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New liberty protection laws to replace DoLS

Government to consult on streamlining procedures

Proposed new legislation would replace Deprivation of Liberty Safeguards (DoLS) with a new system — Liberty Protection Safeguards (LPS), a set of checks that aim to make sure that any care which restricts a person’s liberty is in their best interests.

Government says the reform will offer a more efficient and effective system which better takes into account people’s past and present wishes for care and treatment. The proposed changes follow a series of recommendations published by the Law Commission last year, criticising DoLS as being too bureaucratic and complex.

The Government is consulting with health and social care stakeholders to finalise the plans before introducing new legislation. Care minister Caroline Dinenage said the Government broadly accepted the recommendations made by the Law Commission and would replace DoLS in a bid to provide better care for people and increase access to the safeguards.

“For too long we have been too slow to act in the best interests of some of the most vulnerable people in society who cannot look after themselves,” said Ms Dinenage. “We are rightly overhauling the bureaucratic and complex DoLS system to give carers and families a greater say in the care of loved ones and provide greater protections for those who need it most.”

The proposed new safeguards aim to:
- Produce a more efficient and effective system, increasing access to safeguards for more people;
- Provide a more flexible and efficient approach to all relevant settings, including hospitals, care homes and care in the community;
- Streamline the process so people will not need new authorisations for every setting as they move between care homes and hospitals, for example;
- Strengthen the weight placed on the past and current wishes and feelings of people on the care or treatment they would like to receive;
- Strengthen the involvement and input of family members and carers into any decision;
- Reduce the frequency with which a person has to be reviewed. An LPS authorisation will last for a period of up to 12 months and can be renewed for a second period of up to 12 months and, thereafter, for periods of up to three years.

An LPS authorisation will be used when a person lacks the mental capacity to consent to care arrangements. Hospital trusts, Clinical Commissioning Groups and local authorities will have to complete a number of medical assessments prior to an LPS being authorised.

The independent Approved Mental Capacity Practitioner role in the new model will review decisions if a person objects to care arrangements.

Care provider representative body Care England has welcomed the proposed changes but hopes the new system will be developed with proper consultation with the care sector.

“It is quite clear that the DoLS needs a complete overhaul to stop it being so bureaucratic and offer better protection for the people who use services,” said Care England chief executive Professor Martin Green.

“However, we need to ensure that the old problems do not reappear in the new scheme. There is a tendency in Whitehall, to think changing the name is all that is required to change the outcome.

“This was never true as we have seen with the new name for the Department of Health and Social Care, which does not have any clarity about how this will deliver more integrated services.”
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CQC ratings - care home quality dips in some areas

The proportion of care homes rated ‘inadequate’ or ‘requires improvement’ increased in one in five local authority areas in 2017.

An analysis by older people’s charity Independent Age has found that a dramatic variation in the quality of care homes at a regional and local authority level across England continues to exist. The North West is the worst performing region, while London and the East of England are the best performing regions.

In some areas such as Tameside or Portsmouth, older people and their families continue to face little choice of quality care, with around one in two homes rated not good enough by the Care Quality Commission. The main regional findings are:

- The North West contains five of the eight worst performing English local authorities on care home quality, with more than one in four care homes across the region performing poorly. Yorkshire and The Humber (26.1%) and the West Midlands (21.3%) are the worst performing regions of England for care home quality.
- London (17.4% of care homes performing poorly), the East of England (17.4%) and the East Midlands (18.2%) are the best performing regions for care home quality.

Performance at local authority level shows even greater variation. Seven local authority areas have more than two in five care homes rated ‘inadequate’ or ‘requires improvement’:

1. Tameside – 56.8% of homes
2. Portsmouth – 46.5%
3. Kensington and Chelsea – 45.5%
4. Manchester – 43.8%
5. Bradford – 43.6%
6. Telford – 43.2%
7. Trowbridge – 41.1%

In contrast, eight local authority areas have less than 5% of homes rated ‘inadequate’ or ‘requires improvement’, including five that have no care homes with those ratings. The research also provides a year-on-year comparison on care home performance across regions and local authorities in England. The key findings from this year-on-year comparison are:

- In every region, the percentage of poor care homes has decreased in the past year.
- However, in every region, at least one local authority has seen an increase in the percentage of poor care homes.
- Five local authorities have seen an overall increase in the percentage of care homes, yet still have more than two in five care homes rated as “inadequate” or “required improvement”.

The charity’s chief executive, Janet Morrison said older people and their families were still facing an unenviable choice between poor care homes in some parts of the country.

“While it is encouraging that there has been an overall improvement in quality, this masks persistent variation in the quality of care homes within each region of the country,” said Ms Morrison.

“The market simply does not seem to be able to drive the rapid improvement needed in many areas. While the Government seems happy to deflect all decisions about social care with the vague promise of a Green Paper, local authorities are having to make difficult decisions now about care in their area. We urgently need both government and local authorities to demonstrate that they understand the reasons for this variation and that they have the ability to address it.”

Independent Age believes the drivers for care home quality variation includes factors such as low levels of funding by local authorities, low pay and difficulty recruiting staff, and the lack of a good support mechanism for improving care homes that are struggling. The care homes market is now valued at nearly £16bn. However, social care is facing a £2.6bn funding gap by 2019/20.

In order to improve quality in the market, Independent Age makes the following recommendations:

- The Government’s forthcoming Green Paper must not be restricted to narrow questions of social care funding and finance, but must also address questions of quality in the social care market.
- In areas where there is a failure of quality, the local authority must do more to fulfil their Care Act duty to shape the local care market.
- The Department of Health and Social Care must demonstrate leadership on tackling regional variation in care home quality.

The briefing ‘Care home performance across England 2018’ is part of an Independent Age campaign to improve the quality of care homes available to older people.

National Care Forum criticises increases in regulatory fees

In late March the Care Quality Commission (CQC) announced the fees for regulated provision for 2019/19. In this they have outlined the fees that providers of health and adult social care in England will pay from April 2018 to cover the costs of their regulation. Their proposals affect NHS trusts, GPs and community social care providers.

Responding to the fees announcement the National Care Forum (NCF), which represents not-for-profit social care providers, has criticised the increases in fees payable by its members.

NCF executive director Vic Rayner said that, while the NCF acknowledged that CQC was progressing to full cost recovery through regulatory fees and that grant in aid from NHS England will pay from April 2018 to cover the costs of their regulation, their proposals affect NHS trusts, GPs and community social care providers.

“NCF members support Independent Age’s campaign to improve the quality of care homes available to older people.

In late March, Jeremy Hunt announced his seven principles of social care reform. This is an opportunity for him to take action and stop the escalator of fee rises for care provision, and bring the core principle of sustainable funding into each and every current government decision that has a direct impact on the fragile care sector.

“This is one piece of reform that does not need to wait for a Green Paper – press the button and stop the fee escalator now.”

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Survey shows an improving quality of life for residents

Now in its sixth year, the 2017/18 Your Care Rating survey achieved its highest ever response rate of 40.5% for its Residents’ Survey, up from 35% in its first year of publication in 2013. The Family and Friends’ Survey also achieved a high response rate, of 48%. The Residents’ Survey received more than 16,500 responses from 820 care homes while over 12,000 questionnaires from 686 homes were completed for the Family and Friends’ Survey.

Conducted by independent market research organisation Ipsos MORI, the Your Care Rating surveys produce an Overall Performance Rating (OPR) out of 1000, and across all participating homes. For 2017/18, the overall result was an average score of 878 for the Residents’ Survey and 836 for the Family and Friends’ Survey.

Your Care Rating founding director Mel Knight said the care home sector was all too often perceived negatively, but the annual survey had shown that there were very high levels of satisfaction in care homes across Britain.

“It is those who matter most, the residents and their loved ones, who are telling us this,” said Mr Knight.

“The Your Care Rating survey was established to give residents, family and friends a meaningful voice and to provide an authoritative source of information for those looking for a care home.

The survey also provides participating care homes structured and benchmarked customer feedback to enable them to improve where necessary.”

The Your Care Rating survey is completely voluntary, so the care homes participating have made a strong commitment to transparency, continuous improvement and understanding the views of their residents and their residents’ families and friends.

“Once again this year’s overall results are excellent, and the combination of the residents’ and families’ surveys provides us with an unparalleled view of the sector’s effectiveness and quality,” said Mr Knight.

“I am sure that all participating care homes, whether disappointed at the feedback or celebrating success, will want to analyse their results and use them to achieve even higher standards of care for their customers over the coming year.”

The “quality of life” theme was the most highly rated in both surveys. This theme includes ratings of the safety and security, privacy, having visitors, having personal belongings around them and having visitors, the safety and security, privacy, having visitors, having personal belongings around them and having things to do.

This year’s Family and Friends’ Survey achieved a “quality of life” theme score of 898, up from 890 last year. The same theme was the top scoring in the Residents’ Survey at 929 this year (and 928 last year).

Council should not have charged a top-up fee while family sold home

Norfolk County Council has agreed to investigate whether more care home residents have been incorrectly charged a top-up fee, after one family’s complaint was upheld by the Local Government and Social Care Ombudsman.

When the family placed their mother in a care home and needed to sell her house to pay for her care, the council should have offered the woman a so-called ‘affordable’ care home.

This would not require the family to pay a top-up fee above what the council would contribute, for 12 weeks while the home was being sold.

Instead, the Ombudsman’s investigation found the council charged the family for those 12 weeks, wrongly arguing that because the woman’s capital, including her property, was above the £23,250 threshold, it did not have to offer her an affordable placement.

The council has waived the fee, and has agreed to check if it has charged other people in the county in error.

It has also agreed to improve the information it offers to families when they are seeking help with care home placements.

‘Technology cannot replace human touch’ says Scottish Care leader

Members of the Scottish Parliament have been cautioned against an over-reliance on technology as a means of reducing the cost of delivering social care.

Addressing an economy, jobs and fair work committee of the Scottish Parliament, Scottish Care chief executive Donald Macaskill said there were many instances in which technological solutions in care had been developed in Scotland and then been exported elsewhere.

“When technology has potential it must not be used to monitor staff, and advancements would involve implementation costs, training and equipping the sector’s workforce,” said Mr Macaskill.

“We need an appropriate balance. Technology cannot be used as a cheap mechanism to remove human presence. We are all human beings, we are about human touch. Technology can certainly enable presence but it cannot replace it.”

Mr Macaskill called on organisations like Skills Development Scotland, Scottish Enterprise and Business Gateway to focus on social care and not see the sector as “unworthy of intervention”.

DONALD MACASKILL: ‘Technology cannot be used as a cheap mechanism to remove human presence.’

“One thing that annoys my members is that we know contracts are being handed back all the time. Whenever there is a failure because of a contract in social care we do not get a ministerial taskforce set up even if there are five times the number of workers impacted in that local community, particularly in rural communities.

“We need to change the language, alter the dialogue and see social care as worthy of intervention and enterprise as any other walk of life in Scotland.”
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Sector must improve status of care workers, says healthcare insurer

Private healthcare insurer Simplyhealth says improving the status of care work and providing greater support to informal or unpaid carers could help fund a sustainable health and social care system.

Statistics quoted by the company suggest that almost half (45%) of UK adults believe improving working conditions for the nation’s care workers would help reform the sector, while 43% of people would like to see more support given to informal or unpaid carers, such as simplifying the Carer’s Allowance process, to help fund a sustainable system.

The latest figures follow a report from the National Audit Office published February, criticising the Department of Health & Social Care for not doing enough to support a sustainable social care workforce, adding that care providers struggle to recruit and retain workers.

The Government has said it will launch a Green Paper consultation later this year on proposals to reform care and support for older people.

Simplyhealth chief executive Romana Abdin said that, while successive governments had not yet reached widespread consensus for long-term reform, the NAO figures suggested there was a public appetite for a collaborative approach to decision-making around health and social care that is not influenced by party politics.

"Elderly people are some of the most vulnerable members of our society, and so it’s crucial a sustainable support network is put in place to safeguard the wellbeing and dignity of the nation in old age," said Ms Abdin. "The forthcoming consultation will provide the opportunity for the government to have a candid conversation with the country about the care needs of our elderly are met now and in the future.”

New guidelines on pain management

New recommendations to help healthcare professionals recognise and assess levels of pain in older people have been published in the scientific journal Age and Ageing.

Education and training of staff to recognise pain, and to act on their findings, is a key recommendation of the updated guidelines.

It is advised that healthcare professionals be aware of the wide variety of pain measures available and a solid understanding of how and when to use them.

The Age and Ageing paper “Pain Assessment in the Older Population – where are we now?” can be viewed here: https://academic.oup.com/ageing/issue/47/suppl_1
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Government allocates extra £40m for research into dementia

Alzheimer’s Research UK, the UK’s leading dementia research charity, has hailed the announcement of £40m capital funding for the UK Dementia Research Institute (DRI), as well as a £300m boost for the Ageing Society Grand Challenge that forms part of the Government’s Industrial Strategy.

“This investment is an important boost to what is now the country’s biggest joint endeavour in dementia research,” said Alzheimer’s Research UK chief executive Hilary Evans.

“The essential research happening at the UK DRI has the potential to transform our understanding of dementia and as a founding partner, Alzheimer’s Research UK is delighted to see this additional support.

“It’s encouraging to see the commitment to the £100,000 boost for Abbeyfield Ferring as Careways Trust winds up

A Sussex society providing specialist residential and home care for elderly people has received an unexpected £100,000 windfall.

Abbeyfield Ferring Society was presented with the donation following the solvent liquidation of care home and sheltered accommodation provider Careways Trust by accountancy, investment management and tax group Smith & Williamson.

The society, part of the international Abbeyfield network, runs the Cornwall House residential home.

Target to fund two new builds

UK-based Target Healthcare REIT has agreed contracts to buy and fund two new care homes.

At the end of last year Target had 49 care homes, having made five acquisitions during the year, with a further property under development, giving a total market value of £334.9m (June 2017: £282m).

Target has agreed a £15.6m deal to buy and fund one in Banstead, Surrey in the wake of a £5,000 grant to Maritime care home receives a £5k grant to fund new technology

A therapy programme has been launched by The Royal Alfred Seafarers’ Society at Belvedere House in Banstead, Surrey in the wake of a £5,000 grant to fund new technology.

The Society will use the Santander Foundation Discovery Grant to purchase five new iPads to be used for activities including the home’s new music therapy programme run by its team of 30 volunteers.

Staff will be able to teach elderly residents how to use new technology including how to send emails, listen to music and take photos using the iPads. It is hoped this will enable residents to feel comfortable with current technologies and communicate with their relatives and friends outside of the home.

The Royal Navy Association (RNA) has also donated several iPads to the Society as part of Project Semaphore to improve communication for the Navy veterans who find a home from sea at Belvedere House.

The Society has been caring for seafarers for more than 150 years. In 2011 Belvedere House expanded to include a dedicated dementia wing.

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A consistent process?

Lester Aldridge partner LAURA GUNTRIP says the Care Quality Commission is consistently failing to achieve consistency.

Laura.Guntrip@LA-law.com
01202 786161

"W e aim to be consistent in everything we do." Those are the words of CQC yet, in practice, issues with consistency dominate a significant number of concerns that we hear from providers.

The new CQC Assessment Framework, published in October last year, requires CQC inspectors to judge how “people are assured that they will receive consistent… care”; that procedures to keep people safe are implemented “consistently”; and that “outcomes for people who use services are positive, consistent and meet expectations”. There are many references to the need for providers to be consistent yet this is something that CQC itself still struggles to achieve, let alone judge in a consistent manner.

Take the factual accuracy process: we deal with a huge number of factual accuracy challenges and whilst some inspectors are reasonable and willing to accept that errors in a draft report have been made, others appear to simply ignore evidence-refuting facts in the draft report and maintain clearly inaccurate judgments. We are finding that this is still the case despite the judicial review challenge in 2016, which was, in part, successful with the factual accuracy process changing as a result.

Another frustration is the ratings review process. Again, we advise a large number of providers on this process and have submitted a significant number. CQC says that the only grounds on which a rating review can be requested are that “we have failed to follow our process for making ratings decisions”. It is at pains to point out that this is to be distinguished from disagreeing with or disputing ratings judgements. Ratings reviews must also be limited to 500 words across all of the ratings challenged.

Recently we have been seeing similar inappropriate responses from CQC with very little consideration of the submissions put forward in the ratings challenge. In a significant number, CQC has failed to increase the ratings citing that the “quality assurance process for the inspection” was followed and as such “there are no applicable grounds for challenge”. However, there is no way of providers knowing whether or not CQC’s internal quality assurance process has been followed and so we question how this could possibly be an appropriate criterion for challenging a rating or indeed what was envisaged when the rating review process was devised. This is a significant concern of and we have even tried to speak to Andrea Sutcliffe about our concerns but, unfortunately, she seems less keen to speak to us!

To assist our clients in preparing grounds for rating reviews, we requested from CQC the guidance provided to the staff in the Rating Review Team as to how to determine if the provider has “applicable grounds for challenge”.

However, the guidance was minimal and did not clearly set out the criteria for a review or the “process” that could be challenged. As such, it is again unclear how CQC can expect its staff to deal with ratings reviews in a fair and consistent manner when so little guidance is provided to its staff.

For a regulator that is apparently focused on consistency, it is a concern that providers are still not being treated fairly and that the subjective opinions of inspectors often form the basis of regulatory judgments. With their reasonableness (or otherwise) informing whether or not any challenge will be successful, surely it is time for CQC to focus on detailing how it is going to ensure that it is consistent rather than producing further guidance on how it plans to judge the consistency of others.

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apetito dietitian HELEN WILLIS outlines measures that can enhance the dining experience for residents with swallowing difficulties and ensure they receive the right nutritional intake.

Dealing with dysphagia

For someone living with dysphagia, the enjoyment of mealtimes can be completely diminished. Eating can become a difficult, uncomfortable and stressful experience and a consequence may be that sufferers avoid eating altogether. Therefore, the challenge healthcare professionals face in dealing with dysphagia is often twofold; they must ensure patients receive the correct nutrition through meals of the right texture, whilst encouraging them to eat in the first place.

To achieve this, there are several elements to be considered. Firstly, a healthcare professional or carer tasked with helping a patient with dysphagia to eat well, must ensure their diet is of the appropriate texture. As dysphagia is a dynamic condition, there is no such thing as a one-time diagnosis – there is likely to be deterioration, or alternatively, when the patient has suffered a stroke for example, there is often improvement. Speech and language therapists should frequently assess the patient, and then work in a multidisciplinary team to ensure the safest diet. Once this is achieved, the patient can be more confident in the safety of their meals; a crucial step towards reducing the stress experienced at mealtimes.

Further elements to be considered are the visual presentation and taste of the food offered. The nutritional value of a meal left uneaten is zero, so it is essential meals are presented in an appealing manner. Blending all the components of a meal together is often the process followed to make a meal ‘safe,’ but serving a meal like this can be unappealing to the patient. Each component of the meal should resemble its original form:

- foods should be blended separately and moulds used when possible. Making meals recognisable is especially important for those living with dementia, which commonly presents with dysphagia.

The importance of food that tastes good should never be overlooked. When blending food together, water and other liquids are often added to achieve a good consistency, but this can impact on taste. Ensuring food tastes delicious and offering plenty of options which take preferences, dietary and cultural requirements into account is a vital part of helping patients to eat.

Meeting nutritional needs and the dining experience

Healthcare professionals must also focus on recommending a diet which meets the patient’s nutritional needs. Those with dysphagia often have reduced appetite and are at risk of malnutrition; it’s crucial, therefore, that their food contains the appropriate nutritional content, often needing to be high in calories and protein.

Dietitians should assess each individual patient, monitor their nutritional intake and advise accordingly. Knowing that the food they are eating is part of their treatment may encourage patients to finish their meal.

A final element which is often overlooked is the dining experience. Whether at home, in hospital or in a care home, an individual’s dining environment should be pleasant and comfortable. Case studies often describe patients who choose to dine alone, as they are too ‘embarrassed’ to eat in front of family. This problem is exacerbated when eating out in public. A fear of choking and coughing, or of being unable to eat their meal with dignity, leads individuals to report that they avoid social dining altogether. However, research has shown than being part of a group is a rewarding experience. Eating with others also enhances our enjoyment of food. So getting a resident to eat with others can be as important as adding more nutrients to their diet. As well as helping them to eat amply and healthily, a social situation stimulates the mind and makes mealtimes more enjoyable.

Helping individuals to have confidence in the safety of their diet and encouraging them with ways of creating great tasting, nutritional meals to enjoy in a pleasant environment, are steps a healthcare professional can take to improve the overall wellness and health of their patient or resident.
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National social care charity Community Integrated Care celebrated its 30th anniversary in mid-March, hosting a major event that explored the progress made by the care sector in the past three decades. With participation from some of the most influential figures in the UK health and social care sector, colleagues and people who access care and support, it provided a poignant and powerful review of three decades of social change.

Community Integrated Care is one of Britain’s biggest and most successful health and social care charities. To mark the start of its milestone year, the charity hosted a special exhibition and debate at contemporary arts centre, The Bluecoat in Liverpool, named ‘From Institution to Inclusion’. The event was led by Sharon Allen, chief executive of Skills for Care, the strategic body for workforce development in adult social care in England.

The charity currently supports more than 3500 people with learning disabilities, mental health concerns, autism and dementia across England and Scotland, employing more than 6000 staff. Founded in 1988 by Halton based GP, Dr David Robertson, it is now recognised as one of Britain’s most innovative and ambitious care providers.

The exhibition marked the landmark moments since the inception of the Care in the Community Act and celebrated the 1.4 million social care workers who dedicate their careers to supporting others, and the people who they are privileged to support.

From displaying photographs and artefacts that brought to life the Victorian hospitals that many people with care needs lived in just 30 years ago, and offsetting this against powerful examples of people leading full and independent lives in the community today, it charted a dramatic story.

“To see an exhibition that chronicled thirty years of social care was a poignant reminder of both the progress made and the need for our sector to remain ambitious and brave,” said Sharon Allen in her keynote speech.

“This event made a powerful statement about how we must continue to keep the rights and aspirations of the people we support at the heart of all we do, and the need for us to embrace further innovation and progress. We can take so much inspiration from the people in the room, who have given their careers to delivering life-changing care.”

KEYNOTE SPEAKER: Skills for Care chief executive Sharon Allen

THREE DECADES OF CARE IN THE COMMUNITY: Community Integrated celebrates at the Bluecoat contemporary arts centre in Liverpool.
Caring Times is delighted that Christie & Co are continuing with their much appreciated main sponsorship of the National Care Awards. Christie & Co have been our much appreciated partners, together with all our sponsors, judges and entrants, in building the National Care Awards over 20 years into the largest and most respected Awards in the sector. We encourage all care providers to enter this summer and be part of an event which culminates in the superb Gala Night on 30th November – an event which everyone taking part values – recognising, rewarding and celebrating, as it does, the very best people in the sector.

– Dr Richard Hawkins, Editor-in-Chief, Caring Times

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 of the commitment and sheer hard work by many people across the UK.

– Richard Lunn, Director & Head of Care, Christie & Co

ENTRY FORM 2018
FRIDAY 30 NOVEMBER 2018
HILTON LONDON METROPOLE

Our Main Sponsor

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 of the commitment and sheer hard work by many people across the UK.

– Richard Lunn, Director & Head of Care, Christie & Co
20TH NATIONAL CARE AWARDS 2018

**Carer**

This award recognises the vital role of the care assistant in providing quality care. Evidence of dedication, sensitive handling of matters of importance to residents, and career progress through training will be taken into account.

Please submit ALL the following:

(any entries which do not submit the requirements will be disregarded)

**Criteria**

- Provide a full description of the nominee’s role and responsibilities (up to 250 words)
- Explain what positive effect the individual has had on the residents and staff within their workplace since being in their role (up to 250 words)
- Provide examples of how the individual has provided high quality support to residents, including any relevant information about activities, going beyond standard duties, dedication and commitment to understanding what is important to residents and families (up to 250 words)
- 30 word biography of nominee/entrant

**Supporting Evidence**

- Provide 1-5 testimonials from staff, relatives or residents
- Provide details of training, qualifications or accreditation the individual has received

**Care Home Manager**

This award will be made to an exceptional care home manager or deputy. They will be expected to demonstrate a high level of expertise in managing the services of the home to the benefit of residents, staff and their local community.

Please submit ALL the following:

(any entries which do not submit the requirements will be disregarded)

**Criteria**

- Provide a full description of the individual’s role and day to day management (250 words)
- Provide examples of where the individual has demonstrated (up to 500 words)
- Leadership skills and the ability to support, develop and motivate staff
- Confidence working with relatives and residents
- Creating a caring, stimulating and person-centred environment that is home-like and with good connections to the local community
- Explain what positive effect the individual has had on their residents, staff and local community within the home since being in their role (up to 250 words)
- 30 word biography of nominee/entrant

**Supporting Evidence**

- Include the most recent inspection report for the home the individual manages
- Provide 1-5 testimonials from staff, residents and relatives
- Provide details of training, qualification or accreditation the individual has received

**Learning Disability Service Manager**

This award will be made to a manager (or deputy) within a residential care setting, day care service or sheltered housing complex where more than 50 per cent of clients have learning disabilities. They will be expected to demonstrate a high level of expertise in managing the service for the benefit of their clients.

Please submit ALL the following:

(any entries which do not submit the requirements will be disregarded)

**Criteria**

- Provide a full description of the individual’s role and responsibilities (up to 250 words)
- Explain what positive effect the individual has had on the residents and staff within their workplace since being in their role (up to 250 words)
- Provide examples of how the individual has provided outstanding dedication to, and advocacy for, the people they support
- 30 word biography of nominee/entrant

**Supporting Evidence**

- Provide 1-5 testimonials from staff, relatives or residents
- Provide details of training, qualification or accreditation the individual has received

**Care Registered Nurse**

This award will be made to a registered nurse who has made long term care their area of professional specialisation. In addition to maintaining training and demonstrating outstanding clinical and managerial qualities, the winner will have demonstrated a high level of dedication to, and advocacy for, the people they support.

Please submit ALL the following:

(any entries which do not submit the requirements will be disregarded)

**Criteria**

- Provide a full description of the nominee’s role and responsibilities (up to 250 words)
- Explain what positive effect the individual has had on the residents and staff within their workplace since being in this role (up to 250 words)
- Provide examples of how the individual has provided outstanding dedication to, and advocacy for, the people they support (up to 250 words)
- 30 word biography of nominee/entrant

**Supporting Evidence**

- Provide 1-5 testimonials from staff, relatives or residents
- Provide details of training, qualification or accreditation the individual has received

**Care Team**

This award will be made to a staff team who have developed and maintained an outstanding standard of care and team ethos within any care setting.

Please submit ALL the following:

(any entries which do not submit the requirements will be disregarded)

**Criteria**

- Provide a full description of the service the team is based within (up to 500 words)
- Explain why this team is a worthy winner of the award
- Provide 1-5 testimonials from staff, residents or relatives
- Provide details of any recognition or accreditation from any recognised bodies

**Supporting Evidence**

- Include the most recent inspection report for the home or service where the team is based
- 30 word biography of nominee/entrant

**Dementia Care Manager**

This award will be made to an outstanding manager (or deputy) of a care service where more than 50 per cent of the clients live with dementia. They will be expected to demonstrate a high level of expertise in managing the service to the benefit of residents with dementia as well as staff.

Please submit ALL the following:

(any entries which do not submit the requirements will be disregarded)

**Criteria**

- Provide a full description of the individual’s role and responsibilities (up to 250 words)
- Explain why you consider them to be outstanding in their role (up to 250 words)
- Provide examples of where the individual has demonstrated (up to 500 words)
- Leadership skills and the ability to support, develop and motivate staff
- Confidence working with relatives and promoting positive inclusive relationships with residents
- Creating a person-centred, stimulating and person-centred environment that is home-like and with good connections to the local community
- Explain what positive effect the individual has had on their residents, staff and local community within the home since being in their role (up to 250 words)
- 30 word biography of nominee/entrant

**Supporting Evidence**

- Include the most recent inspection report for the service the individual manages
- Provide 1-5 testimonials from staff, relatives or residents
- Provide details of training, qualification or accreditation the individual has received

**Care Activities Coordinator/Facilitator**

This award will be made to a person within a care home or day care service who has made an exceptional contribution to the quality of life, health and happiness of all the people they support through the activities they provide.

Please submit ALL the following:

(any entries which do not submit the requirements will be disregarded)

**Criteria**

- Provide a full description of the individual’s role and day to day responsibilities (up to 500 words)
- Provide examples of where the individual has demonstrated a high level of service (up to 250 words)
- Explain what positive effect the individual has had on the residents and staff within the setting since being in their role (up to 250 words)
- 30 word biography of the nominee/entrant

**Supporting Evidence**

- Include the most recent inspection report for the home or service
- Service or day care service (up to 250 words)
- Provide 1-5 testimonials from staff, residents/attendees and relatives
- Provide details of training, qualification or accreditation the individual has received

**Care Housekeeper**

Running the housekeeping services of a care home is vital for the well-being of residents and staff. This award will be made to an outstanding housekeeper who can demonstrate the passion and commitment needed to make a real difference.

Please submit ALL the following:

(any entries which do not submit the requirements will be disregarded)

**Criteria**

- Provide a full description of the individual’s role and day to day duties & why they should win this award (500 words)
- Explain how the individual demonstrates a high level of dedication and innovation alongside a person-centred approach to provide the highest quality of service and environment for residents and staff (up to 250 words)
- Provide examples showing where the individual has been a proactive and helpful member of the team, contributing ideas and making the home an enjoyable place to be (up to 250 words)
- 30 word biography of nominee/entrant

**Supporting Evidence**

- Include the most recent inspection report for the home or service
- Provide 1-5 testimonials from staff, residents or relatives
- Provide details of training, qualification or accreditation the individual has received

**Care Operations Manager**

The winner of this award will have demonstrated exceptional vision, leadership and be at the forefront of new management techniques. They will have inspired their colleagues to provide exceptional care throughout the homes for which they are responsible.

Please submit ALL the following:

(any entries which do not submit the requirements will be disregarded)

**Criteria**

- Provide a full description of the individual’s role and day to day leadership (up to 500 words)
- Provide examples of where the individual has promoted the highest standards of quality care and service (up to 250 words)
- Explain what positive effect the individual has had on the residents and staff within the setting since being in their role (up to 250 words)
- 30 word biography of the nominee/entrant

**Supporting Evidence**

- Include the most recent inspection report for the homes the individual is responsible for (eg. 5 Outstanding, 4 Good)
- Provide 1-5 testimonials from staff, residents and relatives
- Provide details of training, qualification or accreditation the individual has received

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**Carer NEW CRITERIA FOR 2018**

- Provide 1-5 testimonials from staff, relatives or residents
- Provide details of training, qualifications or accreditation the individual has received

**Supporting Evidence**

- Include 1-5 photographs of activities
- Provide 1-5 testimonials from staff, residents/attendees and relatives
- Provide details of training, qualification or accreditation the individual has received
### 20TH NATIONAL CARE AWARDS 2018

#### Care Chef

This award will be made to a chef in a long term care setting who shows exceptional ability in providing well-balanced, nutritious and delicious food.

**Please submit ALL the following**

- A copy of a weekly menu
- A copy of the three-course menu
- A biography of the nominee/entrant

**Supporting Evidence**

- Provide a copy of the three-course menu the nominee will cook at the "Cook Off" if chosen to be a finalist
- Provide an example copy of a weekly menu served within the last 3 months

#### Care Apprentice

This award will be made to a care apprentice who is enrolled on a recognised apprenticeship scheme and who is already delivering the very best standard of care. The judges will be looking for an individual who excels in their personal and team roles, and exhibits enthusiasm, professionalism, confidence and a shining commitment to their on-going career development.

**Please submit ALL the following**

- A biography of the apprentice
- A copy of the apprentice's role and responsibilities
- Evidence of their impact on the care setting

**Supporting Evidence**

- Provide 1-5 testimonials from residents, relatives and colleagues
- Provide details of training, qualification or accreditations the individual has received

#### Care Home of the Year

This award will be made to a care home with 15 or more residents which can demonstrate exceptional quality care across all the services it offers.

**Please submit ALL the following**

- A description of the care home
- A biography of the home
- Evidence of how the home has been recognised

**Supporting Evidence**

- Provide 1-5 testimonials from residents, relatives and colleagues
- Provide details of any recognition or accreditation from any recognised bodies

#### The Dignity & Respect Care Home of the Year

This award will be made to an exceptional care home which can convincingly demonstrate that it has put dignity and respect for its residents and staff at the very heart of all it does, and that this emphasis has resulted in tangible benefits for residents, relatives and staff alike.

**Please submit ALL the following**

- Evidence of how the care home provides an environment for residents where they are treated with dignity and respect
- Explain how the care home has influenced or inspired those they have worked with

**Supporting Evidence**

- Provide 1-5 testimonials from residents, relatives and colleagues
- Provide details of training, qualification or accreditations the individual has received

#### Care Home Champion – NEW FOR 2018

This award will go to an exceptional person, whether they are a member of staff, a relative, resident or a volunteer who has gone above and beyond and made a real difference. It could be for an individual who excels in their personal and team roles, and exhibits enthusiasm, professionalism, confidence and a shining commitment to their on-going career development.

**Please submit ALL the following**

- A biography of the nominee
- A description of the nominee’s role and responsibilities
- Evidence of how the individual has influenced or inspired those they have worked with

**Supporting Evidence**

- Include 1-5 testimonials from residents, relatives and colleagues
- Provide details of training, qualification or accreditations the individual has received

#### Care Leadership

This award will be made to an outstanding individual, in any care setting, small or large, whose leadership has resulted in an exceptional outcome for clients, team members and the organisation itself.

**Please submit ALL the following**

- A biography of the leader
- A description of the individual’s role and responsibilities
- Evidence of how the individual has influenced or inspired those they have worked with

**Supporting Evidence**

- Include 1-5 testimonials from staff, residents and relatives
- Provide details of training, qualification or accreditations the individual has received

#### Lifetime Achievement in Care

This award will be made to an exceptional person who has committed a significant portion of their life to working in a care home, or in social care, in the community or in sheltered housing, and has made a substantial difference to the quality of life of the people they have worked with.

**Please submit ALL the following**

- A biography of the individual
- A description of the individual’s dedication and commitment throughout their care career
- Evidence of how the individual has influenced or inspired those they have worked with

**Supporting Evidence**

- Include 1-5 testimonials from residents, relatives and colleagues
- Provide details of training, qualification or accreditations the individual has received

#### Care Personality

An independent panel will select 5 finalists who they feel have made a big contribution to the care home sector within the past 12 months.

The people chosen will be contacted before the awards ceremony and notified of the finalist position.

This award does not require an entry from individuals, however if you would like to nominate someone for the panel to consider please do so along with 500 words to support your nomination.

---

*Care Chef*

- **Provide an example copy of a weekly menu**
- **Provide a copy of the three-course menu the nominee/entrant**

*Care Apprentice*

- **Give a full description of the nominee’s role and responsibilities (up to 250 words)**
- **Explain what positive effect the individual has had on the residents and staff within their workplace since being in their role (up to 250 words)**
- **30 word biography of the nominee/entrant**

*Care Home of the Year*

- **Give a full description of the care home including how residents and staff live and work together successfully, and how the home is part of the local community (500 words)**
- **Give a brief description of the sort of activities the residents take part in and how they are designed to promote well-being and social interaction (250 words)**
- **Explain how the care home is homeless for the residents and how the residents actively participate in this (250 words)**
- **Describe how the care home provides exceptional care and support to people enabling them to live fulfilled and meaningful lives with a focus on maintaining skills and independence & contact with the community (250 words)**
- **30 word profile of care home**

*The Dignity & Respect Care Home of the Year*

- **Give a full description of how the care home provides an environment for residents where they are treated with dignity and respect (up to 500 words)**
- **Explain how you support the people who live in your home to make choices about the way they live and the support they receive (for example: independence, lifestyle opportunities, cultural and religious beliefs, privacy, eating and nutritional care, pain management, personal hygiene) (up to 250 words)**
- **30 word profile of the home being nominated**

*Care Home Champion – NEW FOR 2018*

- **Give a brief description of the sort of activities the residents take part in and how they are designed to promote well-being and social interaction (250 words)**
- **Explain how the care home is homeless for the residents and how the residents actively participate in this (250 words)**
- **Describe how the care home provides exceptional care and support to people enabling them to live fulfilled and meaningful lives with a focus on maintaining skills and independence & contact with the community (250 words)**
- **30 word profile of care home**

*Care Leadership*

- **Give a full description of the individual’s role and responsibilities and why they should win this award (up to 500 words)**
- **Show examples of where the individual has demonstrated (up to 250 words)**
- **Explain what positive effect the individual has had on people using their service & staff members (250 words)**
- **30 word biography of nominee/entrant**

*Lifetime Achievement in Care*

- **Describe and provide evidence of how the individual’s dedication and commitment throughout their care career has impacted the people they have supported (up to 500 words)**
- **Evidence of how the individual has influenced or inspired those they have worked with (250 words)**
- **30 word biography of nominee/entrant**

*Care Personality*

- **Provide 1-5 testimonials from residents, relatives of the individuals, however if you would like to nominate someone for the panel to consider please do so along with 500 words to support your nomination.**
1 How to Enter

- Choose the category you wish to enter
- If you choose more than one category, a separate entry form must be completed for each separate entry
- Read the judging criteria provided carefully
- Complete and supply all of the required information, criteria and supporting evidence
- Please make sure that the name of the nominee and the award category is included on all separate pieces of supporting information
- Complete this form and attach it to all your supporting documents
- Enter online: www.careinfo.com/careawards
- Or email to: awards@hawkerpublications.com
- Please Note: We are in the process of moving offices. To submit this form by post, please contact the Events Teams on awards@hawkerpublications.com for the postal address

2 Rules

- The competition is open to all staff working in a long-term care and hospital settings
- Entries are treated in the strictest confidence
- Finalists will be required to attend the Judging Day at the London Hilton Metropole on 12 October 2018
- The Care Chef Judging will take place separately on 10 October 2018 at Inspired Gourmet, Milton Keynes
- Entries will not be returned
- One copy of the submission is required
- Use one entry form per entry, photocopies are acceptable
- Employees of the Caring Times and their families are not entitled to enter
- Entries will be judged by a panel of eminent and impartial adjudicators appointed by Caring Times
- The winners will be announced at the National Care Awards Gala Night on 30 November 2018
- There will be four or five finalists in each category
- Award winners and finalists may state in advertising or other promotional material that they are or have been winners or finalists. The year that the Award was won must be included in the same typeface and size as the statement of the Award

3 Checklist (please tick)

- This entry form completed by you
- Required judging criteria
- Required supporting evidence
- Full contact details for the nominee and nominator

4 Category (please tick)

- Carer
- Care Registered Nurse
- Care Team
- Care Home Manager
- Learning Disability Services Manager
- Dementia Care Manager
- Care Operations Manager
- Care Activities Coordinator / Facilitator
- Care Housekeeper
- Care Chef
- Care Home of the Year
- The Dignity & Respect Care Home of the Year
- Care Apprentice
- Care Home Champion
- Care Leadership
- Care Home Group
- Lifetime Achievement in Care
- Care Personality

5 Details

- Name of person being nominated:
- Job title:
- Organisation:
- Website address:
- Organisation address:
- Postcode:
- Telephone:
- Email address:
- Name of person making nomination:
- Nominator contact number:

6 Submit

Enter online via: www.careinfo.com/careawards
Or email to: awards@hawkerpublications.com

BEST OF LUCK FROM EVERYONE AT

Enter online at www.careinfo.com/CareAwards

Any Questions?
Contact The Events Team:
awards@hawkerpublications.com
or 0207 720 2108 ext 204
Integration is a ‘smokescreen’

A report from the Centre for Welfare Reform challenges the concept of health and social care integration and calls for a new, independent inspection body for social care.

Published in late March, ‘Reforming Social Care – time for radical change’ expresses doubt that any of the main political parties understand the seriousness of the situation facing social care or have the strategies to respond effectively to any of the challenges it presents.

The report’s author, Dr Robin Jackson, visiting research fellow at the University of Hertfordshire, debunks the idea of health and social care integration, citing Dame Denise Platt, the outgoing chair of the Commission for Social Care Inspection (CSCI) who, 10 years ago, said the values of social care might be similar to health but the underpinning policy assumptions were different.

“The argument that a merger of health and social care will be mutually advantageous is based on a mistaken belief that synergy inevitably confers advantages,” says Dr Jackson, who advocates a number of major reforms:

- Creation of a Department of Social Care;
- Introduction of new funding streams, including the options of: Increasing income tax; creating a tiered levy on high executive pay; creating a separate category for social care in the National Lottery;
- Establishment of a Social Care Research Council, a Social Care Training Council; a Social Care Inspectorate and a Social Care Enterprise Agency;
- One-year compulsory national community service.

The report attacks private provision of publicly-funded social care, saying some of the larger companies currently providing social care in the UK are financially overstretched, with some that are not far from financial insolvency.

“There is little appetite for companies to invest in this sector because spending on social care by austerity-hit local authorities has fallen, while costs have risen,” says Dr Jackson.

“In the event that companies providing care fail, what is there to attract new companies to come in and invest? Concern about the extreme fragility of the private care sector should prompt urgent questions as to the wisdom of permitting so much of this sector to be in the hands of private companies – many from overseas whose only interest is in generating a profit for their investors.”

Calling for a new, independent regulatory and inspection body for social care, the report criticises the Care Quality Commission’s year-on-year performance and again cites Dame Denise Platt who, in 2009, warned about the ability of the CQC to be an effective social regulator, saying it would struggle to balance its health and social care responsibilities and that the decision to abandon the CSCI appeared to have been made out of ignorance: “There was really a big misunderstanding in central government about the nature of our role. People think social care is the mirror image of health. It isn’t.”

Referring to the ‘Integration Smokescreen’, Dr Jackson’s report says power should be devolved to the lowest appropriate level and that public services and neighbourhoods should be governed and shaped from the ‘bottom up’ by families and the communities, moving away from a top-down approach to service delivery.

“While health and social care integration has been a long-term policy since the 1960s there seems to be no prospect it will be realised, because these are fundamentally different kinds of service.”

To download a copy of the full report, go to: www.centreforwelfarereform.org/news/report-on-here-published/00370.html
THE KEY EVENT FOR THE CARE HOME SECTOR BY THE CARE HOME SECTOR

Following the launch of this highly successful conference in 2017, Caring Times is delighted to confirm the Best Practice conference will return to the mac arts complex and theatre in Birmingham on Wednesday 20 June 2018.

Best Practice in the Care Home Sector conference is designed to highlight and showcase the very best practice in the care home sector by providing a strong annual event which will offer staff and organisations who are doing excellent work the opportunity to showcase it, creating a learning opportunity for those attending the event and demonstrating to the media, CQC, commissioners and other stakeholders that there is excellent work going on in the independent care home sector.

KEY AREAS

The conference will be structured around two main plenary sessions; one on arrival in the morning and one before close later in the afternoon, two sets of three concurrent parallel sessions and a ‘Quickfire Debate’ with a panel of experts. Topics covered throughout the day will include:

- All aspects of the challenge of employing appropriate quality staff including recruitment, retention and training
- The use of technology and practical alternatives to enable the best use of limited staff to be made
- Innovation in care homes

EXHIBITION OPPORTUNITIES

There will be an exhibition for suppliers who have innovative products and services which match the content of this conference. Please contact Alan Leary at alan@hawkerpublications.com for more information.

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Skills for Care helps create a well-led, skilled and valued adult social care workforce. A trusted independent charity with over 18 years’ experience in workforce development, and a delivery partner for the Department of Health and Social Care. Also working closely with related services such as health and housing.

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
- HR Managers

The mac theatre Birmingham is conveniently located in Cannon Hill Park, Birmingham, opposite Edgbaston County Cricket Ground on Edgbaston Rd

#CTBestPractice
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 Opening Plenary Presentation:
Sharon Allen, CEO, Skills for Care

10.10 - 11.20 PARALLEL SESSIONS

Room A
We need great staff
1. Great staff, great care - improving quality and retention
• Phil Benson, Service Manager, Community Integrated Care
2. A strategic and focused approach to recruitment and retention are key elements of our success
• Genevieve Glover, HR Director, Barchester Healthcare

Room B
Achieving ‘Outstanding’ care
1. Onwards and upwards with CQC - the Abracadabra approach
• Maggie Candy, Regional Support Manager, Care UK
2. The pathway to ‘Outstanding’
• Paul Courtney, Director, Outstanding Care Solutions Group, Southern Healthcare
3. Achieving ‘Outstanding’ with the help of champions
• Laura Wilkes, Home Manager, Somerset Redstone Trust

Room C
Times are a-changing
1. Using GDPR - compliant technology to meet some of the changing expectations of Health and Social Care services
• Lynne Omar, Senior Consultant, Cura Systems
2. Introducing robotic pet companions: improving the well-being of residents living with dementia
• Ann-Marie Harmer, Dementia Care Specialist, Barchester Healthcare

11.20 - 11.50 Coffee, Networking and Exhibition viewing

11.50 - 13.00 PARALLEL SESSIONS

Room A
Insight from 1000 care home managers: the opportunities and barriers to developing quality of life
• Tom Owen, Co-director, My Home Life and several of the care home managers involved
This presentation shares the learning from working with 1000 extraordinary managers. It will provide practical insights into the innovative ways that they have succeeded in creating a positive culture across their care homes; improving staff morale and retention, harnessing the goodwill of their local communities, strengthening relationships with families and delivering positive outcomes for some of our frailest citizens.

Room B
Making the best use of practical innovation in care homes
1. Meeting the sex and intimacy needs of people with dementia living in care homes
• Beverley Page-Banks, Programme Development Manager, Alzheimer’s Society plus additional speaker TBC
2. A ‘whole team’ approach to activity: advantages for residents, staff, relatives and the business
• Jackie Pool, UK Head of Memory Care, Sunrise Senior Living
3. Transforming care homes into community anchors
• Community Integrated Care, Speaker TBC

Room C
Innovative recruitment and training
1. Training and learning are not the same thing: is it time to think differently about supporting care workers to learn to care for people living with dementia?
• Isabelle Latham, Senior Lecturer, Association for Dementia Studies, University of Worcester
2. Trailblazers: a recruitment solution for the future?
• Judith Timmins, MD, Compliance Coach

13.00 - 14.00 Lunch, Networking and Exhibition Viewing

14.00 - 14.50 Current Challenges for Quickfire Debate
1. How, in practical ways, do care homes best compete with Tesco and Asda for care staff?
2. Taking everything into account, does it make sense to charge fees once a client has died?
3. What is the biggest current challenge you face in your home? And how are you addressing it?
4. How can night staff be best supported and made to feel part of the team?

with our Panel of Experts
• Sharon Allen, CEO, Skills for Care
• Sharon Blackburn CBE, Policy and Communications Director, National Care Forum
• Kevin Groombridge, Executive Chairman, Healthcare Management Solutions
• Sam Leighton-Smith, Director, Compass Associates
• Jeremy Richardson, CEO, brighterkind

14.50 - 15.10 Tea/coffee, Networking and Exhibition Viewing

15.10 - 15.40 Closing Plenary Presentation
Delivering outstanding care
• Jonathan Cunningham MBE, Owner Rosebank Care Home and Inspirational speaker
Jonathan is an inspirational speaker on the delivery of OUTSTANDING social care, including expertise in crisis intervention for providers who have found themselves suddenly graded ‘inadequate’ or ‘requires improvement’ by the Care Quality Commission (CQC)

15.40 Close

Four Seasons “Dementia Experience” Sessions
Come and try one of these interactive sessions, taking place throughout the day, which simulates the sensory, cognitive and emotional elements of living with dementia.

The Four Seasons’ Dementia Experience has helped thousands of people better understand what it’s really like to live with dementia.

BOOKING ENQUIRIES
CONTACT GABRIELE GINEVICIUTE:
EVENTS@HAWKERPUBLICATIONS.COM OR 0207 720 2108 EXT 204

SPONSORSHIP OPPORTUNITIES
CONTACT ALAN LEARY:
ALAN@HAWKERPUBLICATIONS.COM
Making technology

Home From Home Care is a high acuity special needs provider which has grasped technology with both hands, developing a management system which takes IT to a level of sophistication seen nowhere else in the social care sector. Caring Times editor Geoff Hodgson reports.

Then there are the CQC ratings; two of the homes are rated Outstanding, the remaining nine are all Good.

And then there is the group’s operational structure. Its complexity defies any simple description and it is as unlike the traditional line-managed model of an elderly care home as could be imagined. I toured four of the group’s facilities in mid-March, in the company of managing director Paul de Savary.

“All our staff are highly trained so we have ditched the notion of the ‘ship’s captain’, where the manager is responsible for everything, and we have spread the manager’s role across staff teams,” said Paul who, with his wife Ann and son Hugo, created Home From Home Care in 2005, driven by wanting to provide the best possible care for Laura, their daughter and Hugo’s sister, who was born with complex needs.

“Transparency and collaborative working are key. They create a dynamic environment for staff and the individuals being supported, empowering them to have greater ownership over their lives and so be more fulfilled.”

This was certainly the impression I formed when I spoke with several staff members – there was a sense of shared responsibility and a high level of job satisfaction.

There’s no question but that it works. I was there for only a short time but every young resident I saw appeared to feel secure in their environment which were spacious, bright, homelike, personalised and very well maintained.

What makes Home From Home Care truly different, however, is how closely everything is monitored and reported: this doesn’t mean ‘Big Brother’ type monitoring with cameras in high corners, but a bespoke IT system, developed in-house, which enables real time reporting and real time response. Every aspect of the operation is logged, with staff being allocated time slots to do this, with automatic alerts flagging-up any omission or delay of a scheduled mandatory report. Care delivery, care planning, nutrition, activity, skills-based rostering – it’s all closely monitored and responded to with pre-set protocols. Even water temperature in the boilers is monitored in real time.

Paul de Savary: ‘We have ditched the notion of the ‘ship’s captain’, where the manager is responsible for everything, and we have spread the manager’s role across staff teams.’

Transparency and collaborative working are key. They create a dynamic environment for staff and the individuals being supported, empowering them to have greater ownership over their lives and so be more fulfilled.
do what it does best

The staff like it. Everyone I spoke to praised the technology; those who had worked at other specialist care facilities told me that the digital platform developed by Home From Home Care was miles ahead of anything they had experienced.

“The technology has to work for the staff member just as much as it does for the individuals we support because if it doesn’t, it won’t work at all,” said Paul. “Our approach to management, alongside our unique digital platform, allows us to wrap a totally personalised and comprehensive care service around each individual we support.”

The Social Care Exchange
On the outskirts of Lincoln, Home From Home Care has established the ‘Social Care Exchange’, so called because the complex aspires to become the ‘go to’ place in the region for all things relating to social care, including recruitment and training services, a staffing agency and an embryonic ‘hospital at home’ service. At present its major purpose is to serve as the group’s ‘mission control’.

About 9,500 square-feet of floor space accommodates dozens of offices, seminar rooms and training suites. An entire wall of one office devoted to staff rostering is clad with display screens, another office does data analysis, and another is dedicated to IT maintenance and development. There are, of course, offices for the HR people but they spend a lot of time away from home, visiting the facilities and engaging with staff and supported individuals to ensure that what is portrayed on the digital platform truly reflects the reality. Significantly, Home From Home Care’s business administration centre is in Somerset – the Social Care exchange in Lincoln is not about fees, profits and the bottom line.

It’s a lot of kit, a lot of people and a lot of investment to support just 87 service users, high acuity complex needs notwithstanding, but the facility’s other role as a hub for regional social care services is gathering impetus. And while the Social Care Exchange’s digital platform is bespoke, and developed in parallel with Home From Home Care, using the provider service as a test bed, Paul de Savary believes elements of the system have wider application, including care homes for elderly people.

This is where Home from Home Care’s approach displays those positive characteristics of being challenging and disruptive which I mentioned at the start of this article.

“Our model of care fundamentally challenges existing concepts,” said Paul. “Take the concept of real time monitoring. That carries with it both the requirement and capacity to take immediate action as soon as an issue is identified because, once you know something, you cannot ‘un-know it’, and it’s recorded.

“All staff need to be highly trained, acquiring the communication skills needed to be part of a close-knit professional team and the competence to work in a culture of transparency and individual accountability. As with other specialist care operators, we do not employ ‘care assistants’. Instead we have small teams of managers, assistant managers and support workers, many of whom have high level qualifications including tertiary degrees. Equally importantly, they are emotionally invested in the individuals we support. One support worker is currently the Mayor of Lincoln – that gives an idea of the level of communication and willingness to take on responsibility that we look for in our staff.”

Paul told me that there were no plans to expand Home From Home Care’s current 11 facilities in Lincolnshire other than upgrading some of the facilities so as to ‘future-proof’ them, and focusing instead on the development of the Social Care Exchange and developing IT for other care providers.

There is certainly interest among other specialist care providers – representatives of one group were touring the Social Care Exchange at the time of my visit – but Paul believes elements of the digital management platform could be migrated to elderly care settings.

“This kind of technology has to be the way forward,” said Paul. “Clearly, elderly care funding levels could not sustain the sophisticated IT management system we have here, but a pared-down system using some of the elements such as rostering, staff development and real time reporting would still be a game-changer; enabling the delivery of truly personalised care and professionalising the social care workforce.”

25
Not surviving, but thriving

These days, everyone says they are providing person-centred care, but here at Evolve Care Group, we are taking it a step further with the “Household Model” in all of our nursing homes across the South West, so named so because we’re aiming to create a true continuation of home.

We start by understanding the life histories of the people who live with us. We get to know their likes, their dislikes, living patterns, hobbies, their previous occupations, their family life – everything to do with their personal journey and how it brought them to our home.

By knowing this we can understand who each person is as a unique individual. It helps us identify when each person likes to get up, what they like for breakfast and when they like to have it, which meaningful hobbies or occupation we can set up for them, what day trips they might enjoy. We can properly engage with them and make every day a meaningful one, giving them meaning and a purpose to carry on with their life journey – our care homes are an extension of life, not an end to it!

A simple example is, if someone is used to rising early in the morning and having breakfast at 5am, why shouldn’t they still do the same here? This is their home and it is their choice.

Our homes are segmented into smaller communities, each individually decorated to reflect the people living there and each with individual living spaces and a kitchenette. We’ve created these smaller houses in order to make sure the transition from living alone to living with others is as smooth as it can be: living with 50 others.

In doing this we are also aiming to encourage independence and choice. For lots of individuals, a simple task such as making themselves a snack or a cup of tea, can mean so much and can go a long way to ensuring they feel truly fulfilled and supported to maintain their independence for as long as possible. Exercising your independence is possible. Exercising your independence is possible.

It must be quite daunting going from living with one other person or alone, to suddenly living with 50 others.

JESSICA CAINE, a member of Evolve Care’s quality of life team, describes the group's ‘Household’ model of care.

For further information on all these events, or to book a conference place, telephone 020 7720 2108 Ext. 202.
Alternatively, email nicola@hawkerpublications.com or visit www.careinfo.org/events to download a booking form.
might not seem like a big deal to you and me, but for people faced with living with dementia it is very important.

Our care teams are not task driven. Their day is decided by the family members’ (residents) mood. Quality of living and care is absolutely at the fore front of our mind at all times, whether that is bathing and ensuring a family member is met with a warm fluffy towel or dining and ensuring there is a varied choice of menu or simply being a companion, by joining someone on the sofa. It means that no day is the same for our teams, but no day is the same in a normal household either.

That is what we are striving to achieve with our “Household Model” – a place where someone can feel safe and looked after, as well as being happy in their independence, comfortable and at ease. We’re not just surviving here at Evolve …we’re thriving!

Appointments

Care home operator New Care has appointed Hayley Bebbington as registered manager for its soon-to-open care home, Grosvenor Manor in Chester.

Hayley takes responsibility for the 81-bed care facility on Heath Lane, its residents and 100-strong employee team.

With many years’ industry experience, Hayley was most recently home manager for New Care’s Ashlands Manor in Sale, Greater Manchester, where she established a great reputation for clinical excellence and forged strong relationships with residents, their families and friends and the home’s 80 plus employees.

Prior to joining New Care, Hayley was a divisional clinical lead nurse, responsible for monitoring and improving the quality of care and nursing across a portfolio of more than 60 homes.

Learning disability and autism care provider Danshell has appointed Dr Dale Lawrence as group medical director, taking over the role from Dr Jane McCarthy who has emigrated to New Zealand.

Dr Lawrence has been a psychiatrist for more than 20 years and has worked extensively in her chosen field of learning disability psychiatry. She has special interests in forensic psychiatry, autism and dementia.

Prior to joining Danshell, she worked in NHS mental health services in the West Midlands, Warwickshire and Worcestershire for more than 12 years and was the sole community learning disability consultant psychiatrist covering Worcestershire for four years between 2001 and 2005.

Danshell operates more than 20 specialist services in England and Scotland. Dr Lawrence joined the clinical team at specialist autism service Wast Hills, near Birmingham, in 2008.

A new manager with a strong track record in the care industry has been appointed at a care home in South Yorkshire.

Luke Owens has taken the post at Broadacres, a 50-bed care home, in Rotherham. Luke is a career carer, having studied nursing at university, while registering and training for bank work as a care worker in adult social care, working his way up to management, and has assisted commissioning services for care for over 18s in Bassettlaw, Nottinghamshire.

Prior to joining the Hill Care Group, which operates Broadacres, he managed and took his previous home from “Requires Improvement” to “Good” under CQC standards.

The Randolph Hill Nursing Homes Group has appointed Katie Wood to the newly-created position of care standards manager. The group-wide role is focused on further raising the company’s standard of care across the six nursing homes it operates in Scotland. Along with supporting and advising Randolph Hill managers, Katie will also be responsible for ensuring the company remains fully complaint with current and future legislation in all aspects of the business.

Katie spent 15 years at the government regulatory body the Care Inspectorate, including a one year spell with Healthcare Improvement Scotland, prior to taking up this new position. More recently she has worked for a short time as governance manager for a large UK-wide care provider. She is a registered nurse and qualified midwife with a BSc in community health nursing, a degree-level qualification in regulation of care and a master’s degree in dementia studies.
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The key message behind this Manual for the care home manager is that to be a truly successful, compassionate manager you also have to be a commercially aware manager. The Manual provides a summary of the basics of business and commerce in the care home environment, and how to make the best use of your financial resources so you are putting yourself in the best possible position to provide the best possible quality of care for the vulnerable people you work with.

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Delayed discharge debate distorts delivery

No one could complain that the titles of Westminster Health Forum’s conferences are under-ambitious. A mid-March gathering, for example, promised consideration of ‘Priorities for improving care and support for older people: funding, service redesign and towards the Green Paper’. Short of a comprehensive antidote for ageing, that’s just about everything.

Nor did the actual content disappoint. It’s true that the Green Paper got relatively little attention, but so far it is little more than a glint in ministers’ eyes, so that’s fair enough. A total of 13 platform speakers in the course of a single morning is certainly packing it in, but the contrast between pre- and post-coffee sessions precisely indicated social care’s malaise.

The second half of the conference focused on how society could provide older people with a more fulfilling way of life. It started with how to shift attitudes to old age – from diminishing hospital stays.

JEF SMITH reports on a recent conference on health & social care integration

Janet Morrison who founded the Campaign to End Loneliness – and progressed through ‘productive ageing’, ‘integrating health and housing’, and ‘innovating through technology’. It closed with ‘patient participation as a priority for research’ – from the chief scientific officer of Alzheimer’s Research UK; OK, not yet a cure, but getting there. All this was very positive.

The pity was that the background had already been set by the earlier session, which was built around the persistent call for greater integration. Here a succession of mostly health service professionals repeatedly defined the main objective as cutting the volume of delayed discharges.

Call for Parliamentary Commission alongside social care Green Paper

Ninety-eight Westminster politicians have written to Prime Minister Theresa May, calling for a ‘Parliamentary Commission’ to look at a long-term funding solution for health & social care.

Among the signatories to the letter are 21 select committee chairs who say the proposed commission could examine witnesses and make recommendations by Easter next year.

The Government is already preparing a Green Paper on social care funding, expected to be published in the summer but the signatories say a broader approach is needed. Totnes MP and chair of the health and social care select committee Sarah Wollaston said the Government needed to act with urgency and take a whole system approach to the funding of the NHS, social care and public health.

“We need to break down the political barriers and to agree a way forward,” said Ms Wollaston.

“We believe this is the best way to examine what funding is needed both now and into the long term and to seek a consensus on the options for sharing the costs.”

Labour’s shadow health secretary Jonathan Ashworth has expressed scepticism about the idea of a parliamentary commission.

“A government could decide to make the tough decisions to fully fund the NHS if it had the political will to do so,” he said.

Gordon Brown more than trebled the NHS budget in cash terms when we had a Labour government. We didn’t need a parliamentary talking shop to come up with that.”

The chancellor, Philip Hammond, has made the funding available for the NHS pay deal struck last week with nurses, midwives and other staff partly from Treasury reserves. In his spring statement, he stressed he had already injected more cash into the NHS and social care.

A comprehensive spending review, setting out plans across all departments three years ahead is due next summer, with the overall spending total likely to be announced in Hammond’s autumn budget.
6-8 NOVEMBER 2018 • HILTON BRIGHTON METROPOLE

BOOKINGS NOW OPEN

EARLY BIRD DISCOUNT • BEFORE 07 SEPTEMBER 2018

Booking is now open for the 13th UK Dementia Congress, to be held on the vibrant seafront at Brighton in the landmark hotel and conference centre, Hilton Brighton Metropole. Just an hour from London, this year’s UK Dementia Congress will be within walking distance of all that Brighton has to offer. As always the programme will be an exciting mix of plenary sessions, parallel sessions, interactive workshops, symposia, posters, early bird sessions, special events and installations.

KEY SPEAKERS

• Paola Barbarino, Alzheimer’s Disease International • Sharon Blackburn, National Care Forum
• Professor Alistair Burns, NHS England’s National Clinical Director for Dementia and Older Peoples’ Mental Health
• Members of DEEP (Dementia Empowerment and Engagement Project) and tide (together in dementia every day)
• Professor Dawn Brooker (University of Worcester) & colleagues will give the annual Tom Kitwood Memorial Address

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Exercise can bring huge benefits to our lives. It can help reduce the risks of heart disease, diabetes, stress and many other debilitating conditions. It can also help increase a person’s mental well-being and self-confidence. Exercise can help develop hand/eye co-ordination and the ability to feel where one’s body is located in space (proprioception). For those being supported in a residential or hospital setting, it can be seen to help reduce anxiety.

Yet, according to a government survey, only around 25% of people with a learning disability take part in physical activity and it seems people who are supported in a hospital or residential setting are often overlooked when it comes to physical exercise, which is why my role as sports co-ordinator was created at Danshell.

Danshell’s services provide support and care across the UK for people living a learning disability or autism. We believe strongly that sport and exercise have a positive impact for the people we support and my role is to develop and implement physical exercise opportunities in the community, or in our services.

While I was employed as a support worker in one of Danshell’s specialist autism services, people using the service requested to take part in more physical activities. I had a background in sports and a degree in sport and exercise science and was seconded to the new role of sports co-ordinator, which is now a permanent position. Since then the impact of sports has been noted by the Care Quality Commission, particularly our work at Whorlton Hall, a hospital in County Durham. The role and its achievements have also been recognised at the National Learning Disability and Autism Awards twice and I’ve been praised by the Quality Network for Inpatient Learning Disability Services (QNLD) and was asked to present my work at the Royal College of Psychiatrists.

A gentleman at our Whorlton Hall service has been taking part in more physical activity since the role was incorporated in June 2015. He regularly takes part in sessions both within the service and in the community.

He now has a good understanding of rules and why exercise is good for the body. As a result of this increase in activity, his hand/eye coordination is improving and so is his attention span. Both of these are hugely important for moving on to living more independently. The biggest result of the change in regular activity has been the reduction of his Body Mass Index (BMI) into close to the normal BMI range.

### Mini-games

Many medications can have an adverse effect on weight and water retention, putting people at risk of associated problems such as heart problems, obesity or diabetes. My focus is help people participate in physical exercise regardless of ability, in group or individual sessions, both within the care setting and in the community.

When people participate in physical exercise, endorphins are released in the brain, helping to reduce anxiety so their mood is likely to become more stable.

Part of my role is creating ‘mini-game’ versions of certain sports, helping more people take part in physical activity. The rules and procedures are adapted and written down in an easy to follow way and the mini-games break down aspects of a sport, such as football, into a basic game with rules and clear goals that will help develop skills in a fun way. Making something enjoyable removes a lot of anxieties and helps the person focus.

Engaging in a natural social environment with peers doing the same activity builds up tolerance of others, enabling a person to spend more time with other people, helping them be more accepting of people taking part in a task alongside themselves and helping to build tolerance of waiting and turn-taking. The competitive element of some of the games helps create friendly competition and reduces the risk of boredom.

The sessions also have a positive impact on staff morale as they are heavily involved during sessions, building relationships with the people we support. These sessions can happen whether I am on site or not as exercise plans are available for staff to recreate.

Group sessions can also give an opportunity to observe interactions between people who use our services, which can lead to positive changes in care planning.

We have created links with local companies who can provide physical activities within the community which are substantial physical tests such as rock climbing, rowing and large multisport ‘sports days’ and all these are very much enjoyed.
Encore responds to NAO report on social care workforce

Encore Care Homes, who manage three care homes in Dorset and Hampshire, have responded to a recent report by the National Audit Office (NAO) on the social care workforce, pointing out that Encore at least is one provider who can demonstrate how much it values its staff.

The NAO report said low rates of pay and workload pressures meant some care services were struggling to recruit new team members but Encore says it offers staff above average wages and a range of shifts which cater to each individual’s lifestyle and commitments.

Encore’s employees receive an hourly rate which is above the national average wage for care workers. Senior healthcare assistants at Encore can earn up to £9.74 an hour depending on NVQ qualifications. Staff with no NVQ qualification can earn up to £8.05 per hour, which is over the national minimum wage.

“Encore prides itself on offering a range of shifts of various lengths which cover mornings, afternoons, evenings and nights,” said Kavita Brown, head of people at Encore. “This means every employee has the freedom to choose which shifts work best for them in order to suit their lifestyle and personal commitments.”

Encore uses its own dependency algorithm which nurses regularly update in each home to ensure that staff are hired based on each resident’s needs, as opposed to the number of residents in each home. This allows residents to receive the right level of care and attention which they require, while ensuring staff are responsible for the amount of residents which they feel comfortable caring for. The current ratio of care worker to resident is 1:4.

“We invest in our employees by ensuring that all staff receive regular training to allow continuous development and provision of the very highest standard of care to residents,” said Kavita. “Team members are also encouraged to develop their skillset and therefore progress in their role.”

“Each new starter is provided with a bespoke and certificated personal development plan which ensures every employee feels nurtured in their role. We believe that if our teams are happy, this will filter throughout the entire home, and assure our residents are also happy.”

Balhousie residents get some Oomph! from a trip to the seaside

Residents from Balhousie Moyness Care Home enjoyed a trip down memory lane recently with a visit to the Fife coastal town of Anstruther.

The small group, which included two wheelchair users, travelled to the seaside in a customised minibus to enjoy the scenery, a picnic and an ice cream treat.

Staff and residents planned the trip together as part of a regular programme of days out supported by Oomph! an organisation working with Balhousie Care Group to deliver ‘meaningful moments’ and activity programmes for older people.

“Our day out to Anstruther was suggested by our ladies and gentlemen, who wanted to revisit memories of days at the seaside,” said Moyness manager Fiona Jamieson.

“From a trip to the seaside...”

Residents from Balhousie Moyness care home in Broughty Ferry, Angus enjoy a day out in Anstruther with Oomph! “They had a wonderful time on the Oomph! bus, joining in enthusiastically with a sing-song on the way there and back.”

“The trip gave us lots to talk about, and inspired lots of stories, not just of Anstruther but of other beach holidays. It was a memorable day for everyone and one that was discussed for the rest of the week.”

Oomph! works with Balhousie’s 25 care homes, offering fun exercise and activity sessions, as well as monthly trips out for residents, to a wide range of destinations in customised minibuses. The trips are personalised and include intensive training by Oomph! staff within each care home.

The collaboration is the latest move in Balhousie Care Group’s mission to be a trailblazer in the care home sector, delivering individualised care for residents.

The Perth-based group has been tackling issues such as dementia and loneliness in innovative ways, from virtual reality technology to therapy with pets. Balhousie also ensures that its residents and family members have a say in their care, and care strategy.
Lighting a care home – things to consider

Having appropriate lighting in a care home is important. In addition to providing adequate illumination at all times of day for carrying out essential tasks, lighting plays a major role in ensuring the safety, comfort and wellbeing of residents. Outlined below are some key lighting considerations in care home settings, along with some tips for keeping costs to a minimum.

Lighting for ageing eyes
Eyesight gradually deteriorates as we age, making it increasingly difficult to carry out everyday tasks such as cooking, cleaning, and reading, or identifying potential trip hazards and other dangers.

Research has found that people over the age of 75 require twice as much light as the average person, and almost four times as much light as a 20-year-old.

Adequate lighting is about much more than being able to see from one side of a room to another; it allows ageing patients to maintain their independence for longer, which in turn can lead to individuals leading happier and healthier lives.

In addition to helping people with poor eyesight, good lighting – natural daylight in particular – has the potential to aid individuals that are suffering from dementia, helping them to identify surroundings and recognise familiar faces. When combined with a lack of daylight, dementia leads to a reduction in serotonin levels (a chemical in the body that helps relay signals from one area of the brain to another), which can lead to further mental health issues such as depression and mood swings, as well as affecting sleep patterns. In spaces where natural daylight is limited, daylight bulbs can provide a good alternative; as the name suggests, daylight bulbs mimic natural daylight and provide all of the same health benefits, including facilitating the release of serotonin in the brain.

Other simple lighting techniques, such as installing dimmer switches, adding task lighting over worktops, and layering lighting through the use of lamps and wall lights, can help with dementia too, as it gives residents full control over their light levels, allowing them to create an ambiance that suits their specific needs and preferences.

Lighting should be adaptable and give residents the ability to change light levels depending on the time of day and the task being carried out. For example, while a bright light may be required for getting dressed in the morning or preparing a meal, a softer light is likely to be better for watching television in the evenings.

Lighting needn’t cost the earth
Caring for elderly or disabled people is an around-the-clock job and, even when patients are in bed asleep, other areas of the building, such as common rooms, stairwells, or reception areas, may remain active and therefore lit at all times.

Consequently, energy bills in care homes can be higher than most, particularly if the bulbs being used are power-hungry incandescents. For care home managers, the good news is that these costs can be cut significantly by switching to energy-efficient LEDs.

LED bulbs use up to 90% less energy in comparison to incandescent bulbs, and up to 60% less energy than fluorescent bulbs. Furthermore, high quality, modern LEDs have a lifespan of up to 50,000 hours (about five and a half years) meaning they don’t have to be changed as regularly as their traditional counterparts, thereby further reducing maintenance costs and potential disruption to residents. While the initial investment required to convert an entire building to LEDs can be off-putting – after all, there is no escaping the fact that LED bulbs cost slightly more than older style bulbs – the long-term savings will far outweigh any short-term costs. An experienced lighting company will ensure that an LED retrofit project is approached strategically, focusing on high usage areas first in order to ensure that any investment is paid back in the shortest amount of time possible. An LED retrofit can be phased across a care home or network of care homes, with the savings from the first phase used to fund the second phase, and so on.

Lighting plays an important role in the design of any building, but in care homes, where ensuring the wellbeing of elderly or disabled people is paramount, it needs to be more than just adequate, it must be adaptable, reliable, and fit for purpose. Achieving this may require extra planning time or investment, but the long-term benefits will make it worthwhile.
Sixth Belong village nears completion

A £13.5m care village developed by Prime in Newcastle-under-Lyme in Staffordshire will soon be ready to welcome its first residents as construction work on the scheme is now complete.

Delivered for not-for-profit operator, Belong, the coming weeks will see the completion of a specialist fit-out before the village opens in the spring. Belong Villages offer a bespoke ‘care with housing’ model, based around a community hub.

Although the scheme is Belong’s sixth care village, this is the first time the company has partnered with a specialist developer to help realise its plans for growth. Prime worked closely with Belong to secure a strategic site in the heart of the town centre and managed the design, development and construction to deliver a high quality scheme that will offer a range of specialist services for older people.

The site came with the challenge of a Grade II listed coach house standing at its centre. The partners worked together to ensure the listed building became an integral part of the development, securing a £1.8m National Lottery grant to transform it into the Belong Heritage Gallery – a public facility celebrating the heritage of the local area and providing specialist resources and services for people living with dementia.

The new care village will provide 24-hour nursing or personal care for more than 70 residents plus guest rooms in ‘households’, apartments for older people to buy, rent or part-buy, and amenities for public use, including a bistro, tea room, exercise studio, hair salon and nail bar and a range of function and activity rooms. The complex also includes training rooms, an ‘Experience Day’ service offering supported activities on a day basis and a ‘Belong at Home’ service providing outreach care to people living in the community.

Pinders healthcare Design Awards 2018

For the 19th year, the care-property sector gathered in London in March for the design awards presentations, hosted by specialist healthcare consultants Pinders.

The event had a sporting theme, with money being raised in support of the Sporting Memories Foundation – a charity which funds social interaction for people with dementia. The awards, which recognise excellence in the design of care homes and retirement housing, were presented by World Cup hero Sir Geoff Hurst, who was in great demand for ‘selfies’.

Once again, more than £25,000 was presented to good causes, taking the total amount raised by Pinders to over half a million pounds. The winners were:

- **Pine Martin Grange, Wareham (Mayflower Care Communities)**
- **The Chocolate Works Care Village, York (Springfield Healthcare Group)**
- **Fernhill House, Worcester (Majesticare)**
- **Chamberlain Court, Royal Tunbridge Wells (Hallmark Care Homes)**
- **Village 135, Wythenshawe (Wythenshawe Community Housing)**
- **Swan Court, Birmingham (Precious Homes)**

Avante asked to operate a proposed dementia care village

Property developer Corinthian Land has asked care home and domiciliary care provider Avante Care & Support to consider becoming the operator of a £15m care village in Canterbury, Kent, based on a Dutch model of provision.

Avante currently owns and operates nine care homes and provides home care across Kent and South East London.

Senior staff and trustees from Avante joined Corinthian Land chief executive Simon Wright on a visit to a Dutch facility Hogeweyk in Amsterdam where a similar scheme is running. Avante managing director Stuart Cross said that, after experiencing the Dutch facility and seeing how the concept can work for people living with dementia, both Avante and Corinthian were keen to see how the model could work in the UK.

“This is a wonderful opportunity to create something exciting in dementia care,” said Mr Cross.

“We provide first class care across all our services and I am delighted that Corinthian have approached us to be part of this innovative project.”

“We are working to develop the detail of how best a dementia care village would meet the local need, as well as complement our existing services, and this work will continue over the coming months with Corinthian.

“The village is likely to comprise of three distinct elements – houses for residents with dementia, extracare apartments, and community facilities.”

The proposed dementia care facility would be similar to the Hogeweyk and Rietveld villages in Holland with residents living in houses of eight, where each house is themed around a particular culture or lifestyle, with residents choosing which house is best for them.

“Avante Care & Support will be offering a very different model of care to traditional dementia care,” said Mr Cross.

“Our ambition is to provide a vibrant, ‘normal’ life in a home environment rather than an institution. The residents’ typical day would be very familiar and would include shopping and cooking their own meals, cleaning the house, making their own beds and doing their laundry.”

The care village would include a selection of between 200 and 250 one and two bedroom extracare apartments and dementia care facilities with a village green or similar landscaping providing attractive recreational space.

As far as is possible, the community facilities within the village would be easily accessible to a wider community of Mountfield Park, a nearby 140-home residential scheme developed by Corinthian.
Kingston awards contract to build dementia care home

Kingston Council has contracted Willmott Dixon Construction to design and build a £9m dementia home in the borough of Kingston upon Thames.

Subject to planning permission, work is scheduled to start in winter 2018 with completion by 2020. The 80-bed care home will be built on the current Newent Home site in Surbiton.

The new purpose-built residential home will help provide care for the increasing number of older people with dementia in the borough as well as generate income for the council from those residents who are able to fund their own care.

Cathy Roberts, Kingston Council’s cabinet member for adult social care, health and housing, said Willmott Dixon was awarded the contract for their strong track record of delivering buildings on time and to budget as well as their wider understanding on how the council intends to deliver dignity in dementia care.

Grosvenor Manor welcomes first residents

Fine dining: the stylishly designed restaurant at New Care’s newly-opened Grosvenor Manor care home in Chester.

Grosvenor Manor welcomes first residents

Heathcotes partners with Nottinghamshire to open two new specialist care facilities

Heathcotes Group will soon be opening two new residential care services in Newark, developed in partnership with Nottinghamshire County Council.

The two neighbouring buildings, Enright View and Enright Lodge, will employ 40 care staff to provide support for adults with learning disabilities, mental illness, autism and dual diagnoses or associated complex needs. The services have been designed to support the council’s Transforming Care plans with a bespoke community provision comprising eight bedrooms within a shared environment alongside five self-contained apartments. Previously NHS-owned rehabilitation centres which closed in 2014, the vacant properties have been have comprehensively refurbished to create 640 square metres of high-specification accommodation.

Each building includes en-suite bedrooms with access to communal lounges, kitchen/dining room, shared bathroom and large garden area. The accommodation also includes five self-contained apartments each with bedroom, bathroom, living space and kitchen area for service users who may not be able to live with others but require intense support in a spacious and adapted environment.

Heathcotes Group operates more than 40 specialist services across the UK.

Gracewell of Woking opens

High end provider Gracewell Healthcare has opened its 20th care home, the 60-bed Gracewell of Woking in Surrey.

With all en-suite rooms the new home also features a hair and beauty salon, multiple lounges, cinema, café, a wheelchair-friendly secure sensory garden and wi-fi enabled communal areas.

Gracewell of Woking opens

Soon to open: two specialist care facilities developed by the Heathcotes Group in partnership with Nottinghamshire County Council.
Liverpool City Council has approved plans to build three, 6-bed flexible facilities that will open by 2020 in the north, south and central areas of the city, providing accommodation and care for people living with dementia, as well as those with other long term residential and nursing care needs.

The £30m investment in social care infrastructure includes the refurbishment of Besford House in Gateacre – three bungalows for adults with learning disabilities and autism – and the city council is in the final stages of arranging a lease for Alternative Futures to run the facility.

The council is borrowing the money to build the centres with the repayments covered by income from the leases on each site, while Besford House is being refurbished using an £850k grant from NHS England.

Shaw Healthcare has been selected as the preferred provider for the dementia hubs project, following a competitive tender process that involved the employee-owned company signing up to the Liverpool Social Value Charter.

Over the duration of the contract, Shaw Healthcare will develop skills and training programmes in conjunction with local colleges, work with Job Centre Plus to offer local employment opportunities, create work placements and apprenticeships across all facilities and deliver on a commitment to the procurement of goods and services through local companies.

Planning consent is being secured for the three facilities, each designed by Kier Architects to a future-proofed, dementia-friendly specification.

Construction will be undertaken by Willmott Dixon Construction as part of the Scape National Framework, which already has a proven record in maximising spend through the local supply chain and the creation of sustainable apprenticeships in the construction sector.

Post construction, the council will enter into a 25-year lease agreement with Shaw Healthcare to manage the care services provided at each location.

Planning permission for extracare housing in Kemsing

Sevenoaks District Council has approved plans for not-for-profit care provider and housing association, Rapport Housing & Care to develop an extracare housing scheme in Kemsing, Kent.

Starting on site in the autumn of 2018, the scheme will comprise 51 one and two-bedroom apartments for over 55s, available to purchase and for affordable rent, through Sevenoaks District Council.

Care and/or support will be available from Rapport Housing & Care’s on site domiciliary care team, Caring Companions, or another care provider of a resident's choice.

A range of communal facilities including a lounge, restaurant, terrace with orangery, activity room and hair salon and therapy room are part of the design.

With two other extracare housing schemes currently on site and a third due to start shortly, the Kemsing development will see a further continuation of Rapport’s development plans.

Once completed, these will see the provision of a total of 235 new extracare apartments across Kent.

Impression of the courtyard of Rapport's extracare scheme to be built in Kemsing.

Castleoak wins £12.4m Surrey extracare contract

Care sector design and build specialist Castleoak has been chosen by Abbeyfield Southern Oaks to deliver 60 contemporary extracare apartments in a £12.4 million contract.

The new development will create the Nonsuch Abbeyfield community in Ewell, Surrey and will provide homes for rent or purchase for local people. Abbeyfield Southern Oaks is a not-for-profit organisation, governed and managed by volunteers from the local community, which has provided accommodation for older people in sheltered homes in Ewell, Cheam, Sutton and Purley in Surrey for more than 50 years.

In addition to the residential apartments, the Nonsuch Abbeyfield scheme has been designed with a sense of community. A double-height space reception will lead through to a shared lounge and dining area, opening onto landscaped gardens. Communal facilities will include a shop, library, fitness suite, cinema, hairdressers, lounge and a club room overlooking playing fields.

The new development started on site in March and is scheduled to open later in 2019.

Image of the Nonsuch Abbeyfield extracare scheme, now being built in Ewell, Surrey.
Official website for Caring Times

- Read Caring Times online
- Whole site optimised for smartphones and tablets
- Subscribe to Journal of Dementia Care

- Book conference and awards places online
- Fully searchable databases of resources and archives
- Buy books

Your one-stop online resource
www.careinfo.org
PROMOTION: Located near Ringwood in Dorset, close to the conurbation of Bournemouth, Foxes Moon is a 31-bed care home registered to provide elderly and dementia care.

This well-appointed care home has a long-established track record of providing consistent and specialised care and is well regarded in the local community and by healthcare practitioners. It is rated ‘Good’ by the Care Quality Commission.

Originally built just over a hundred years ago as a two-storey dwelling, Foxes Moon has been extended to provide the modern facility of today.

To the rear of the property is a single level day room and garden room/conservatory providing an attractive outlook across the grounds. The gardens are planted with ornamental trees and shrubs with larger area of lawns and paved patio areas for residents and their families use (weather permitting). In addition to the tranquil surroundings, residents are able to enjoy the use of two lounges, along with the Garden Room and a quiet lounge which is perfect for reading and relaxing.

There are three individual staircases and a four-person 300kg lift. There are assisted bathrooms and wet rooms on each floor.

Foxes Moon is tastefully furnished as a care home with most of the bedrooms being en-suite, and all rooms have bedside cabinets and wardrobes.

The kitchen has comprehensive cooking and refrigeration facilities with commercial appliances and work surfaces. The laundry is equipped with a commercial washing machine and gas-powered tumble dryer.

Foxes Moon is situated in St Ives, a largely leafy residential suburb between to relatively affluent settlements of Ferndown, Wimborne and Ringwood on the edge of the New Forest.

The larger catchment area includes the Christchurch, Bournemouth and Poole conurbations with a combined population of over 400,000 within a relatively short drive.

Renowned as a tourist region, the local economy is well-balanced with a good mix of service sector and manufacturing employers.

To arrange a viewing of Foxes Moon, please contact Symonds & Sampson’s Poundbury commercial office on Tel: 01305 251154

Foxes Moon has a lot to offer as a going concern
No simple solutions to care home market woes

The Competition & Markets Authority’s (CMA) report into the care home market makes for interesting reading. It confirms much that we already knew such as local authorities not paying the cost of care and self-funders paying more than the cost of care. It finds that the level of care received is largely good, but the care homes market is under pressure to perform in today’s market and to cope with the anticipated increase in demand of an increasingly ageing population.

The sustainability of care homes and their ability to continue to deliver good standards of care remains under threat primarily due to the rates paid by the state. Although not directly stated, the CMA report finds that the care homes sector is, to use a Theresa May phrase, ‘just about managing’. In order to improve the sector local authorities need to increase the rates they pay in line with the true cost of care.

In its response to the CMA report, the Government says it expects to see an increase in fees paid to providers and points to the legal obligation contained in the Care Act 2014 on local authorities to have regard to the sustainability of the market to meet demand. The expectation of passing-on fees and having regard to sustainability provides almost unfettered discretion to local authorities to pay as they please. We appear to be trapped in a Catch 22 situation where the Government does not feel empowered to address the issue at the heart of the problem and this continues the problem.

It is easy to sympathise with the plight of the local authority in this merry go round since their argument will invariably be that they have assessed the cost and secured a package which meets the need of the person who has been placed. They themselves don’t appear to have sufficient funds in place to pay the appropriate rates. The inclination of the short-term nature of government at a national and local level is to manage the immediate budget as the primary concern. Issues regarding the sustainability of the care package do not appear to have been appropriately factored into consideration for the fees that are paid. On the other side, providers are working within tight financial constraints and are obliged to accept local authority funded patients who pay on average £12,000 less per year than the exclusively privately funded resident. It is easy to see why those providers look to increase their ratio towards exclusively privately funded placements.

Echoing a sentiment that has long pervaded the sector, the CMA proposes that an independent body be set up, its sole purpose being to oversee local authorities’ current delivery of care and its future planning. CMA suggest that the best place for this independent body to sit would be within CQC and the Government responded that it sees local authorities as being best placed to assess their areas.

**Arbitrator**

Whilst any call for an independent body to cast judgement on fees paid to a provider is a step in the right direction, such a body would require significant resources to perform this function.

Although not alluded to in the CMA report, this body would ideally act as an arbitrator between the local authority and the provider to look at each package of care and adjust it as required to meet the needs of the individual. The fee for this package of care should contain within it a margin which gives the provider the impetus to reinvest.

The CMA report speaks of the care sector requiring in the region of an extra £1bn to be paid to providers annually; it also speaks of the ageing population which will generate increased costs of up to £2bn annually by 2025. Both current capacity and future sustainability can only be assured if those investing in the sector can be confident that they will be able to realise the cost of their investment and make a reasonable amount of profit which can be reinvested.

One of the most interesting parts of the report relates to what the CMA describes as the difficult and pressured decisions that have to be made when the need for placement in a care home needs to be considered. On this issue CMA is targeting providers who potentially fall foul of consumer rights law. The CMA says consumers of care often do not feel properly informed when the time comes to make a care related decision and that the decision-making process is shunned and neglected, with not enough being done on a national level to offer guidance to potential consumers. CMA further asserts that a working group should be set up to agree a way forward.

The CMA’s report and the Government’s response highlights a key flaw in discussions as to how to solve the fundamental issues facing the UK care home market; there is no one size-fits-all solution to remedy the ills. Investors require the confidence that they will receive proper returns in the short and longer term. The independent body that has been proposed to oversee commissioning needs to sit completely independently and would require significant amounts of funding to achieve its aim to incentivise current and prospective providers of care. The Government’s Green paper is eagerly awaited, and the CMA’s report is certainly a step in the right direction; it’s clear though that a giant leap is required.
Agency - getting the right balance

Very much a part of life for care home operators, many operators think the use of agency staff is a new phenomenon but unfortunately, it’s been a sector challenge for many years. The difference now is that it costs a lot more.

For many years agency was benchmarked at between 3-5% of total staff costs; today its running at around 8%.

HeadWindsCare managing director BRYAN HIGGINS looks at how care providers can minimise their use of agency staff.

www.headwinds.care

This rise has happened fairly-recently, and for several new reasons.

Firstly, let’s look at the cost. Agency generally costs about twice the headline staff cost but can be higher (e.g. bank holidays, night shifts). The ‘saving’ in not paying an employed staff is the headline cost plus the on-costs (principally employer’s NI). The on-cost is c10-15% with administration time. So, the penalty for using agency personnel is c85-90% of the cost.

Understanding the reasons and usage of agency is the only way operators can tackle the issue. Agency personnel have traditionally been used to cover sickness and holidays. Having a properly structured workforce and positively managing it are critical factors in reducing agency costs. Many operators recruit to meet staffing needs at 80-90% occupancy, thus allowing some flexibility in occupancy levels. This works well, but only where you have, 1) a team of bank staff and, 2) staff contracts that pay overtime (as an inducement to work extra shifts). Because of holidays, sickness and training, the annual number of hours needing to be covered is around 110-115% of the core rota hours.

Occupancy tolerance

In my experience staffing at 90% occupancy (which means committing to contracted hours reflecting this percentage), means a good operator will rely on a combination of bank staff and employed staff overtime to make up the difference. Quite regularly I’ve seen operators with high agency who don’t/won’t pay overtime, and who quite simply fail to understand the basics of business. Staffing at 90% also means that if occupancy falls to say 70%, it is possible to continue with the existing staffing complement and not be over-staffed.

Being flexible with overtime, particularly in peak times (bank holidays, high summer) makes sense as its cheaper to pay staff more than the x2.5 (plus) premium to an agency.

This works well in theory over a 12-month period, but making it work in practice is the real trick. Managing sickness requires a robust HR policy that is applied fairly and consistently to staff, and a good tool many operators use is the Bradford Factor.

Care workers are flexing their employment options to take advantage of increased agency demand and work availability.

Unlike sickness, which is an external factor and almost impossible to predict, managing holidays and training is internal and ought to be capable of very close prediction. Again, this requires robust HR and administration planning and management. Ensuring staff take their holidays evenly throughout the year (as opposed to a last quarter’s rush to use them up, when a ‘use it or lose it’ policy exists) is essential, as is training planning when numbers of staff will not be available to fill the rota.

The usage of agency is now reflecting the impact of the ‘gig economy’. Traditionally agency was used for nurses, being a highly paid (compared with carers) and scarce commodity. Today nurses are even more costly and scarce. Nevertheless, it still amazes me when I see operators able to pay nurses £12.50 per hour. The RGN ‘going rate’ is around £15-16 per hour in many cities and high population areas (outside London). Interestingly, in Scotland the new RGN ‘average’ pay rate is being set at £15.30 per hour from May 2018. Outside of the Central Belt and NE, this is likely to benefit many Scottish nurses and reduce margins for the operators.

Agency use of care workers used to be low, as the labour pool was high for, what was then perceived to be a relatively low skilled job. Not today; the skill levels have increased significantly and although many care workers remain on the National Living Wage (NLW), they are flexing their employment options to take advantage of increased agency demand and work availability. From a care worker’s perspective the higher pay and being able to pick and choose rotas to fit around children/domestic arrangements can be irresistible. Non-care agency staff are increasing for the same reasons, particularly skilled/experienced chefs and housekeepers, although they can be well above the NLW.

How can the operator combat this? By emphasising the benefits of employed work: holidays, overtime, pension, career structure, plus potential golden hellos, loyalty bonuses linked to attendance/performance etc. What’s applicable is dependent upon researching pay rates/competition/labour pool in the local market place. Adapting a policy that reflects
Healthcare looks good alongside many other mainstream markets

According to the latest research from Savills, care homes, independent hospitals and primary care assets are currently achieving a higher combination of average annual rental income returns and five year annual capital growth compared to many of the mainstream investment markets. As the international real estate advisor notes in the table below, these three healthcare markets sit marginally behind the very popular urban logistics sector and ahead of other sectors including regional logistics, retail warehouses, UK residential and central London offices.

Chris Wishart, healthcare director at Savills, said that offering a combination of secure income streams from a variety of sources, such as the NHS, Local Authority and self funded markets, healthcare assets were now seriously competing with the more mainstream investment markets.

“This mix of revenue security from government-backed funding sources seen in primary care and independent hospital assets combined with increasing private self-funding markets seen regularly in the care home sector, provides comfort to investors that sustained growth is expected for each of these markets,” said Mr. Wishart.

Savills research also highlights that there is still room for some inward movement in terms of yields within the healthcare sector in comparison to the mainstream commercial markets. The firm confirms that prime care home yields in particular have compressed by 100 basis points in the last 12 months and, whilst it is unlikely 2018 will see movement on a similar scale, yields for this market are expected to fall below 4% for most prime opportunities.

Chris Wishart added that the nature of the healthcare market was one of consumer-driven demand, often through need rather than choice.

“However, the sector has undeniable drivers for increasing demand as the need for primary, acute and social care increases and an aging population that will see the number of people aged over 85 triple by 2055,” he said.

Agency staff: protecting the bottom line

From previous page

these factors is essential, but clearly this is not always an easy sell in a period of high employment and a rising NLW.

The golden rule where recruitment is concerned is to make it fast and efficient, but without cutting corners. Again, from experience I’ve seen operators burdened with significant agency costs where their internal systems are ineffective through lack of drive/attention/management of the basics e.g. getting an offer letter out, writing for references, applying for a DBS certificate. Generally, the faster the recruitment, the sooner agency use will drop.

Does the Care Quality Commission recognise the difficulties of agency use? Yes, because it both keeps and applies agency statistics of care operators in its market oversight division (i.e. the larger care operators). No, because it makes no allowance for low employed staff numbers during inspections.

Is the agency problem going to improve anytime soon? Unlikely – the best policy appears to be paying higher staff rates to attract better quality staff who stay longer, provide consistency and contribute more effectively to compliance and quality.

Theoretically this should reduce agency use. Making it happen though is the trick and this can be a key management challenge.
MARKET ANALYSIS

Supported living for the very comfortably off

With SAM WRIGHT, director with the healthcare team at CBRE.

Over the last 30 years London has been a haven for the global elite. Attracted by its cosmopolitan atmosphere, strong economy and robust legal system some of it’s most prized residential suburbs have become the preserve of the super-rich. As these residents have begun to age, so we have begun to see a new type of super-prime retirement living development emerge.

Aurien’s, located just off the Kings Road in Chelsea, is one of the flagships for this new breed. In addition to top-of-the-range apartments with bespoke kitchens and luxury bathrooms, its facilities include a fine dining restaurant with two private dining rooms and 24-hour room service; a full gym, pool and spa complex; a cocktail bar; pet grooming salon; valet garage; and 24-hour concierge for ‘making restaurant reservations’, ‘organising dry cleaning’ and any other daily tasks you need help with.

These facilities however do not come cheap and with prices starting at c £3m for a 1-bed 900 sq ft flat rising to c £10m for a 1,500 sq ft penthouse. On top of this there is also a £1,100+ monthly service charge, plus the cost of any care (charged on an hourly rate and dependent upon need) and the cost of any meals in the restaurant, drinks in the bar and treatments in the spa.

To the vast majority of people these levels of cost are astronomical and completely unaffordable. But this development (and the others like it) is designed for the wealthiest few (Aurien’s is only 55 apartments) who live in the exclusive postcodes nearby.

When you start to consider the schemes in this context they start to make a bit more sense. In Chelsea (SW3) where Zoopla estimates the average value of a terraced house is c £4.61m and a semi-detached house £4.67m, the money to live in these schemes is in the housing stock if nowhere else. This is because if someone sells their house for £4.61m and they buy a flat for £3m, they will have £1.61m for their living and care expenses. Even in an expensive development like Aurien’s this should last most people for a good number of years and even potentially leave some left over.

This model clearly won’t work everywhere but with Elysian Residences and Pegasus Life amongst others developing luxury schemes in other exclusive central London postcodes, these types of super-price retirement schemes look here to stay. Very nice if you can...
PROPERTIES AND BUSINESSES RECENTLY SOLD IN THE CARE SECTOR

The Laurels
Location: Aberdare, South Wales
Registration: 18 elderly/EMI
Buyer: Siva Sriplan & business partner
Seller: Mr Keith Jones
Agent: DC Care
Tel: 0113 389 2700

The building is a former private residence which has been significantly extended to provide care in all single accommodation bedrooms. As well as light and spacious accommodation, there are gardens to the rear, designed to encourage use by clients.

Goodwood Orchard
Location: Leicester, East Midlands
Registration: 18 elderly
Buyer: Sebastian Gill
Seller: Mr & Mrs Boulton
Asking price: £925,000
Agent: Christie & Co
Tel: 0121 452 3720

Hays House & Hays Park
Location: Shaftesbury, Dorset
Registration: 43 nursing & 16 retirement apartments
Buyer: Park Healthcare Ltd
Seller: Dalton Care Services
Agent: Christie & Co
Tel: 01962 844455

Funding brokered through Christie Finance.

Elizabeth House
Location: Stoke On Trent, Staffordshire
Registration: 35 elderly/dementia
Buyer: Fairhome Group
Seller: Mr J Purser
Agent: Christie & Co
Tel: 01937 849268

Sold after 36 years in the Lewis family ownership

Rowley House Nursing Home
Location: Bewdley, Worcestershire
Registration: 49 dementia care
Buyer: Wallingford Care Ltd
Seller: Winterbrook NH Ltd
Agent: Christie & Co
Tel: 0121 452 3720

Winterbrook Nursing Home
Location: Wallingford, Oxfordshire
Registration: 41 elderly
Buyer: Wallingford Care Ltd
Seller: Winterbrook NH Ltd
Agent: Christie & Co
Tel: 01962 844455

White Gables
Location: Felixstowe, Suffolk
Registration: 37 elderly
Buyer: White Gables Care Ltd
Seller: Clifford & Jacqui Lewis
Agent: Christie & Co
Tel: 01473 234904

SOLD after 36 years in the Lewis family ownership

Futures Care
Location: Halstead and Brightlingsea, Essex
Registration: 12 and 9 learning disability
Buyer: Fairhome Group
Seller: Mr J Purser
Agent: DC Care
Tel: 01937 849268

The business which comprises of two homes in the Essex area was sold above asking price with the deal completing precisely 12 weeks from the day it went on to the market.

Park House Nursing Home
Location: Bewdley, Worcestershire
Registration: 49 dementia care
Asking price: £3m
Agent: Christie & Co
Tel: 0121 452 3720

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.
Healthcare Homes acquires Old Vicarage

Healthcare Homes has acquired The Old Vicarage residential care home in Leigh, near Sherborne, Dorset.

Rated as ‘Outstanding’ by the CQC, The Old Vicarage takes the group’s portfolio of residential and nursing homes up to 37 across the South and East of England.

The 41-bed home was acquired from Josie Aggett and Carey Faulkener; two sisters who took over its running in 2016 following the loss of their parents, Anne and Ian Sinnott; both of whom had opened The Old Vicarage in 1984 as a residential home.

“The Old Vicarage is a fantastic home that has been built with devotion and professional dedication since 1984,” said Healthcare Homes chief executive Gordon Cochrane.

“We are delighted to complete the purchase of the home, which has an excellent reputation across the Dorset region as well as recognition from the CQC in the form of its outstanding rating plus an impressive 30 industry awards to its name.”

CARE BUSINESSES SOLD

Belmont acquires
East Sussex home

Belmont Healthcare Group has acquired Green Hill care home in Crowhurst, East Sussex, as part of plans to expand its portfolio of specialist dementia care services.

and has been renamed Edendale Lodge.

Located near to Southend in Essex and sold in double quick time. The sale of the home was completely discreet, with the home never actually being advertised on the open market.

Other articles dealing with the care home property market can be found at www.careinfo.org

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www.chesmann.co.uk
Care Home, South Yorkshire
Freehold £700,000
• Registered for 23
• Registered Manager in place
T: 0113 389 2700
5471431

Care Home, Lancashire
Freehold £1,250,000
• 40 single bedrooms
• Part converted, part purpose built
T: 0161 833 3311
5679718

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

Care Home, Merseyside
Freehold £635,000
• Registered for 20
• Freehold with lapsed planning for 7 further bedrooms
T: 0161 833 3311
5679818

Care Home, Cumbria
Freehold £950,000
• Registered for 28
• EBITDA of £196,460
T: 0161 833 3311
5679831

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

Beech Tree House, Maidstone, Kent
Freehold £750,000
• Previously registered for 24
• 22 bedrooms, 11 en suite, vacant possession
T: 01622 656 000
8877636

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**Clun Y Bont, Port Talbot**
Freehold £1,000,000
- Outstanding supported living potential
- Currently 16 self-contained studios
T: 02920 023 123
3470567

**Beechwood Gardens, West Midlands**
Freehold £925,000
- Registered 20
- Potential to expand STPP
T: 0121 456 1222
5873045

**Peniel House Care Home, Dyfed**
Freehold £795,000
- Reg 31. 27 rooms: 23 singles/4 twins – 4 E/S
- Period property with purpose built extension
T: 02920 023 123
3470485

**Southside Nursing Home, Inverness**
Freehold £1,600,000
- Successful private nursing home
- Audulent Highland location, 50% privately funded residents
T: 0131 557 6666
5274590

**Cooriedoon Nursing Home, Isle of Arran**
Freehold £1,100,000
- Reg 28 Older People, 22 bedrooms (10 en suite)
- Good & Very Good Care Inspectorate Grades
T: 0141 352 7300
6870417

**Nursing Home, South Wales**
Freehold £825,000
- Detached care home. Reg 22
- 22 bedrooms – all single. Shaft lift
T: 02920 023 123
3470558

**Detached Residential Care Home, East Devon Village**
Freehold £995,000
- Care home registered 17
- All single bedrooms - 12 with en suite
T: 01392 285 600
3270259

**Nursing Home, Herefordshire**
Freehold £2,250,000
- Registered for 49
- Average fee £715
T: 0121 456 1222
5873050

**Nursing Home, South West**
Freehold £1,550,000
- Detached nursing home, registered for 24
- 21 bedrooms, 17 singles and 4 twins
T: 01392 285 600
3270224

**Residential Care Home, East Devon**
Freehold £1,000,000
- Registered for 20
- 20 single rooms, all WC en suite
T: 01392 285 600
3270270

**Care Home with Dementia, West Midlands**
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heathcare@savills.com
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