11 5DH
events@hawkerpublications.com

2. PAYMENT

EARLY BIRD DISCOUNT (BOOKED AND PAID BY 1 SEPTEMBER 2017)

- place/s for 7 November at £34.00 + VAT (£40.80) each
- place/s for 8 November at £199.00 + VAT (£238.80) each
- place/s for 9 November at £189.00 + VAT (£226.80) each
  SPECIAL OFFER: £350.00 + VAT (£420.00) for all three days
  Dementia Care Awards discount rate: £65.00 + VAT (£78.00)

ONLINE BOOKING

The easiest way to book your delegate place is online via careinfo.org

For all credit and debit card bookings
WWW.CAREINFO.ORG/UKDC-2017

Please complete the section below giving details of the person responsible for payment

Name
Position
Company/organisation
Address for invoice

INVOICING/PAYMENT ADDRESS

Please complete the section below giving details of the person responsible for payment

Name
Position
Company/organisation
Address for invoice

BOOKING ENQUIRIES

For alternative payment methods or for any enquiries regarding payment please contact Fiona Robb
0207 720 2108 ext 204
events@hawkerpublications.com
Heckmondwike's complete flooring solution

Heckmondwike, one of the UK’s leading fibre bonded carpet and carpet tile manufacturers, is now offering a complete solution for the care sector through its Pure Care and Total Care ranges.

Pure Care and Total Care are ideally suited to healthcare environments or sheltered housing, whether that be communal areas, corridors or bedrooms. Both types of carpet feature an impervious backing and are highly resistant to staining and bleach and are extremely durable. They are also manufactured to meet all relevant flammability tests. Available in four metre widths, these carpets are very easy to fit and offer low installation costs. They also offer antistatic properties. Both Pure Care and Total Care are available in eight different attractive colour options.

Heckmondwike also offers a range of entrance products, which are suitable for care homes and sheltered housing. This includes Vanquisher, with its alternative rib and velour surface pattern. Vanquisher is ideal for protecting carpets from outside soil and moisture. It also offers thermal and acoustic properties and low maintenance.

Also for entrance areas, Heckmondwike offers mats featuring bespoke logos and designs for care homes and healthcare environments that are DDA approved. These can be either incorporated into a loose lay mat or inlaid into the floor in entrance areas. Heckmondwike offers 20 different colour options and mats are available in bespoke sizes to suit specific applications.

Sample cards are available on request by calling 01924 406161 or visiting the website www.heckmondwike-fb.co.uk

Flexibility at the touch of a button

Adjustable bathrooms and kitchens from Pressalit Care have been selected for a new assisted living development that is being driven by advanced technology.

Blackwood's acclaimed development at Glamis Road in Dundee features six apartments that have been specially adapted for disabled residents with advanced smart CleverCogs technology to assist in their everyday tasks. Blackwood turned to Pressalit Care knowing its reputation as a leader in accessible bathroom and kitchen design, to ensure that these important rooms in the home benefit from the most flexible, functional and ergonomically designed equipment.

In the kitchen the CleverCogs technology means residents can readily raise or lower the height of Pressalit Care’s Indivo rise and fall kitchen work surfaces and wall mounted cupboards with a simple touch; the Indivo filters also allow the wall cupboards to move forwards for easy access. In the bathroom, Pressalit Care’s Plus track system enables the basin and shower seat to be moved into the most convenient position to meet an individual’s needs within seconds.

The fully adapted bathrooms include an adjustable Pressalit Care height adjustable basin that is fitted onto the Plus track to facilitate horizontal, as well as vertical movement. Designed with generous turning space so that wheelchair users can manœuvre easily, and carers have sufficient space for working, the bathrooms are bright and modern, embracing the concept of a contemporary, versatile and functional bathroom. The anthracite shower seat adds versatility to the bathroom.

www.pressalit.com, Tel: 0844 8806950, email: uk@pressalit.com

Bidfood launches festive range

Bidfood has today unveiled its 2017 Christmas range, comprising its largest selection of on-trend, innovative, and inspiring products to date.

This year’s range has been developed using industry insights to ensure the products meet care home operators’ needs and individual residents’ requirements. With over 120 new products, and over 750 in the whole range, operators will be spoilt for choice.

Tapping into the widespread growth of free-from, which saw more than half of consumers purchase a gluten-free item during the first three months of 2017, Bidfood has introduced over 40 gluten-free products to its festive range. These include Northcoast Seafoods’ smoked salmon & dill naked fishcakes, Premium Selection brie & beetroot chutney tarts in kale pastry, and Everyday Favourites baked winter cheesecake.

Adding a twist to traditional items is the innovative turkey ‘cushion’ with pork & orange stuffing, individual turkey and duck cushions with Morrello cherry stuffing, and ‘Christmas on a stick’ skewers with pork chipolatas, turkey cubes and stuffing balls, all from the Farmstead range.

It also wouldn’t be Christmas without a tipple and this season Bidfood is going beyond its extensive ViVAS drinks offering with a range of alcohol-infused cheesecakes, providing an alternative to the traditional Christmas cake. Operators can choose from popping peach bellini, gin fizz & elderflower, and whiskey mac flavours.

The Bidfood Christmas range is available to pre-order now, with over 150 deals running between October and December. Specific channels guides are also available via the Bidfood website: www.bidfood.co.uk.

Pressalit Care is awarded for its UK work

Pressalit Care, the leading supplier of accessible bathroom solutions, has been honoured for its work in the UK.

Headquartered in Denmark, Pressalit Care has been awarded His Royal Highness Prince Henrik of Denmark’s Medal of Honour in recognition of the firm’s rapidly growing reputation in the UK within the accessible bathrooms industry.

The Pressalit Care team in the UK, led by Sales Manager Andrew Lowndes, attended the Danish Embassy in London to receive the award from Claus Grube, the Danish Ambassador to the UK.

Given by the Danish Export Association, the HRH Prince Henrik’s Medal of Honour recognises an outstanding effort in promoting and marketing Danish products and services abroad. It is awarded to individuals in recognition of their unique efforts, and was presented to Andrew Lowndes.

‘It is a real honour and a great privilege to receive HRH Prince Henrik’s Medal of Honour but actually the award should be dedicated to an impressive team effort,’ says Andrew Lowndes, Pressalit Care’s Sales Manager for the UK and Ireland.

Instrumental in increasing knowledge of better accessibility for people with disabilities in the UK, Andrew said, ‘Pressalit Care has been at the forefront of design innovation, providing opportunities for those with limited mobility to experience improved independence within the bathroom environment. The Medal of Honour is a reward for our company and our efforts to promote facilities for people with disabilities.’

www.pressalit.com, Tel: 0644 8806950, email: uk@pressalit.com
Space will be a key feature of dementia refuge in Belfast

Just outside Millisle, on the Donaghadee Road, overlooking the Irish Sea lies an elevated site that enjoys views up and down the coastline. It is here that Belfast Central Mission (BCM) plans to create Copelands – its flagship dementia, nursing and residential care facility with the help of NorthStar – a specialist healthcare design and development consultancy.

“Copeland” will provide market leading care for Northern Ireland,” said BCM’s head of development Nicky Conway.

“It will provide a calm and picturesque setting for 60 residents, with day space provision at more than twice that of a normal care home. In addition to the many indoor facilities on offer, the building also has a spacious roof top garden with stunning sea views that can be used for outdoor events and activities, or simply a place to sit and relax. It involves breaking down the traditional care home structure into households of ten residents, so that each household has its own front door, kitchen and living area, as well as access to a communal outdoor area.”

Northstar director Danny Sharpe said it had been determined from the outset that the proposed design would be for a place of refuge, that it would reflect a well-known, traditional and established local building typology and that, as a result, the new building would become a place of comfort and safety for its residents.

“The setting certainly lends itself to this approach – that of a haven on the hillside overlooking the stormy sea,” said Mr Sharpe.

“For a person to feel ‘at home’ it is important that we understand what that means in their particular context. A building that evokes early memories of ‘home’ is far more likely to become a place of refuge for someone who is starting to suffer from the stress of memory loss and diminished cognitive ability.”

The Planning Application is with Ards and Down Council for consideration with a decision expected towards the end of the summer.

BCP starts work on 60-bed care home in Eastbourne

Building Construction Partnership (BCP), a builder of specialist care homes, is building a nursing home in the south coast seaside resort of Eastbourne, East Sussex. BCP is converting a disused commercial site into a 60-bed care home surrounded by landscaped grounds.

The three-storey Beechwood care home will provide en-suite accommodation and nursing care and support for 60 elderly residents, including people living with dementia. Facilities include a cinema, café, library and communal gardens.

To be operated by Oakland Primecare, construction is due to be completed in February 2018 and the care home is expected to open in spring of next year.

LNT looking to the south

Care home developer LNT Care Developments has recruited Laura Tilley as land director to join their growing site finding team to continue to bring new site opportunities to customer operators. LNT is currently active on 25 sites across the UK and all sites in their development pipeline have been pre-sold to operators including Barchester, Black Country Housing, Country Court Care, Oakdale and Sanctuary.

Development director Nick Broadbent said the team was working to find suitable land for development for new facilities, offering targeted solutions for turn-of-key opportunities in line with operators’ growth and location strategies.

“Laura will be concentrating on locations in the South of England,” said Mr Broadbent.

“As we continue to build and strengthen relationships with existing and new care operators it is important that our turn-of-key solutions meet the emerging and specific needs of our partners and the care sector in general.”
Clydesdale Bank backs expansion of Woking care home

Guildford based Geoghegan Group has secured a £13m funding package from Clydesdale Bank to support the development of a new residential care home, to be built on the site of an existing Geoghegan property in Woking, expanding provision from 39 beds to 57.

The family owned group specialises in residential and nursing care for elderly people and also offers a short-term, private post-operative care facility, with patients receiving physiotherapy and hydrotherapy to assist with recovery.

The Woking project will involve careful phasing of building work over the course of two years to ensure minimal disruption to current residents. Employee numbers are set to increase, with the development creating 20 new jobs, taking the total number of staff to 80.

The broker for the deal was Chris Babington from Hervines Capital.

Sanctuary buys three care homes from LNT

Housing and care provider Sanctuary Group has purchased three care homes from LNT Care Developments.

The homes, which will be built in Pensby in Merseyside, Nantwich in Cheshire and Devizes in Wiltshire, are ‘turnkey’ properties, which means Sanctuary will take on ownership and management once they are built and fitted out.

The homes’ locations have been carefully selected to dovetail with the group’s existing care homes, which are managed by the group’s subsidiary Sanctuary Care.

Sanctuary Care runs 68 homes around the country, most of which are in the midlands and south, serving thousands of residents.

The Pensby home will have 60 bedrooms and is due to open in January 2018, the Nantwich home, also 60 beds, is due to open in April 2018 and offering 66 bedrooms, the home in Devizes is due to open in July 2018.

The three new homes, which will be equipped with ground source heat pumps, solar thermal panels and LED lighting, will be managed by Sanctuary Care.
Luddites 1, Technocrats 0

It comes to us all. That sudden realisation that you have missed a leap in technology: that awful moment where you suddenly feel out of touch. The moment when a young person rolls their eyes and says something along the lines of "what do you mean you’ve never heard of Snapchat?" It will come as no surprise to you to hear that I actually had my first moment like this when still comparatively young. In the late 1990s, I went into HMV* to buy a video (I don’t remember which one: probably one of the more cerebral arthouse classics like Die Hard 8 or Rocky 9).

The assistant apologised, saying they didn’t have any video copies left of the film I wanted but they did have it on DVD. I had literally never heard of DVD! It was explained to me as being ‘like a laser disc but much smaller’. I was quite shocked that a whole new wave of technological advancement had passed me by. I found myself slowly shaking my head in wide eyed amazement as the 13-year-old shop assistant explained how this new technology worked.

I was reminded of this recently when driving past a building site where some new student accommodation was being built using a modular construction system. I was on my way to one of our construction sites where we were building a new care home using traditional methods. As I pulled up, I noticed that the builders on our site were occupied with traffic management, sweeping up rubbish, talking to nosy neighbours, taking delivery of various pallets of materials, and it struck me that none of them was actually building anything. I had just driven past a site where modular sections were being craned and bolted into place, where kitchen and bathroom ‘pods’ had come to site already finished internally with wiring and plumbing all pre-fitted in a factory probably somewhere in Germany or Sweden. They wouldn’t be recording days lost due to inclement weather or suffering the problems of competing finishing trades getting each other’s way. Surely this is the way we should build all of our buildings in the 21st Century. Or is it?

As a nation we flirted with system building in the 1960s and it didn’t go well. Well-documented problems of poor thermal efficiency, noise transfer and condensation caused by badly made elements being badly bolted together resulted in a backlash against this type of building. However, surely by now in these days of computer aided design and laser technology these problems will all have been ironed out. There is huge business in off-site manufacture and modular system building which is fuelling the growth in student living and hotel chain development throughout the world. So why don’t we in the care sector embrace this technology and make more use of modular systems? We could speed up construction and eradicate the problems inherent in trying to build in the driving wind and pouring rain.

It’s this personal touch which will always differentiate most care home owners from owners of other asset classes.

Some say one of the reasons we are reluctant is that funding institutions want to invest in properties over a lengthy period and there may be some doubt over the longevity of the timber framed systems on offer. I am not so sure this is the reason. We do, after all, still have plenty of timber framed buildings from over 500 years ago still standing. No, I have another theory why the care home development industry remains reluctant and that is to do with adaptability. Without exception, every care home we have built has, at some point, involved a client/end user walking around the part-completed building and asking if it’s not too late to “(i) put another window in there? (ii) sub-divide this room into two (iii) move that door to there and create a new store cupboard?”

With traditional construction this means cutting away a few blocks and shoving a new lintel in. With modular construction it means telling your client that “yes . . . sorry, it is too late”. The typical care home operator is always looking to tinker with a building.

I think this happens less in the more corporate hotel and student accommodation world because of the lack of personal ownership of those buildings. Whereas the corporate market dominates hotel ownership, a massive 70% of the care home market is composed of providers who each have no more than 0.4% of total beds**. These are the small operators who have one or two homes and look after them just as they would their own home.

It’s this personal touch which will always differentiate most care home owners from owners of other asset classes. I like this. It chimes with the household model of care that all good operators aspire to. The emphasis on ‘home’ is every bit as important as the emphasis on ‘care’.

Since my embarrassment with the whole DVD thing I have since resolved to stay on top of technology and to make sure I keep up with all the latest advances.

Staying in regular contact with the younger generation is a great way to do that. So, tonight I have my teenage nephew coming round to play computer games – the play station is on and FIFA ’97 is loaded and waiting for him.

* For our younger readers HMV was a shop . . . no, not like Amazon, an actual shop where you could buy records and videos . . . oh just Google it!

**House of Commons Library Briefing Paper (The care home market (England) Feb 2017)
Sector must engage with the CMA

Last month, the Competition and Markets Authority (CMA) published its preliminary findings following its care homes sector market study. The report identified various issues, including some which were first noted in the Office of Fair Trading’s (OFT) study in 2005.

The most eye catching outcome is the consumer law investigation into certain payment practices and unfair terms, which will run separately to the market study. In respect of the other preliminary findings, these can be divided into two, broad, categories – operational considerations and structural/market considerations. In the operational category the CMA placed:

- Insufficient information to support informed choices of care homes;
- Effectiveness of complaints processes;
- Appropriateness of fees and payment terms, including deposits and top-up payments.

Structural/market considerations included:

- Inadequate coordination and inconsistent policies between procuring authorities;
- The prevalence and impact of price differentiation between local authority and self-funded residents;
- How the absence of long-term and co-ordinated planning and funding challenges are hampering investment in additional capacity.

Following the preliminary findings, a clean bill of health for the sector is unlikely. However, the CMA’s decision to rule out a more detailed market investigation (announced prior to publication of the preliminary findings) restricts the available range of remedies to making recommendations only. These may be of two types:

**Recommendations to businesses**: these are amongst the least invasive remedies available and are appropriate where straightforward changes in business behaviour may resolve the issues identified. Recommendations may include new industry standards for disclosing information to consumers or developing a code of conduct.

**Recommendations to government** are more invasive, including changes in policy, law or regulatory practices. These are used in markets where public sector agencies are a major customer and/or where there is a higher risk of consumer harm.

The benefit of recommendations is that they empower experts, from business and government, to jointly design and implement the measures. Given the challenges facing this sector in particular, this holistic approach is vital. However, recommendations are not legally binding so can be only partially implemented or ignored. Recommendations are also only as successful as the system used to monitor their implementation.

What recommendations could the CMA make? A lack of appropriate, well-presented information is a consistent theme in the operational considerations identified (for example, fees, add-ons and complaints procedures). The OFT’s 2005 study made various recommendations in this area including providing prices to potential residents, in writing, prior to moving in and issuing written contracts to residents. However, more prescriptive intervention is now required.

Similar concerns were identified in the market study into the legal services sector. In response, the CMA recommended a regulator led, baseline standard for information disclosure. The baseline included clear pricing models, typical ranges of costs for similar transactions and the scale of likely additional fees. Importantly, the CMA also highlighted various formats for presenting this information, including standard form pricing “menus” and online fee calculators.

Clearer information on the scope of services being provided and the details of complaints options and processes were also required. In the motor insurance market, the CMA made recommendations including clearer pricing of add-ons and presenting information in a manner which allows consumers to compare prices easily.

A similar approach could help to address many of the concerns identified in the preliminary findings, particularly if it was reinforced with model complaints procedures and enhanced advocacy services. The CMA has also previously recommended that a third party should monitor compliance with the recommendation, a role which could be adopted by the CQC or local authorities (subject to capacity constraints).

Whilst remedies related to information are familiar ground for the CMA, there is a lack of obvious precedent for the structural/market considerations. The CMA is very reluctant to act as a price regulator, so directly regulated prices, which could remove price differentiation and help to incentivise long term planning, are unlikely. Instead, previous market studies have called on stakeholders to consult and create working groups to address systemic issues in a targeted way to create transparency and allow market forces to determine prices. For example, recommendations could be made to local authorities to work collaboratively, share procurement best practice and develop standard contractual models.

Recommendations could also be made to government to create new independent bodies with a mandate to develop long-term planning and produce a fee framework, helping to create a stable and predictable market.

The CMA’s work is far from concluded, however it is possible to identify some possible outcomes. It is vital that the industry continues to take all of the opportunities to engage positively with the CMA and help design appropriate and effective remedies.
City & County Healthcare Group, the UK’s biggest national provider of homecare, has acquired Constance Care Ltd in a move to strengthen its presence in Scotland.

Constance Care is a family-run Scottish homecare business based in Kilmarnock with six branches covering central and western Scotland. It employs more than 400 staff who provide 11,000 hours of care per week to around 1,200 individuals, principally under local authority contracts.

In 2015, Bridges bought a 3.1acre site adjacent to St Mary’s Hospital in Sidcup, investing from Bridges Property Alternatives Fund III. Working with specialist developer Castleoak, it has since been granted planning consent for a scheme comprising 80 care beds. The home has already been pre-let to operator Care UK on a 30-year term.

Bridges has been actively investing in the healthcare sector – and care homes in particular – since 2010, in line with its strategy of focusing on investments that can make a positive societal impact alongside attractive commercial returns.

Glebelands is a 42-bed care home with nursing in Wokingham, Berkshire (pictured below), has been acquired by not-for-profit provider Greensleeves Care, becoming the 21st member of the Greensleeves portfolio.

The sale of the home by the Cinema and Television Benevolent Fund (CTBF) is a key part of The CTBF’s change to its long-term strategy which involves a refocusing of its efforts to better support its members to meet their changing needs and lifestyles.

Bridges sells Sidcup site to Ropemaker

City & County Healthcare Group, the UK’s biggest national provider of homecare, has acquired Constance Care Ltd in a move to strengthen its presence in Scotland.

Constance Care is a family-run Scottish homecare business based in Kilmarnock with six branches covering central and western Scotland. It employs more than 400 staff who provide 11,000 hours of care per week to around 1,200 individuals, principally under local authority contracts.

The acquisition expands City & County’s existing presence in Scotland following its acquisition of Social Care Recruitment & Training Ltd in September 2016. Constance Care is City & County’s tenth acquisition since it was acquired by Graphite Capital, a mid-market private equity specialist, in 2013.

City & County chief executive, James Thorburn, said: “Constance Care is a well-run business with a strong local presence and a reputation for quality. We are delighted to welcome the Constance Care team who share our values.

“Scotland is an important market for us and this acquisition continues to develop our footprint across the United Kingdom.”
Farmer joins Ideal as managing director

Ideal Carehomes, part of the LNT Group, has appointed Paul Farmer as managing director. The appointment follows continued strong performance of the North and Midlands based care provider.

Having sold a significant proportion of its portfolio in 2015, Ideal Carehomes has consolidated its offering, concentrating on reinvestment in the built environment, staffing and activities to redesign their model to attract self-funding residents. Securing self-funded admissions of 75% in the last year, Ideal is looking to expand its portfolio once again.

Paul was previously managing director at St Philip’s Care where he was responsible for 28 care homes providing nursing, residential and mental health care in England and Scotland. He has an established reputation for sustainable expansion and high occupancy, with more than 15 years’ experience in health care property. His strong leadership on compliance and quality care delivery at St Philip’s Care saw them achieve a prestigious award as the “Most Outstanding Care Group” at the UK Over 50s Housing Awards 2016. “I am joining Ideal Carehomes at a very exciting time,” said Paul.

“Over the past 18 months, Ideal Carehomes has taken stock of their position and reflected on the changing realities of delivering care. The expectations of care, from residents and their families, have changed substantially in the last decade and the regulatory environment is certainly catching up to this.

“Given the quality of the purpose-built care homes, Ideal Carehomes’ had a good basis on which to build improvements, allowing an acceleration of improvements in the delivery of care. Now that ground-work has been done, and the results are bearing fruits, I am looking forward to building on that work further. Alongside growing the portfolio, my focus will be on offering our residents personalised active lifestyles through aspirational choices.”

Ideal Carehomes says that, to ensure sustainability, its growth will be organic rather than target based. New care homes will only be committed to if the proposition fits with the Ideal Carehomes estate. LNT Care Developments will supply the sites and turn-of-key care homes and Paul will consider the viability of each site based on forecasted operational performance.

Sanctuary buys 35 care homes from Embrace

Housing and care provider Sanctuary Group has purchased 35 residential care homes and a supported living scheme from Embrace Group.

The homes are largely in Scotland and the North East, broadening Sanctuary’s geographical spread as the group’s 68 existing care homes are mostly in the Midlands and South. The purchase will bring the total number of bed spaces provided by Sanctuary Group to more than 5,300.

The 1,500 staff members in these homes will become part of Sanctuary Group which employs around 11,000 people at present.

Sanctuary’s Group chief executive David Bennett said the group’s existing portfolio had been assembled through a mixture of acquisition, development and self-build. “As such, we have extensive experience of integrations of this nature,” said Mr Bennett. “We believe that experience combined with a complete dedication to caring for older residents will ensure that these homes are seamlessly brought into Sanctuary. “Sanctuary is committed to putting kindness at the heart of our care for older people, giving them and their families beautiful environments within which they can live fulfilled and happy lives.”

Martin Gould, head of brokerage for Care at Christie & Co who handled the sale, said the off market transaction demonstrated the strength and appetite for well performing portfolios that meet a strong compliance level.

Regard goes from strength to strength

Having opened 12 new services during the past 12 months, the Regard Group – the UK’s fourth biggest private care-provider in the learning disabilities and mental health sector – has also acquired nine new services and expects to expand organically as well by opening and filling a further dozen facilities within the next year.

The organisation’s EBITDA have grown 76% since 2014, due to a combination of organic growth, new openings and their merger with ACH.

The 12 established new services all have all filled very quickly, and management attributes this success to their careful monitoring of and targeted response to relevant local authorities’ demands.

Regard currently supports 1066 individuals across the country – a new record for the care-provider – and has introduced 110 new beds in the last two years as a result of new services opening.

Founded in 1994, the organisation employs more than 2,400 direct care staff to support their service users who have learning disabilities, mental health needs and/or acquired brain injuries.

Regard’s chief executive Sandie Fokall-Smith said this growth had now been further consolidated with the acquisition by Regard in July of Shropshire care group Adelphi Care Services, whose nine specialist residential and supported living services will boost the Regard Group’s total to 159 services nationwide.

“These statistics reflect that Regard was not only an excellent care-provider, but also a sound commercial business,” said Ms Foxall-Smith.

“Our guiding principle is that everything we do should come together to ensure we are continuously enabling the people we support and care for to lead more fulfilled lives, at the same time providing a rewarding working environment for our employees, within a business structure which is well-managed and prudently financed.”
Care homes look appealing with big rise in investment volumes

According to the latest market update from Savills Healthcare, strong fundamentals combined with an ageing demographic in the UK has made healthcare, and in particular, care homes, a very attractive asset class.

The international real estate advisor notes that the long indexed income with either RPI or fixed uplifts have made an appealing proposition for investors struggling to find similar opportunities in the mainstream markets. In addition, care home yields have moved in significantly over the last five years and now fall in line with many other traditional commercial asset classes. Savills Prime Care Home Yield Index currently stands at 4.25%, down from 4.75% in 2016.

These fundamentals are supported by strong demand for good quality care homes, fuelled by an increasing 75+ years population and an imbalance between the number of care homes opened and those closed since 2011. Savills Healthcare team has recorded that 9,000 bed were lost in 2016 compared to only 6,000 new beds being built.

Chris Wishart, director in Savills healthcare team, said that, over the last 18 months care homes had achieved unprecedented yields with those let to annuity grade tenants and in excess of 30 years unexpired attracting interest of levels below 4%.

“We expect this trend to continue with the care home market being put under further pressure in the next three to five years due to an increase in the population and a limited amount of new homes coming out of the ground, which will ultimately drive prices higher and sharpen yields,” said Mr Wishart.

In terms of overall investment volumes the firm notes that, while care home investment was down in 2016 at between £750m and £800m compared to previous years, this was, in part, due to general market uncertainty in the real estate sector combined with a paucity of opportunities rather than reduced investor appetite. Savills reports that investment volumes for the first half of 2017 have shown a significant increase with levels expected to increase by 25%. This augmented figure is particularly relevant given that the average lot size for a single care home investment ranging from £10m and £12m.

Alex Crawley, associate director in Savills healthcare team, said the relatively low average investment lot size for care homes compared against the expected half year transaction figure underlined the increased activity in the sector.

“The biggest opportunity for opportunistic investors entering the care home market moving forward will be to create a secure income stream,” said Mr Crawley.

We buy and sell care businesses and land
We provide consultancy and valuation advice
We don’t do anything else

Dedicated to the healthcare sector – dedicated to you

For more information about Carterwood or to find out how we can help you please telephone 08458 690777

info@carterwood.co.uk  www.carterwood.co.uk
The first quarter of 2017 saw 22 deals close in the UK, with the care home segment accounting for the majority. This compares to 27 deals in the first quarter of 2016. In 2016 there were 104 deals in the UK health and social care sector – a 17% reduction on 2015.

The surge in healthcare mergers and acquisitions that started in 2014 is still going strong and looks set to continue through 2017. A strong start to the year has seen US private equity, Asian investors and UK trade buyers all show interest in the UK residential care market. Driven by a fragmented market and attractive returns on investments, REITs are looking to the care home market for further opportunities.

**Care home consolidation**

We saw 97 completed deals involving care homes in 2016, with an aggregated value of €6.9bn, from both investors and trade buyers, all drawn by attractive market dynamics, high margins and cheap debt.

We have witnessed a quieter start to 2017 with 17 deals in the first quarter compared with 21 over the same period last year.

Many retirees are seeing their disposable incomes rise. Added to this those individuals who saved and invested sensibly in historic boom times now have significant savings to pay privately for retirement expenses. This has led to increased demand for higher quality retirement properties and villages which are more akin to a hotel or resort complex than a care home.

There has also been a heavy presence in the care home market from real estate investment trusts (REITs), investment vehicles which seek to provide returns to their investors, with CareTrust REIT, HCP, National Health Investors, Omega Healthcare Investors and Welltower all making multiple acquisitions throughout 2016. These assets have moved from alternative to mainstream investments in a short period of time and, given the non-cyclical nature of their income, it is unlikely that investors will be looking to exit soon.

**REIT consolidation**

The UK healthcare market is poised for consolidation from REITs due to its fragmented and highly regulated nature. A number of both home-grown and overseas REITs are now circling the UK market.

Looking ahead, the Brexit vote and the surrounding uncertainty has made for more attractive exchange rates, and this should encourage more foreign REITs to enter the UK market. It is likely that as the Asian market becomes more saturated, Asian REITs such as Parkway Life REIT & First REIT will also begin to invest further afield.

**Capital flows in as foreign REITs circle the UK care home market**

The UK healthcare market is poised for consolidation from REITs due to its fragmented and highly regulated nature. A number of both home-grown and overseas REITs are now circling the UK market.

A number of both home-grown and overseas REITs are now circling the UK market.

Driven by the need to diversify their portfolios, and with limited opportunities for long-term secure income, many are turning to the healthcare sector and in particular to the residential market.

With quasi-government backing, healthcare has been seen as a safe haven by some investors.

UK REITs such as the listed Target Healthcare REIT closed eight deals during 2016. We have also seen a number of large US competitors attempt to consolidate the UK market. Welltower Inc., the listed US-based REIT, and Revera Inc., the US-based investor in senior living facilities, acquired four senior housing properties in Greater London for about €256m.

Looking ahead, the Brexit vote and the surrounding uncertainty has made for more attractive exchange rates, and this should encourage more foreign REITs to enter the UK market. It is likely that as the Asian market becomes more saturated, Asian REITs such as Parkway Life REIT & First REIT will also begin to invest further afield.

Clearwater International is a boutique corporate finance firm, operating across 10 sectors. Clearwater issues monthly, sector specific commentary and a series of larger publications produced by sector analysts who monitor what is currently contributing to changes in the market, both regionally and internationally.
Discounted Cash Flows (DCFs) are the investment appraisal tool of choice for many investors. This is because: they explicitly show revenue, expenditure and inflation assumptions, and they also discount the projected profits at a rate that reflects the desired rate of return and the time value of money. This enables investors to understand how the projected returns have been calculated and when they will likely be achieved.

How DCFs work is best explained by dividing them into two key parts: the cash flows and the discounting.

The cash flows are effectively the profit and loss projections for the investment from start to finish. Like most normal profit and loss projections these will be divided into periods (typically years) and will explicitly show all the different revenue and cost items that will be expected in each period. While the length and granularity of the cash flows will vary, they will always be explicit, will usually show a terminal or exit value and will lead to the calculation of a net profit. This net profit is the basis for the discounting. This is the process whereby the net profit from each period is discounted using a Discount Rate (see below) to calculate a ‘value’ of that profit at the beginning of the investment period. These discounted values from each period are then added together (along with the terminal/exit value if appropriate) to calculate the Net Present Value, which shows the value of the investment and/or how attractive (or not) the investment is.

Discount rates are made up of two elements: the risk free rate (usually 15 or 20 year government bond yields) which is used to reflect the time value of money, and the risk premium. This is an increase in the Discount Rate from the risk free rate to take into account the additional general market and investment specific risks associated with that particular investment. Examples of factors that would increase the risk premium for investments in the care sector could include: a lack of liquidity (properties take much longer to sell than bonds), an older or poorer quality building or a not very well established management team.

The difficulty with assessing and calculating Discount Rates is that they will vary depending upon the level of risk or growth assumed in the cash flows. This means that, while the assumptions within an individual set of cash flows may be explicit and easy to understand, they will be difficult to compare across the market. It is for this reason that valuers (who need transparency to benchmark transactions against each other) don’t tend to use DCFs, but is why their popularity among investors remains as strong as ever.
# PROPERTIES AND BUSINESSES RECENTLY SOLD IN THE CARE SECTOR

## Heath House
- **Location**: Hollesley, Suffolk
- **Registration**: 19 elderly
- **Buyer**: Prime Residential Care
- **Seller**: Brian & Eileen O’Neill
- **Agent**: Aldridge Care Homes
- **Tel**: 01473 323 4904

The building is a traditional Victorian style property on a prominent main road close to the centre of Blackburn and the main M65 motorway.

## Warren Park
- **Location**: Chapeltown, Sheffield
- **Registration**: 60 elderly
- **Buyer**: Astonbrook Care Group
- **Seller**: Bespoke Care
- **Agent**: 01142 369532

Sold with vacant possession for refurbishment and it will be re-opened by another care group later in 2017.

## Specialist care portfolio
- **Location**: Shropshire
- **Registration**: Specialist care portfolio of nine residential care and supported living units. 27 residential care beds and 11 supported living places.
- **Buyer**: The Regard Group
- **Seller**: Adelphi Care Services
- **Agent**: Carterwood
- **Tel**: 07715 495062

Carterwood was instructed by the shareholders of Adelphi Care Services to seek a suitable buyer for the business and played an integral role in facilitating the acquisition by The Regard Group.

## Apple House
- **Location**: Wigston, Leicestershire
- **Registration**: 8 specialist residential
- **Buyer**: Mr & Mrs Vall
- **Seller**: Christie & Co
- **Agent**: 0115 948 3100

The care home is long-established with eight residents and specialises in caring for adults with learning disabilities. The previous owners put the business up for sale in order to retire from the sector. This is the first care home for new owners, Mohsin & Shahina Vall although Shahina had previously managed an elderly residential care home in Coventry.

## Northwood
- **Location**: Blackburn, Lancashire
- **Registration**: 27 elderly, with planning permission to add an additional 7 bedrooms
- **Buyer**: Brian & Eileen O’Neill
- **Seller**: Aldridge Care Homes
- **Agent**: 0330 123066

## Jack Simpson House
- **Location**: Exeter, Devon
- **Registration**: 35 elderly
- **Buyer**: Danqi Zhang
- **Agent**: 01392 285600

The home was acquired by an Exeter care home operator who already owns and runs two care homes in the city – Highlands and Highland Borders.

## Lythe
- **Location**: Cullen, Aberdeenshire
- **Registration**: 33 elderly
- **Buyer**: Christie & Co
- **Agent**: 0131 524 3406

## Churchill House
- **Location**: Exeter, Devon
- **Registration**: Closed, formerly 11 elderly
- **Buyer**: Danqi Zhang
- **Seller**: Guinness Care & Support
- **Agent**: Christie & Co
- **Tel**: 01392 285600

## The Old Vicarage
- **Location**: Long Eaton, Nottingham
- **Registration**: 29 nursing
- **Buyer**: Mr Siddpura
- **Seller**: Mr & Mrs Deakin
- **Agent**: Christie & Co
- **Tel**: 0115 948 3100

## Plas Newydd
- **Location**: Wrexham, North Wales
- **Registration**: 40 elderly/dementia
- **Buyer**: Mrs CV Atkinson
- **Seller**: Christie & Co
- **Agent**: 0113 389 2705

## Glebe House
- **Location**: Hollesley, Suffolk
- **Registration**: 19 elderly
- **Buyer**: Prime Residential Care
- **Seller**: Nigel & Sally Squirrell
- **Agent**: Christie & Co
- **Tel**: 0147 323 4904

---

**Information appearing in “Care Homes Sold” is published in good faith that the information is accurate and cleared for publication. The onus for accuracy is on the property agent. Caring Times will not publish, in a subsequent issue, corrections or alterations to information supplied. Agents, please note that items cannot be withdrawn once the copy deadline has passed. We advise readers to confirm any details with the property agent concerned.**
Laburnum Lodge
Location
Littleport, Ely, Cambridgeshire
Registration
22 elderly/dementia
Buyer
Mr I Sanaji
Seller
Mr R Sehgal
Agent
DC Care
Tel
01937 849268

An attractive care home situated in East Cambridgeshire close to the Norfolk border, the care home occupies a prominent position close to the town centre. The home has benefited from significant investment by the owner and maintains a good CQC rating.

Acorn Park Nursing Home
Location
East Kilbride, South Lanarkshire
Registration
38 elderly
Agent
Christie & Co
Tel
0131 524 3406

Glebe House
Location
Norwich, Suffolk
Registration
29 elderly
Buyer
Benjamin James
Seller
Patty & Tony Webb
Agent
Christie & Co
Tel
0147 323 4904

Jubilee Court
Location
Bexhill-on-sea, East Sussex
Registration
29 elderly
Buyer
Imperial Healthcare (UK)
Seller
Trial-Link
Agent
Christie & Co
Tel
01622 656000

Loxwood House
Location
Hove, East Sussex
Registration
12 learning disabilities
Buyer
Khalid Anwar
Seller
Peter Mallinson
Agent
Christie & Co
Tel
01622 656000

Sydmarr Lodge
Location
Edgeware, London
Registration
57 residential with dementia
Buyer
Sydmarr Lodge Ltd
Guide price
£6,250,000
Agent
Christie & Co
Tel
020 3646 0621

Malmesbury House
Location
East Molesey, Surrey
Registration
19 elderly/dementia
Buyer
3A Care
Seller
Dr Haroun Gajraj
Agent
DC Care
Tel
01937 849268

St Vincent’s
Location
Bexhill-on-sea, East Sussex
Registration
25 elderly
Buyer
St Vincent’s Care
Seller
Christie & Co
Tel
01622 656000

The home had been owned and run by the Gajraj family since 1962 but has been sold to an experienced multi operator who recognises the tremendous potential of this established and well-positioned business.
Torrance Lodge Nursing Home, Ayrshire
Freehold £2,440,000
- Registered for 92 older people
- 92 single rooms
T: 0141 352 7300
6870434

Cooriedoon Nursing Home, Isle of Arran
Freehold £825,000
- Registered for 28 older people
- 22 bedrooms (10 en suite)
T: 0141 352 7300
6870417

Parklands Care Home, Exeter
Freehold £695,000
- Detached former care home – now closed
- Previously registered 27 in 24 rooms, 23 en suite
T: 01392 285 600
3270272

Silver Thread Care Home, Instow
Freehold £625,000
- Attractive care home reg 14
- All single bedrooms – with 9 en suite
T: 01392 285 600

Clinton House, St Austell
Freehold £950,000
- Former care home, now closed
- Previously reg 46 in 45 rooms – 18 en suite
T: 01392 285 600

Former Kings Hill School Development Site, West Midlands
Freehold Offers Invited
- 1.23 acre site
- Previous consents for 54 Bed Care Home & 80 Bed Care Unit
T: 0121 456 1222
5873019

Elizabeth House Retirement Home, Stoke-on-Trent
Freehold £1,600,000
- 35 single rooms (33 en suite facilities)
- Turnover for Y/E Sep 16 £846,126
T: 0121 456 1222
5873020

Residential Home, East Midlands
Freehold Offers Invited
- 18 reg. Care Home
- Annualised fee income of c.£416K, ANP c.38.2%
T: 0115 945 3100
5770882

Consultancy | Development | Finance | Insurance | Investment | Transactions | Valuation

Christie & Co
Christie & Co is a specialist property adviser in the care, childcare, hospitality, leisure, retail and medical sectors. With offices across the UK, we focus on advisory, consultancy, valuation services, brokerage and can provide access to finance across our key sectors.

Business. Built around you.

Ridgewood, Camborne

Freehold £1,250,000
- Detached & extended care home, registered 12
- Specialising in adults with learning difficulties
T: 01392 285 600
3270278

Belgravia Care Home, Blackpool

Freehold £1,299,995
- 23 beds, all en suite wet rooms
- Planning permission for 5 further bedrooms
T: 0161 833 3311
5679814

Orme View Care Home, Llandudno

Freehold £649,999
- 13 bed all en suite residential home
- Adjusted profits £100,000
T: 0161 833 3311
5679817

The Manor House, Hereford

Freehold Offers Invited
- Registered for 23
- Good occupancy levels
T: 0121 456 1222

Care Home, East Yorkshire

Freehold £750,000
- Care home registered for 22
- Net profit in excess of £135,000
T: 0113 389 2700

Nursing & Residential Home, East Midlands

Freehold £2,950,000
- 40 reg. Nursing Home
- Annualised fee income of £1,218,672,
  ANP c. 33.9%
T: 0115 945 3100
5770743

Residential & Nursing Home, London

Freehold £4,500,000
- Purpose built care home with nursing
- Registered for 45
T: 020 7227 0700
4870022

Sylvan House, Birkenhead

Freehold £650,000
- Registered for 20
- Lapsed planning for 7 further bedrooms
T: 0161 833 3311
5679818

Caring Times recognises that Christie & Co has consistently sold over 50% of the UK’s individually transacted care homes.

christie.com/business-search
2017 Healthcare Property Dinner

Attend this year’s event to hear senior industry figures debate and discuss the findings of Knight Frank's UK Care Homes Trading Performance Review Research. Including sector leading executives, Pete Calveley (Barchester Healthcare), Chai Patel (HC-One), Mike Parish (Care UK) and John Strowbridge (Avery Healthcare).

WITH SPECIAL GUEST
CHAMPION JOCKEY
FRANKIE DETTORI

The 2016 Healthcare Property Dinner was a sell out, raising donations for The Matt Hampson Foundation.

WHEN
Thursday 5th October 2017

WHERE
De Vere Grand Connaught Rooms,
61-65 Great Queen Street, London, WC2B 5DA

DRESS CODE
Business Attire

TICKETS
£275 +VAT

FORMAT
Champagne reception followed by three course meal

CONTACT
alyssia.clare@knightfrank.com

http://www.knightfrank.co.uk/commercial/healthcare/healthcare-property-dinner.aspx

In association with: