

# **Stimulating debate on the distinctive contribution of nurses to adult social care**



**A discussion  
and good  
practice paper**

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## Foreword: the importance of nurses to adult social care

It is wonderful that almost 50,000 nurses are now employed in adult social care. They work in a variety of care settings and their contribution is a vital part of the team of care staff that support people with ever more complex needs.

Both Skills for Care and the National Care Forum have a long-standing commitment to workforce development which has included promoting the role that nursing skills bring to adult social care. We know therefore that perceptions of the role of nurses in the care sector are not always accurate and we understand the concerns from care providers about high staff turnover amongst nurses.

This discussion paper, which has been supported by funding from the Department of Health, acknowledges the national shortage of registered nurses and expresses the view that too few make the choice to work in adult social care settings. We are grateful for members of the NCF Practice Forum for their work in developing this discussion paper. Innovative care providers are leading the way in reviewing the role of the nurse and developing alternative models of care that are designed to be more attractive to a modern workforce and also meet the complex needs of older people receiving care and support. The importance of person-centred care as well as relationship-centred care is emphasised throughout. The paper also touches on such aspects as: career opportunities for nurses in social care; personal and professional development; leadership and culture; and new models of care. It is intended to be a starter for discussion with all those with an interest in nursing and social care. It is clear however that the challenges identified in the paper cannot be resolved by the adult social care sector alone.

We should celebrate the fact that we are living longer. Greater life expectancy is one of the most significant achievements of the 20th century. As the population ages however it is likely to bring additional demand for care and support services. The other side of the demographic trend of an ageing society is that there will be fewer young people in the workforce and the competition with other sectors for younger workers will undoubtedly intensify. Successful organisations recognise the importance of anticipating developments as trends emerge, being able to consider how they will impact on services and being sufficiently adaptable to change quickly enough to take advantage of them. This is a key skill of leaders and is as true in care and health services as in any other sector. Leaders have a particular responsibility to spot emerging trends and use this knowledge to review and evaluate the services they offer. As the care sector adjusts to major shifts in policy, changing consumer expectations and a sustained period of austerity, it is clear that new services and new ways of working are evolving. The policy push to integrating care and health services means that this will probably intensify. This is especially true for nursing homes within adult social care.

A more integrated approach to workforce planning that ensures care sector workforce data is being used alongside that of the NHS in planning future workforce needs is gradually happening. This paper argues that such support structures are important for registered nurses, and their employers, in continuing to develop the nursing contribution to adult social care.



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# 1

## Introduction – understanding the role of nurses within adult social care

Since the growth of care homes during the 1980s many nurses have worked within adult social care enjoying a career working largely in the independent sector both private and not-for-profit. Although nurses work in a variety of settings across adult social care this paper focuses in the main on residential care with nursing where some 85% of nurses in adult social care are employed. According to workforce estimates provided by Skills for Care some 49,500 nurses now work in adult social care. Skills for Care's *NMDS-SC Briefing 27<sup>1</sup>: Registered nurses in adult social care*, is supported by a full report *Registered nurses in the adult social care sector*.<sup>2</sup> Of the 28,700 Care Quality Commission (CQC) regulated providers of adult social care in March 2016, 15% (4,500) were care homes with nursing services, where the majority of nurses were employed. People living in care homes without nursing and being supported in their own homes are reliant upon input from the statutory district/community nursing services.

The social care sector is a multi-agency/multi-professional sector. The pre-eminent position of people using services is not diluted because the services sit outside of the NHS. The qualification – and therefore skills and knowledge - for a registered nurse is the same whether working in adult social care or in the NHS, however the perception of the sector and differences in resourcing and terms and conditions do not give it parity or the same esteem.

The topic of nursing in adult social care settings has risen up the political agenda recently due to the crisis created by registered nurses leaving the sector and high levels of turnover, and the current policy focusing on enhanced health in care homes. Nurses and nursing are also in the public mind, but sadly too often through negatively stereotyped reports in the media reinforcing a view of poor care standards in care homes. If standards are poor, nurses cannot be blamed for the on-going systemic issues that plague the sector (Burstow, 2014)<sup>3</sup>. The CQC 'State of Care' report 14/15 (CQC, 2014)<sup>4</sup> put a helpful focus on nurse recruitment and retention in care homes and alerted the public to the fact that nurses are leaving the sector to work in the NHS, leaving gaps in expertise. This is worrying, given that it is well documented that residents living in care homes do not have equitable access to healthcare (BGS, 2011)<sup>5</sup> and with the decrease in numbers of nurses working in care homes, further strain on the system is anticipated.

Factors contributing to problems with recruitment and retention include perceived lack of career development opportunities and the negative image of the social care sector, as portrayed by the media. The Department of Health (DH) held a symposium on 6 February 2015 to discuss the recruitment and retention of nurses in adult social care. There was an overarching recommendation that the DH establish a care sector nursing taskforce to progress the proposals set out by the symposium which has now been established. The National Care Forum (NCF) and Skills for Care are pleased to have representation on the taskforce to support its work and this discussion paper is a contribution to its work.

The main service user group served by nurses in adult social care is older people, whose health and social care needs are complex. Many have multiple long-term conditions (including dementia) and

1. NMDS-SC briefing 27 Registered nurses in adult social care April 2016, Skills for Care 2016 ([https://www.nmds-sc-online.org.uk/Get.aspx?id=/Research/Briefings/Briefing 27 - Nurses FINAL.pdf](https://www.nmds-sc-online.org.uk/Get.aspx?id=/Research/Briefings/Briefing%2027%20-%20Nurses%20FINAL.pdf))

2. Registered nurses in the adult social care sector, Skills for Care 2016 (<https://www.nmds-sc-online.org.uk/Get.aspx?id=957504>)

3. <http://www.theguardian.com/society/2014/sep/03/older-people-residential-care-needs-housing-separate-choice>

4. [http://www.cqc.org.uk/sites/default/files/20151221\\_cqc\\_state\\_of\\_care\\_report\\_web\\_accessible.pdf](http://www.cqc.org.uk/sites/default/files/20151221_cqc_state_of_care_report_web_accessible.pdf)

5. [http://www.bgs.org.uk/campaigns/carehomes/quest\\_quality\\_care\\_homes.pdf](http://www.bgs.org.uk/campaigns/carehomes/quest_quality_care_homes.pdf)

are often near the end of life. Social policy typically emphasises care at home, which means that older people are being admitted to care homes later, sicker and frailer. It is ironic that the most vulnerable citizens in society living and dying in care homes are being cared for by a predominately social care workforce, where access to education and training is variable, but now includes the Care Certificate for all social care and health care assistants. Nurses working in this sector often feel isolated, without the support of a skilled multi-disciplinary team around them. They are accountable for their own practice, so the responsibility is even greater in a setting where the business needs are just as important as issues of quality. Nurses need to evidence how they remain competent for the role that they fulfil as dedicated professional care can go unnoticed and thus be seen as unremarkable.

Whilst the majority of nurses in social care work within residential care homes, there are other models of service for example in community settings where nurses are employed as part of a multi-disciplinary/multi-agency approach to delivering preventative, personalised community based services.<sup>6</sup>

Outside of social care, many professionals do not understand how nurses in care homes are deployed or what they do and therefore may judge admissions to hospital as failures by care home nurses. There is an unreasonable expectation that nurses working in care homes should be 'all things to all people' and yet the majority of care homes do not have a nurse present within them.

Care homes cannot be treated as a single homogeneous group, they are a collection of independent businesses (both for-profit and not-for-profit) that range from large corporate groups to single owners who are also the providers of care. There were just over 16,750 CQC regulated care homes with and without nursing in March 2016 in England, providing approximately 461,000 places for people to live. This includes 4,600 (27%) care homes with nursing providing 224,000 (49%) bed places.

The NCF represents 'not-for-profit' care providers. The annual workforce survey<sup>7</sup> undertaken by NCF show significant investment is made in the recruitment and retention of all staff by NCF members. Learning and development opportunities are provided as well as opportunities for career progression. Innovation is alive and well with new nursing and care models emerging in response to changing needs and expectations of the customers served by our members. The medical model has gradually been replaced by a social care model, based on person-centred and relationship-centred approaches to supporting people. Present care homes are therefore much more like homes than institutional clinics, despite the frailty of the people living in them.

With policy aspirations to further integrate care and health provision it is vital that learning and development opportunities and resources are equitably available across the whole workforce – including nurses. Initiatives are emerging such as Return to Practice pilot studies, funded by Health Education England (HEE) aimed at, and in collaboration with, the adult social care sector. A more integrated approach to workforce planning that ensures care sector workforce data is being used alongside that of the NHS in planning the future workforce needs is beginning to happen. These support structures are vital for registered nurses and their employers in continuing to develop a strong nursing contribution to adult social care as discussed in the rest of this paper.

6. Right place, right time, right team, Skills for Care, (<http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Workforce-integration/21ThurrockRapidResponse.pdf>)

7. [http://www.nationalcareforum.org.uk/personnel-statistics-survey.asp?menu\\_ID=53](http://www.nationalcareforum.org.uk/personnel-statistics-survey.asp?menu_ID=53)

## 2

## Improving recruitment and retention

The latest Skills for Care data shows that 16% of nurses working in adult social care are part of a bank or pool of staff. 54% work in full time hours, 29% part time, 17/18% 'neither of these' (which usually refers to zero hours contracts). The number of vacancies for Registered Nurses in adult social care is just under 4,500 – an estimated vacancy rate of 9%. This is similar to, or slightly higher, than other professions in the sector. The critical difference between nurses and the other professions in adult social care (occupational therapy and social work) is in staff turnover with the latest Skills for Care data estimating that the turnover rate of directly employed nurses was 33.9% in 2014 (approximately 16,800 a year)<sup>8</sup> in adult social care nursing, and in care home services with nursing 35.1%. This is significantly higher than NHS nursing at 14% (not including moves within the same hospital trust). Demand for nurses in adult social care is set to increase as the population ages and long term conditions become more prevalent.

The Royal College of Nursing (RCN) has recently called on the government in their report, 'The Fragile Frontline',<sup>9</sup> to ensure that sufficient numbers of appropriately skilled nurses are trained to deliver new models of care in a 'range of community settings'. However it is not clear if they have taken into account the additional nursing needs of care homes and services within the social care sector. With a loss of over 2,000 District Nurses there will be an inevitable knock-on effect on the resources available to safely care for the 1.8 million over 85 year olds living in the community in three years' time, especially for those living and dying in care homes.

Another important workforce challenge faced by the adult social care sector is to recruit people with the right values and behaviours. Skills for Care has developed a 'values-based recruitment' toolkit<sup>10</sup> for employers to use. An organisation must ensure the numbers, skills and competencies of their nurses reflects the needs of their customers and will meet future service developments and demand. These values underpin all the necessary training, skills and competences nurses require to work in social care. They are the kind of values that make the difference to quality of life in the provision of care and support services. Not only do we need to find nurses who choose to work in the adult social care sector, we must choose nurses with the right values and who will align themselves to providing truly person-centred and relationship-centred care. These social care values are at the heart of the Care Act 2014<sup>11</sup>, and the government's response to the report on Winterbourne View and the Francis Report on Mid-Staffordshire NHS Trust.<sup>12</sup> Compassion in Practice: Nursing, Midwifery and Care Staff Our Vision and Strategy<sup>13</sup> www.england.nhs.uk/nursingvision/ concluded at the end of March 2016. The new framework 'Leading Change, Adding Value' now positions nursing, midwifery and care staff to lead change by narrowing the three gaps in the Five Year Forward View. It is expected to be published in May 2016. The application of these values through recruitment and best employment practice should, in turn, make working in adult social care more attractive to nurses.

8. Registered nurses in the adult social care sector, Skills for Care 2016 (<https://www.nmds-sc-online.org.uk/Get.aspx?id=957504>)

9. <http://frontlinefirst.rcn.org.uk/sites/frontlinefirst/index.php/blog/entry/the-fragile-frontline/>

10. Values based recruitment and retention toolkit, Skills for Care (<http://www.skillsforcare.org.uk/Recruitment-retention/Values-based-recruitment-and-retention/Values-based-recruitment-and-retention.aspx>)

11. <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

12. <https://www.england.nhs.uk/tag/francis-report/>

13. Compassion in Practice: Nursing, Midwifery and Care Staff Our Vision and Strategy [www.england.nhs.uk/nursingvision/](http://www.england.nhs.uk/nursingvision/)

# 3

## Why would nurses choose to work in adult social care?

Demographic data shows the current nursing workforce in adult social care are mainly aged over 40, mostly female, with a high proportion of nurses having a non-full time work pattern. So how do we attract younger nurses into the sector? A Royal College of Nursing survey<sup>14</sup> cites a lack of career progression, negative preconceptions of the care sector and negative media attention as being among the primary reasons that the adult social care sector does not appeal to newly-qualified nurses. And how do we attract qualified nurses who are returning to practice in the care sector? Nurses nearing retirement age are likely to leave the profession. Job satisfaction, stress and burnout have also been found to have significant correlation with intention to leave amongst newly qualified nurses and the UK has one of the highest rates of nurses reporting burnout across Europe.<sup>15</sup>

Studies have concluded different causes for nurses leaving the NHS, suggesting that the reason behind turnover may be dependent on a number of factors, such as the work environment, demographic variables and the individual's personal response to situations. Evidence<sup>16</sup> also suggests that a lack of involvement in decision making is a significant source of job dissatisfaction among nurses. Being unable to perform job functions in the way an individual believes is the 'right' way can lead to stress and burnout. Inflexible administrative policies that reduce clinical autonomy can result in turnover. A Dutch study<sup>17</sup> found that when nurses in homecare felt that their autonomy was reduced, this strongly influenced their intention to leave, although this was not the case for nurses working in nursing and care homes. Poor working relationships, poor team work, absence of adequate supervisory or peer support, lack of praise and recognition, and poor leadership style all lead to job dissatisfaction.

The RCN in the 'persistent challenges to providing quality care' report<sup>18</sup> found that the main reasons why nurses were leaving care homes to work within the NHS were:

1. Funding and admissions: (Assessed needs of people are not adequately funded)
2. Inadequate staffing levels
3. Inappropriate skill mix
4. Difficulties with recruitment and retention
5. Low levels of morale and extreme pressure at work
6. Lack of training
7. Lack of equipment
8. Too many inspections and bureaucracy
9. The ethic of the care home and concerns about the general management
10. Difficulties working with professionals from other sectors.

14. [https://www2.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0009/439605/Persistent\\_challenges\\_to\\_providing\\_quality\\_care\\_v5.pdf](https://www2.rcn.org.uk/__data/assets/pdf_file/0009/439605/Persistent_challenges_to_providing_quality_care_v5.pdf)

15. Growing Nursing Numbers: Literature review on nurses leaving the NHS, Health Education England 2014

16. <https://www.rcn.org.uk/about-us/policy-briefings/pol-0812>

17. [https://www2.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0003/618231/02.15-The-Buurtzorg-Nederland-home-care-provider-model.-Observations-for-the-UK.pdf](https://www2.rcn.org.uk/__data/assets/pdf_file/0003/618231/02.15-The-Buurtzorg-Nederland-home-care-provider-model.-Observations-for-the-UK.pdf)

18. [https://www2.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0009/439605/Persistent\\_challenges\\_to\\_providing\\_quality\\_care\\_v5.pdf](https://www2.rcn.org.uk/__data/assets/pdf_file/0009/439605/Persistent_challenges_to_providing_quality_care_v5.pdf)

These issues, and the way they are perceived, cannot continue to be perpetuated as it is an unhelpful narrative. Nurses can, and should, be encouraged, as practice leaders, to initiate and promote a dialogue that respects each other's distinct contribution to the health and well-being of people using services irrespective of where that care is delivered.

However, NCF member organisations have told us that nurses working in adult social care did not like the 'rush' of care in the hospital, quick discharges and not being able to look after people at their own pace. They report feeling 'downtrodden' and under stress and yet hadn't previously considered working in what they see as the private or independent sector. Yet from those who work in the social care sector there is some clarity about their role and what they can achieve.

*"I strive to achieve person-centred care whilst caring for each resident by getting to know their preferences and dislikes. This is achieved by reading the life plans and speaking to support workers who know the residents very well. It is also achieved by respecting their privacy and dignity at all times".*

*"Being involved in End of Life Care recently with a couple of nursing residents without family input. The nurse team really pulled together, great communication, great care/care planning for these residents and also going the extra mile by assisting these residents with little things to make them happy, e.g. painting nails, putting rollers in, buying flowers, hand massages. I felt very proud to be part of the nurse team."*

*"I very much wanted a new challenge in my nursing career and wanted to develop my management skills as well, so the role as clinical manager allows me to maintain my clinical nursing skills as well as develop my management skills."*

*"It's the first time I've managed to get hands on experience, and it's been scary but pretty amazing. What I hope to get from this placement is to learn as much as I can, I want to do anything and everything ... It's helping me build up my confidence."  
(Student nurse on placement)*

Further video clips featuring roles at different stages in the nursing career can be found on the Skills for Care website.<sup>19</sup>

19. Finding and keeping workers, Skills for Care (<http://www.skillsforcare.org.uk/Recruitment-retention/Finding-and-keeping-workers/Nursing-in-social-care.aspx>)



# 4

## Career opportunities and the image of nursing in social care

Nurses working within adult social care settings (care homes, home care and hospices) and fulfilling specialist roles such as Admiral Nurses and Macmillan Nurses have the opportunity to progress into senior roles such as Registered Manager, Directors of Care/Operations and other strategic roles. Opportunities exist in education, inspection and policy at local and national levels. The nurse has an increased opportunity to take on the role as assessor and coach for health and support worker learners, and to mentor student and newly qualified nurses.

The need to improve the image of nursing in social care and promote its benefits as a career choice has been highlighted. It is known that social care nurses have an older age profile. Taking a positive view for the future, nurses in older age categories may be at the stage in their career when some would consider a move to the sector for a range of reasons including more flexible and/or part-time working. Finding ways to attract younger nurses into the sector also remains an issue, whilst recognising some have reservations that it may not be a suitable post for newly qualified nurses (because of the level of autonomous decision-making required). One nurse who recently moved to work in a care home when asked how to attract more nurses suggested it should be advertised in the following way:

*“Fantastic opportunity open to all nurses, either newly qualified, community, hospital-based or care home nurses that are looking for a change in career. We offer excellent training opportunities, a new, refreshingly different environment to work in. Chances to work independently and as part of an existing nurse team.”*

Other suggestions which would help open up the adult social care sector to the nursing workforce include:

- Consider making social care placements a compulsory part of the nursing degree and preceptorship
- Develop specialised post-graduate training in the care of older people
- Train care workers to take on additional roles, achieving a level of expertise between care workers and the registered nurse.

*“You cover such a wide range of roles for a nurse, that you are getting lots of different experiences and learning, under one roof.”*

Central to retaining nurses is the development of a supportive work environment. Studies have found that being embedded in an organisation is critical in reducing staff turnover – nurses who are psychologically engaged and actively involved in organisations report a lower intention to leave their current job.

*“I do feel supported by my managers to work autonomously and my decisions are supported.”*

*“My managers are very approachable people and treat me with respect and give me the space to work in an autonomous way and support my decisions.”*

# 5

## Challenging the myths

Employers have a responsibility to ensure that their policies and procedures align themselves to the Nursing and Midwifery Council (NMC) Professional Standards of Practice and behaviour. It is vital that these are understood in supporting best nursing practice in the social care sector. The professional standards are fundamental to the way nurses approach their work. Many nurses worry about this when asked to undertake practice that may be different to what they have experienced in hospitals. Just because it is different doesn't mean it is unsafe, for example, being clear about the areas around delegation of duties will undoubtedly help. The recently published 'Administration of medicines in care homes (with nursing) for older people by care assistants Evidence-based guidance for care home providers' (DH, April 2016)<sup>20</sup> will be of help in this area.

*"Employer organisations should support their staff in upholding the standards in their professional Code as part of providing the quality and safety expected by service users and regulators."<sup>21</sup>*

Employers should pay particular focus to part 11 of the code which states:

*"Be accountable for your decisions to delegate tasks and duties to other people. To achieve this, nurses must:*

*11.1 only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions*

*11.2 make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care, and*

*11.3 confirm that the outcome of any task you have delegated to someone else meets the required standard."*

This also requires a commitment from the employer to provide:

- Policies and procedures that incorporate the required nurses professional standards
- A comprehensive training programme for all support workers that are taking on the delegated nursing task
- Coaching by role models as part of everyday practice
- Observation and questioning tools to inform assessment decisions
- Audit tools to check on process against standard procedures
- A comprehensive customer feedback procedure to monitor outcomes
- Supervision and performance development to ensure all staff feel supported, confident and safe
- A fully resourced staff team.

20. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/518298/Medicines\\_in\\_care\\_homes\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/518298/Medicines_in_care_homes_A.pdf)

21. <https://www.nmc.org.uk/standards/code/>

# 6

## The importance of culture and management support

Supervision has been integral to social care for many years, and being a highly regulated sector this particular area has always been under scrutiny with an expectation of regular supervision in some format and evidence of annual performance and development appraisal for each employee. For registered nurses this is a particularly important part of their professional life, as supervision and appraisal needs to be linked to the need for revalidation in order to maintain their registration.

In addition to this many care providers will be part of an external accreditation scheme such as Investors in People which will hold people development at the heart of the business processes. Nurses working in adult social care will undoubtedly benefit from such approaches and will find a generally open and honest culture in which to work, where team working is valued and relationships between the person using the service, their families and the staff are central to all that takes place.

# 7

## Organisational development

Organisations employing nurses should have a learning and development plan that includes nurses to ensure that they possess the most up-to-date knowledge and skills available to ensure a safe and consistent service. Many organisations provide 'in house' training programmes with other clinical training sourced locally and/or nationally. The learning and development plan should be linked to a system of appraisal which includes a professional development plan for each individual. Nurses are required to undertake continued professional development (CPD) as part of their revalidation completed every three years to maintain the registration required to practice. CPD and development plans should therefore include at least the minimum requirements for continuing professional development in order to meet the criteria for revalidation. Adult social care providers can create opportunities for student nurses to have a placement in a variety of settings.

The following initiatives can also help employing organisations ensure nurses are at the heart of their team development through:

- Participation in the Performance Development and Review process
- Active participation in clinical supervision sessions in order to develop and enhance effective clinical practice
- Reflecting on, and where appropriate changing, existing patterns of behaviour and clinical practice in light of evidence based research and approaches
- Use of action learning sets and other peer group activity to share best practice and to develop and enhance effective clinical skills
- Clear definition of responsibilities and competencies in line with the demands of the job role and purpose
- Identification of nurse leaders within the team and the organisation and ensure nurses are aware of their professional accountability and lines of communication.

# 8

## Education and personal development

Revalidation is the new process that all registered nurses and midwives in the UK need to follow to maintain their registration with the Nursing and Midwifery Council (NMC).<sup>22</sup>

Taking effect from April 2016, revalidation is straightforward and will help nurses or midwives demonstrate that they practice safely and effectively. It will encourage them to reflect on the role of the NMC Code in their practice and demonstrate that they are 'living' the standards set out within it.

Equipping nurses with the necessary skills is crucial to providing continuous good quality services. Whilst the organisation should provide a development programme that will meet with the business objectives, nurses must take responsibility for their own clinical skills and development using an approved Competency Framework and Assessment Tool. This checklist will allow a systematic review of the competencies of a nurse and identifies any gaps that might pose a risk to the customer, nurse or organisation. Nurses should not undertake any procedure for which they do not feel competent as determined by the NMC Code. The Registered Manager can use this assessment tool to satisfy themselves of the competency of individual nurses within the nurse team and plan for any training required.

This tool can be used in the following areas:

- To conduct an annual review and a reflective account
- Use the outcome of the review and self-assessment to inform and develop agreed objectives for the next year
- Review and ensure on-going support to the CPD of nurses thereby maximising their potential within the team and broader organisation
- During individual supervision
- Group supervision and team support.

It is worth considering having an RCN learning agreement which means that each site must have a learning representative to help the nurses to keep up to date with the latest developments in nursing and in the various fields of practice, meet NMC education and practice requirements, and help plan career development.

RCN learning representatives will be professionally trained and legally accredited as representatives, entitling them to paid time off for training, education and representative duties.

What do learning representatives do?

- Assess continuing professional development (CPD) needs
- Act as a source of information about learning activity/resources
- Support nurses with CPD activity
- Help nurses with portfolio development
- Organise events such as seminars, study days and workshops, with the care home or local RCN branches
- Discuss career development
- Refer colleagues for expert professional support.
- Work in partnership with the trainer

*"Belong made a decision to sign a learning agreement with the RCN in June 2013. We believe that it helps us to embed a culture of learning throughout the villages"*

22. <http://revalidation.nmc.org.uk/>

*and ensure that the nursing skills and knowledge of our teams are up-to-date with the latest research and best practice.”*

*Tracy Paine RGN, Operations Director, Belong*

Regional Director for the RCN in the North West, Steve Flanagan, said:

*“Belong has worked in partnership with RCN North West and other trade unions to put the learning needs of its staff first, and the signing of this learning agreement is testament to that. It’s important at a time of significant change within the health sector that organisations demonstrate a clear commitment to a meaningful workplace learning culture, and we’re delighted that Belong has done just that.”*

*The new agreement helps Belong to work more closely with the Royal College of Nursing, with RCN Learning Representatives appointed at each village. The representatives are trained by the RCN and help colleagues keep abreast of the latest developments in nursing and relevant fields of practice such as dementia support, post-registration education and practice requirements, and career development planning.*

*The learning representatives also provide mentoring to colleagues and provide support, information and guidance regarding learning opportunities available to them. Other responsibilities include organising learning events, carrying out learning surveys and providing pre and post support for staff appraisals and reviews.”*

## 9

## Leadership Opportunities

Inspirational leadership is the key to achieving excellence in nursing practice. Nurses working in adult social care settings should be nurtured and developed as role models to make a vital contribution to the provision of the highest possible standards of nursing and care through the provision of evidence-based practice. Named nurses can work in partnership with the keyworkers to ensure that care plans are accurate, up-to-date and reflect the needs and wishes of people using services.

The effective leadership of the nursing team is critical to:

- The provision of a positive a working environment
- Improving nurse job satisfaction
- Improving staff retention, and
- Reducing staff turnover.

There should be a focus on developing nurses as professional leaders within the team. This can include the opportunity for them to offer feedback, praise and recognition, as well as the skills to identify and improve poor performance. Line managers should ensure the nurse’s career goals and values are aligned to the organisation and that they have the knowledge, skills and ability to carry out their job role. They should put in place support and an action plan to develop an individual if there isn’t a good ‘fit’ with the individual and their job role. The knowledge and skills of nurses should be regularly evaluated to ensure that they continue to satisfy the needs of customers and the strategic aims of the business.

Nurses working within adult social care can access the Skills for Care (formerly National Skills Academy for Social Care) Leadership Qualities Framework<sup>23</sup>. The framework was commissioned by the Department of Health to be suitable and relevant for all staff within the adult social care workforce.

23. Leadership Qualities Framework, Skills for Care, (<http://www.skillsforcare.org.uk/Documents/Leadership-and-management/Leadership-Qualities-Framework/Leadership-Qualities-Framework.pdf>)

## CASE STUDY - Belong villages: [www.belong.org.uk](http://www.belong.org.uk)

We have developed the role of the 'village' nurse within Belong communities. Belong households provide accommodation for 12 people in open plan living environments within en-suite bedrooms. A kitchen sits at the heart of each household providing a nutritious meal at flexible times of the day, encouraging resident participation and the smell of home cooking. A village has 6 households and all are designed and operated using dementia design principles. The households are registered as a care home with nursing.

We provide a 'Home for Life' and therefore take the care to the person, not the person to the care. People can age in place in their own rooms. The Registered nurse provides support and direction to the Support Worker team in each household to ensure each person with an assessed nursing need is well cared for. A comprehensive training plan delivered by the Practice Development Facilitator includes medication, dementia care, clinical skills, end of life care and ensures each team member is confident and competent to carry out delegated tasks.

There are no trolleys or uniforms, and care is centred on the person, using Life Plans instead of Care plans. Audits of all records ensure delegated duties are being carried out correctly and also identify any further training needs. Village nurses also provide advice and support with all other residents and can provide the link with the GP when discussing medical care. The Lead Nurse takes the clinical lead providing support and supervision for the nurse team.

Nurses need to continue to meet customer's needs through new ways of working and effective use of all nursing resources within the team. Clinical practice should be based on the best evidence available. Nurses should be given the opportunity to challenge existing practice and explore new practices to meet ever changing demands. Employers should adopt these key principles:

- Support evidence based practice by ensuring that all nursing development programmes are designed to integrate theory with practice
- Reflect new ways of working in order to maximise the potential of the nursing and support workforce and promote and progress joint team working
- Ensure all nurses have access to supervision on a regular basis to develop and value their skill and competence and enhance team working
- Have a management structure which supports clinical decision making
- Nurses will prioritise and organise their work to take into account all customers who require their 24 hour support within the care home and within the defined number of registered nursing beds
- Nurses will only delegate tasks and duties to support workers who have been assessed as being competent and confident and are regularly assessed and observed in practice.

The nurse retains responsibility and accountability for all customers that have been assessed as requiring continuous nursing care, and should communicate any changes or concerns to the Registered Manager and provide clinical leadership and advice.

## **CASE STUDY - St Monica Trust: [www.stmonicastrust.org.uk](http://www.stmonicastrust.org.uk)**

St Monica Trust's positive reputation for high quality nursing care for older people goes back for nine decades. Today the charity has three nursing care homes with specialist services addressing general needs as well as nursing and dementia. Over the past 15 years the care home design and the range of specialist care provision has evolved to undertake partnerships with local health and social care commissioners. We therefore now also provide a range of short-term care, such as palliative and end of life contracts, alongside 'out of hospital beds' for those waiting for decisions to be made regarding long-term accommodation.

One specialist short-term care unit has evolved in a different way, and has almost doubled to 26 beds in the past three years, 19 of which have been negotiated under rehabilitation and re-ablement contracts in partnership with local hospitals, clinical commissioning groups and health and social care teams. 7 beds remain for private short-term respite care provision. This unit is supported within the care home by a separate team of registered nurses and care staff applying a different culture and approach. Whilst they ensure comfort and the highest standards of care, every individual admitted understands that they will be involved in a personalised programme which will support them to move on. For example, individuals on a "step-down" programme (jointly devised between hospital and care home staff) will mostly be moving on from this setting to their own home, having been discharged to the unit for rehabilitation or re-ablement programmes. Alternatively, this service also provides assessment and short-term "step-up" programmes to support those whose care arrangements require more intensive support than they would receive at home. Thus the nursing teams in the care home are central to the multi-disciplinary decisions as to the estimated discharge dates, or whether those referred to the unit can return home, or now require longer term care elsewhere.

Registered Nurses working in this environment require different skills, competence and confidence to play an active role in such multi-disciplinary teamwork. Weekly MDT team meetings address progress and plan the required inputs along the discharge pathway for each individual. In recent years, the positive reputation of this service has been built by Registered Nurses (and in-house physiotherapists) through high clinical standards, special assessment skills, rigorous rehab and re-ablement programmes, competent recording and accountable decision-making. Referrals can be from the orthopedic or general directorates at local hospitals, community-based Rapid Response teams requiring Safe Haven beds or clinical commissioners who may be trialing specialist nursing techniques. One such recent successful pilot has involved community referrals from the tissue viability team, where prescribed treatment is 'larvae therapy'. These address complex tissue viability cases which are not progressing in the community.

The short-term care unit is led by an experienced Advanced Nurse Practitioner who, along with her Registered Nursing and physiotherapy team, needs to be able to:

- Work with clinical and social care information to assess the appropriateness of each referral and confirm each is medically fit for an appropriate transfer

- Collaborate with various hospital and community-based professionals in respect of the appropriate short-term care pathways
- Address complex rehabilitation and re-ablement needs
- Ensure appropriate person-centred rehabilitation and re-ablement activities are undertaken, monitored and assessed at each stage
- Make case management decisions alongside other professionals which they communicate appropriately to individuals and family members
- Ensure the involvement of each individual, supporting their dignity and well-being at all stages of the transfer pathway

Running short-term nursing care provision within care homes offers various advantages for individual nurses, the care home provider organisation, and the social care industry:

- It provides career progression for Registered Nurses who enjoy being a part of the organisation but want to receive additional advanced skills outside of those normally associated with nursing home settings.
- It builds professional partnerships with a range of healthcare professionals and external organisations (e.g. hospital clinicians, clinical commissioning groups and hospital-based discharge liaison teams). This challenges typical perceptions that care homes make too many “avoidable” transfers to acute hospital care; demonstrating specialist roles by the care home instead.

By evidencing high levels of clinical skills by Registered Nurses in care home settings it increases placement opportunities for student Registered Nurses, preceptor nurses, and offers potential for physiotherapist and occupational therapist placements also.

Rehabilitation and re-ablement programmes offer a ‘good news story’ about a care home’s offering, emphasising that many older people can regain mobility and increase their levels of independence for extended periods; it also involves younger adults needing rehabilitation support; it influences attitudes, values and beliefs about adult social care, and in particular, the care of older people, by Registered Nurses at all stages of their career. It offers a positive message about the adult social care industry.

Not only does short-term care enhance skills, support and clinical development for Registered Nurses, but the care home where it is offered is positively promoted as an essential part of the local Health and Social Care network; supporting a wide constituency of older people in their own community.

As a care charity which promotes progressive social care services for older people, we believe our commissioned short-term care enhances positive relationships with local hospitals and communities at a time when these are under considerable strain. We support any future research which addresses the multi-disciplinary nature of the care home Registered Nurse role. We believe this is a potential area of significant growth for care homes prepared to invest in professional development and create alternative career pathways for Registered Nurses. We support the call by Karen Spilsbury and colleagues (February 2015)<sup>24</sup> to research “partnership working to promote care for residents in care homes”, addressing the question “how can the care home be positively promoted as an essential part of health and social care services to meet and serve the needs of its residents?”

24. Karen Spilsbury, Barbara Hanratty and Dorothy McCaughan, (2015). Supporting nursing in care homes. Patient care and professional development for nursing staff in care and nursing homes: a research and consultation project. Project report for the RCN Foundation.



# 11

## Employing newly qualified nurses

Adult social care employers can have a crucial role in creating healthy work environments and supporting newly qualified nurses, particularly as it is unlikely these nurses are sufficiently empowered to cope with work-related stressors and able to create satisfactory working conditions for themselves.

Providing support for newly qualified health professionals through preceptorship has long been advocated as a means of improving patient care by assisting new practitioners in developing confidence, clinical skills, and encouraging workforce retention by supporting students in the transition to being a registered practitioner. Preceptorships are likely to be more effective when they are longer than four months, and when preceptors are trained in the role and offered some form of reward or recognition. As in any profession, the newly qualified nurse benefits from a period of supported and structured preceptorship, which translates to improved recruitment and retention for the employing organisations.

# 12

## Developing nurses – opportunities as specialists, champions and leaders

It is good practice to develop individual nurses in the team to take on specialist roles such as: infection control, tissue viability, continence, diabetes, nutrition, health and wellbeing. Nurses can be supported and trained to work within the identified area of interest and will liaise with NHS nurse specialists who can advise and support them and keep them clinically up to date with best practice. In particular the team needs a Lead Nurse who has the opportunity to manage the following responsibilities:

- Carry out individual assessment of nursing care needs and advise the Registered Manager
- Provide guidance in the management of infection control
- Work in partnership with the Registered Manager, Pharmacist and GP to ensure safe management of medication
- Manage the Medical Budget in line with targets and report to the Manager
- Ensure that any medical equipment purchased is selected through best practice guidance, organisation policy and meets the needs of the customer
- Identify the staffing requirements to meet individual's needs.

# 13

## The place of Admiral Nursing

There has been a move by a number of care providers within the NCF membership to employ Admiral Nurses, in partnership with Dementia UK, to provide an enhanced model of care providing a person-centred, specialist consultancy service.

The Admiral Nurse supports learning about the emotional journey of a person living with dementia and the meaning behind emotions and behaviour. Feelings based communication skills and specialist approaches are essential to meet the unique needs of people living with dementia and their carers.

*“Each village is supported by a Practice Development Facilitator and a Dementia Champion who link with the Admiral Nurse to provide coaching and support to our teams of support workers to provide care that ensures an enjoyable ‘home for life’ and upholds the Belong values.”*

Meaningful activity and occupation is a crucial area of dementia care. Supporting the team provides and facilitates meaningful activities that make a difference to individual quality of life. Residents remain part of the community and the care homes reflect the people who live there. If everyone works together to create a fun and spontaneous environment the residents feel they are a part of something special.

# 14

## Conclusion - valuing the contribution of nurses in social care settings

There is a national shortage of Registered Nurses and it is our view that too few make a positive choice to work in care homes. Innovative care providers within the NCF membership have risen to this challenge and reviewed the role of the nurse within the wider staff team by developing alternative models of care that are designed to be more attractive to the modern workforce and will meet the complex needs of older people in need of care and support. Many providers have chosen to employ nurses in an independent practitioner role rather than as a Registered Manager. The art of people management is a vocation in itself, therefore a good manager is more than capable of getting the best possible care for their customers without being a nurse whilst also recognising the value of a nurse.

# 15

## Next Steps: how can the ideas in this paper help to address the nursing needs of people receiving care and support provided through adult social care services?

The comments in this paper are intended as a starter to stimulate discussion, within adult social care, for service providers, commissioners, regulators and the healthcare sector. We recognise that the issues identified in the paper cannot be resolved solely by the adult social care sector.

### **NCF and Skills for Care would like to see:**

- A skilled and motivated future nursing workforce able to appropriately meet the needs of people living in adult social care settings
- A recognition of the skilled and multi-faceted role of nurses working in adult social care settings. The impact of nursing roles in the adult social care sector is measured to demonstrate the positive contribution to the health and wellbeing of individuals using the service
- The promotion of the value of adult social care to commissioners in the wider healthcare system in support of joined-up, and integrated, person-centred care and support services
- For HEE to build on the pilot Return to Practice courses in adult social care
- Placement opportunities for student nurses to be routinely offered and supported within adult social care
- An improved image for nurses working in adult social care (including care homes) with positive messages about career opportunities
- The development of advanced career roles which enable alternative ways of deploying nurses in adult social care settings
- Clear career pathways for nurses and care workers supported by education and training (including student nurses)
- Disparity between pay and conditions for nurses in adult social care settings and the NHS to be addressed within commissioning.

NCF and Skills for Care will continue to collect and publish further case studies and exemplars to inform career planning of nurses in adult social care.

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