

Why care home nurses are due so much more respect

26 October, 2016 By Deborah Sturdy

Their skills will become ever more important, so let's give them the support and recognition they deserve, writes Professor Deborah Sturdy



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There needs to be no further rehearsal of the arguments around the issues faced by health and social care relating to our ageing population.

What we seem short on is solutions and willingness to be honest about the gaps and inequity – we need a sprinkle of pragmatism and maturity in solving them.

Care homes today are faced with caring for some of society's most vulnerable people. So why do we see it as a place of last refuge for nurses, the career cul de sac and land of no hope? Care homes are in fact the truest sense of nurse-led services. Yet we treat them with disregard and isolate the workforce by barring or limiting access to continuing professional development and peer networks by excluding them from Health Education England funding.

We are better working together than we are pulling apart

Investing in partnerships where nurses are able to work alongside colleagues from the NHS as partners and peers is critical. Workforce modelling and a new vision for staffing has to be found. Imposing an attitude of "we know best" upon this talented workforce is not how the NHS will achieve this.

It merely acts to perpetuate the problem and perception of "I'm better than you". Working with, creating opportunities and acknowledging the skills will make a difference. Why do we not trust each other? The NHS funded nursing care policy has created an industry of assessment as we "can't trust the care home nurse". Why?

When I had my surgery funded by the NHS in my local private hospital, did I once think “I want the NHS clinical commissioning group nurse to check my care plan in case they are trying to extend my length of stay”? Two nurses held to account by one code of conduct, yet we don’t quite trust them because they have a different place of employment.

Not just system issues

The plethora of NHS care home support teams which have grown up double assessing the need of a person is beyond me, so they can provide a service or piece of equipment. Surely at a time of nurse recruitment crisis we need to behave differently, and this is the time.

Care home nurses don’t need to be “done unto”, they need to be embraced in their community, facilitated to share their learning and skills. Nurses need to be given access to learning on an equitable footing. It’s a tough job, autonomous, with limited peer support.

How many of their NHS colleagues would take charge of 56 beds at night as a single registered nurse? I suspect none. Care home nurses don’t need to be judged, they need to be valued. The essence of nursing is contained within the care home walls if anyone stayed long enough to take a look.

Nursing is facing an unprecedented shortage in its registered workforce. It is struggling to recruit in the NHS with its national salaries, public sector pensions and supported CPD.

How much thought has been given to the impact of the recruitment and retention for nurses working in “social care”? The sector is seeing the impact, better opportunities in public sector services means the struggle to recruit is a social care national crisis, too.

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Providers are unable to open new builds, recruit to vacancies and are decommissioning beds which require nursing. It shouldn’t take another report to work out the impact. Frail older people will continue to require the skills and expertise of nursing and this will have to be picked up by community NHS services to fill the gap.

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Where will they go? They will wait for a much in demand “nursing bed” whose numbers continue to diminish. The emergent problem will get worse and we haven’t really thought that through.

These aren’t just system issues they are professional ones. A year’s funding for five pilots to look at developing a Teaching Care Home framework is exploring how we shape a different approach to learning, culture and leading change.

Attracting a workforce which is excited to work in long term care is essential to make the whole system work. The homes are based in Bury, Harrogate, Beddington, London and Gloucester.

There is not much time to demonstrate impact, but what we will see is a new emerging framework for supporting undergraduates to learn, teams to flourish through practice and behaviour change and a start of a debate about what the possibilities could be for care home nursing.

We need new thinking, ambition and we need career pathways. Nursing could lead, influence and transverse the integrated landscape and respect the professional contribution of long term care in communities.

Describing a new narrative of care homes as nurse-led units which are autonomous and leading has to be core to managing the NHS workload. Active and early intervention, proactive nurse-led case management, and a workforce which is valued and seen as a major part of the solution for managing the acute services and resources appropriately within its locality.

We are better working together than we are pulling apart. This will take a shift in thinking some investment, but a lot of acknowledgement, that the workforce changes needed to better manage the system, expands way beyond the hospital door.

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Readers' comments (2)

- s.bolton@unison.co.uk 26 October, 2016 9:32 am

Improve the pay and working conditions for all staff in the sector and then see some of the problems resolved !

- [Minh Alexander](#) 26 October, 2016 9:38 am

The lack of care and recognition for those who care for marginalised populations starts with the dehumanisation of those whom they care for. The government strategy has been one of reckless defunding and tolerance of exploitative working conditions for care home workers. CQC failures and apparent carelessness has repeatedly been exposed with respect to care home safety and quality, and accountability to the public. CQC's actions have helped to obscure the full extent of the care crisis and de-funding. CQC was criticised a year ago for not acting upon coroners' Reports to Prevent Future Deaths about care homes. A review of the data has shown that CQC is still unreliable in its response, and that there is no evidence of published CQC responses to coroners' warnings in the vast majority of cases where PFD reports have been sent to CQC (31 of 66 since July 2013). A summary can be found here:

<https://minhalexander.com/2016/10/16/letter-unheeded-deaths-warnings-neglect-a-care-home-owner-with-criminal-convictions-indefensible-cqc/>
