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Care homes under pressure – an England report



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Care homes under pressure - an England report

Executive summary

Demographic trends show that people are living longer, but require more health and care support. Official data shows that demand for places in care homes will double in the next 20 years.

The current social care funding system in England is complex, financially unsustainable, and has variation in what people are entitled to based on where they live. The government's Green Paper, *Shaping the Future of Care Together* and White Paper, *Building the National Care Service* plan to reform the existing adult social care system and create a comprehensive National Care Service that has a fair funding structure, free at the point of use, ensures choice and supports family, carers and community life. The political agenda has been focused on transforming community services to enable people to access care in their homes or in the community.

The wider framework for adult social care is an important background context to looking at the care home sector. Care homes in England are under pressure as a result of rising public expectations, new regulatory approach under the Care Quality Commission (CQC), limited funding support and increasing media coverage on poor performing care homes.

The Royal College of Nursing (RCN) undertook a survey of care homes in January 2010 to get a snapshot of the current situation in England's care home sector, specifically focusing on capacity, quality of care, staffing and workplace issues. The survey was live from 11 January 2010 to 22 February 2010. **329 members responded.** The survey results were geographically representative across all the strategic health authorities (SHA) in England.

A number of key themes emerged from the survey.

- **Care needs are rising**
Residents are entering care homes with a higher level of dependency and complex care needs. Thirty-six per cent of nursing home staff and 27 per cent of residential care home staff stated that financial pressures have led to homes accepting residents with complex care needs that do not fit within their official category of registration. Some concerned staff report "*...we are a residential home and have a lot of residents with nursing needs and dementia, it is not enough to meet all their needs*"; "*the needs of the residents have changed recently –[we are] taking in residents who need much more nursing care.*" Twenty-eight per cent of surveyed care home staff said that their home had changed ownership within the last five years because of financial issues.
- **Low staffing levels are struggling to respond to increasing care needs**
Shortage of nursing staff is a major issue reported by 43 per cent of nursing home respondents. The average staffing ratio in care homes with nursing is one RN (RN) caring for 17 residents (in a day shift). Sixteen respondents stated that their nursing home has one RN caring for more than 35 residents in a day shift. Survey results also indicated that there are insufficient permanent RNs (29 per cent) employed to address the high level of dependency in nursing homes.

- **Inadequate equipment to meet nursing and care needs**
Twenty-two per cent felt that they did not have adequate equipment and medical supplies to care for residents.
- **The mismatch between need and supply is impacting upon quality**
Poor quality care was reported by 20 per cent of care home staff.

The RCN survey, in addition to research studies on care homes and social care policy suggests that there is a need for urgent reform. The College highlights and reinforces the following key policy issues:

- a need to promote individual independence through early intervention and prevention
- reduce the 'care' gap resulting from insufficient local authority funding to meet care needs
- strengthen the care sector workforce through appropriate staffing levels, skill mixes and training
- maintain a whole system approach to delivering seamless care for those with long-term conditions across health and social care
- encourage and support care home staff to raise concerns about poor quality care
- support the development of intelligence and robust monitoring systems.

Introduction

It is well known that people in England are living longer.¹ However, they may not be living well, with a rise in the number of people with long-term conditions.² This translates into more people requiring health and social care support in a variety of forms. The trend is continuing and it is expected that by 2026, 40 per cent of the population in England will be over 50 years old and approximately 1.7 million more people will be accessing care and support services, nearly doubling the number of users compared to 2008/09.^{3,4}

The current social care system in England is complex, financially unsustainable, and has variation in what people are entitled to based on where they live.⁵ Funding for care services is means tested based upon a national *Fair Access to Care Services* (FACS) criteria for assessing individual need (standard thresholds for needs are: 'low', 'moderate', 'substantial' or 'critical')⁶ that are applied locally and with local interpretation by local authorities (LAs). This partly explains the postcode 'lottery' of social care provision. The economic downturn has tightened the public spending budget and LAs have restricted their eligibility criteria for funding care services, leaving more people to pay for their own care. In July 2009, the government, responding to the need for reform, published its Green paper, *Shaping the Future of Care Together*, launching the big care debate on the future of adult social care services. Furthermore, public expectations are changing – there is demand for more quality of services from a system that is 'under pressure' and unable to adequately meet demand.

Adult care services can be provided in care homes (residential homes and nursing homes), at home or in the community (day care centres or drop-in centres). The wider framework for adult social care is an important background context to looking at the care home sector. The care home sector works with health care and social care services to support vulnerable people. These are often the chronically ill and older people who are frail or unwell. The political agenda for reform is focusing on transferring acute care services to the community, placing emphasis on personal care at home; however, there is still a need for further investment in care homes to meet the challenges of increasing demand and economic pressures over the next 20 years.

In view of the social care conundrum (how to meet rising needs, from an ever dwindling pot of money), the RCN undertook a survey of care homes in January 2010 to get a snapshot of the current situation in England's care homes.

This RCN report will:

- outline the background context within the care homes sector
- discuss results of the RCN 2010 care homes survey
- identify policy responses on improving care outcomes.

¹ The King's Fund (2006) *Wanless Social Care Review: Securing good care for older people*. Available from: www.kingsfund.org.uk/publications

² HM Government (2007) *Putting people first: a shared vision and commitment to the transformation of adult social care*. Available from: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

³ Office of National Statistics (2009) *Community Care Statistics: Social Services Activity, England - Councils with Adult Social Services Responsibilities tables*, provisional, 2008-09, ONS

⁴ Department of Health (2009) *Shaping the future of care together*.

⁵ King's Fund (2009) *Briefing: Funding adult social care in England*. Available from: www.kingsfund.org.uk

⁶ House of Commons Health Committee (2010) *Social care*. Third Report of Session 2009-10. Volume 1. HC-22-I. London: The Stationary Office

Defining care homes

The *Care Standards Act 2000* provides the legal framework for the regulation of care services in England and Wales. This act defines care homes as “any home which provides accommodation together with nursing or personal care for any person who is or has been ill (including mental disorder), is disabled or infirm, or who has a past or present dependence on drugs or alcohol”.⁷ This definition covers both residential care homes and nursing homes.

The term *nursing homes* has been replaced with *care homes with nursing*. Homes that were previously termed *residential homes* are now referred to as *care homes*. There are important differences between care homes and care homes with nursing:

- a *care home* provides personal care (help with washing, bathing and medications) and board and lodging. Some care homes are registered to meet a specific care need, such as dementia or terminal illness. In these homes, a district nurse or an NHS specialist nurse would be invited to address the nursing needs. Care homes are therefore not required to employ a RN in their home
- A *care home with nursing* will have a qualified RN (RN) on duty 24-hours per day to administer nursing care.⁸

For the purpose of this report, the RCN care homes survey 2010 includes responses from those who work in both care homes and care homes with nursing.

Care homes were regulated and monitored by the Commission for Social Care Inspection (CSCI) and the Healthcare Commission (HC) until 31 March 2009. On 1 April 2009, the Care Quality Commission (CQC) became the independent regulator for all health and adult social care services in England following the amalgamation of CSCI, HC and the Mental Health Act Commission. CQC has a wide range of enforcement power to tackle poor performance. This includes warnings, temporary suspensions and fines. Its remit is to ensure minimum standards and to drive up quality of health and social care services.⁹ Registration under the *National Minimum Standards 2003* (Department of Health)¹⁰ and the *Care Standards Act 2000* will be replaced by regulations under the *Health and Social Care Act 2008* which focus on registration and ongoing compliance. This will apply from 1 October 2010 for adult social care and independent health care providers.¹¹ All adult social care providers need to register with the CQC before October 2010. In December 2009, the CQC published their new guidance on compliance with regulation¹² for the NHS, adult social care and independent health care providers. These consisted of:

⁷ Office of the Public Sector Information (2000) *Explanatory notes to Care Standards Act 2000*. Available from: http://www.opsi.gov.uk/acts/acts2000/en/ukpgaen_20000014_en_1.htm

⁸ CQC (2010) *Different types of social care services*. Available from: <http://www.cqc.org.uk/usingcareservices/socialcare/gettingstarted/howsocialcareservicescanhelp/differenttypesofsocialcareservices.cfm>

⁹ Care Quality Commission (2010) Who we are. Available from: www.cqc.org.uk

¹⁰ Department of Health (2003) *Care homes for older people: National Minimum Standards and the Care Homes Regulations 2001*. 3rd Edition. London: The Stationary Office

¹¹ Care Quality Commission (2010) *New registration: adult social care providers*. Available from: <http://www.cqc.org.uk/guidanceforprofessionals/adultsocialcare/registration/newregistration.cfm>

¹² Care Quality Commission (2009) *Complying with new regulations*. Available from: <http://www.cqc.org.uk/guidanceforprofessionals/introductiontoregistration/howthenewregistrationsystemworks/complyingwithnewregulations.cfm>

- a. *Essential standards of quality and safety* - clear guidelines on outcomes CQC want these providers to comply with
- b. *Judgement framework*- discusses the judgement process involved with failure to comply with the quality and safety standards.

The policy context

Social care has been a key focus of recent policy development. Key documents include:

- the cross-government document *Putting People First*¹³ in December 2007 set out a vision for reform of adult social care with the aim of providing personalised services that promote high quality care and ensure individual needs for wellbeing, dignity and independence were upheld
- the government's Green Paper *Shaping the Future of Care Together* proposed a 'National Care Service' (NCS) that would standardise assessment processes and introduce a transparent, fair and affordable criteria system for eligibility thresholds and funding of care
- The House of Commons Health Committee published its report on *Social Care* in March 2010¹⁴ and called for a consensus on social care. It was highly critical of the government's Free Personal Care at Home Bill and called for a system that provides more choice and quality but that also ensures vulnerable people are protected
- *Building the National Care Service*, the government's White Paper published in March 2010 sets out initial blueprints on setup of the comprehensive NCS in England. Reforms will be founded on six principles: universal, free at the point of use, accessible, working in partnership, ensuring choice and control, and supporting family, carers and community life. NCS plans to provide free care for residents living in residential homes for more than two years. It will also push forward the prevention agenda and introduce a quality framework.¹⁵ The RCN supports the government's vision to reform adult social care, however the College highlights the need to also support care homes in delivering care.¹⁶

¹³ HM Government (2007) *Putting people first: a shared vision and commitment to the transformation of adult social care*. Available from:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

¹⁴ House of Commons Health Committee (2010) *Social care*. Third Report of Session 2009-10. Volume I. HC-22-I. London: The Stationary Office

¹⁵ Department of Health (2010) *Building a National Care Service*. Available from:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114922

¹⁶ RCN (2009) *Policy Briefing 12/2009: Shaping the future of care together*, Green Paper consultation by HM government setting out a vision for a new care and support system. Available from:

<http://www.rcn.org.uk/support/policy>

Background context: care homes in England

The RCN believes it is important to place the survey results in the broader context of care homes in England. Key points to note include:

- The need for care homes is increasing**

Life expectancy has been rising over time. In 2008 there were 1.3million people aged 85+, with expectations for this to increase to 3.3million by 2033.¹⁷ This will translate into a greater need for health and social care. National data in 2008/09 shows that approximately 1.78 million people were using care services, with community care accessed by a large majority, followed by residential care homes services and nursing homes services.¹⁸ Care sector analysts Laing and Buisson project an increase in demand from independent sector residents over the next 10 years (total number of places increasing to 424,000 by 2014 and 459,000 by 2019).¹⁹ The Wanless 2006 inquiry suggest that more than 85 per cent of residents in care homes have a combination of impairments (dementia or other cognitive impairments, combined with difficulties in performing activities of daily living (ADL)), compared with 25 per cent of residents with only ADL difficulties.²⁰ The review also projects that over the next 20 years there will be a 54 per cent rise in older people experiencing high level of needs.
- A large and diverse sector**

The care homes sector is large and diverse in terms of ownership with services provided by LAs, the private sector, the voluntary sector and other groups such as the NHS. At the end of March 2009, there were 18,378 registered care homes, with a total of 453,472 registered places in England.²¹ Although places are increasing, the number of providers has been falling.
- Regulation is costly**

From 1998 to 2000, there was a substantial rise in care home closures in England, estimated at five per cent per year. Care home closures have been linked to LAs being under pressure to keep fees down and national policies such as *National Care Standards* were driving up costs.²² Regulation is intended to drive up quality of care. Level of investment required to meet regulatory standards (such as structural changes to the home or workforce improvements) can be costly for the home. A favourable consequence of regulation is when poor performing homes close down as they are unable to meet regulatory standards for quality. However, care homes that provide good quality care can also leave the care home market due to the cost implications of regulatory standards or the limited funding provided by LAs.

¹⁷ Office of National Statistics (2009) *National population projections 2008 based*. Available from: <http://www.statistics.gov.uk/pdfdir/pproj1009.pdf>

¹⁸ Office of National Statistics (2009) *Community Care Statistics: Social Services Activity, England - Councils with Adult Social Services Responsibilities tables*, provisional, 2008-09. Available from: <http://www.ic.nhs.uk/pubs/carestats0809asr>

¹⁹ Laing and Buisson (2009) *Care of elderly people UK market survey 2009*. Available from: www.laingbuisson.co.uk

²⁰ Wanless D (2006) *Wanless social care review: Securing good care for older people*. King's Fund.

²¹ Care Quality Commission (2009) *The quality and capacity of adult social care services: an overview of the adult social care market in England 2008/09*. Available from: http://www.cqc.org.uk/db/documents/Quality_and_capacity_of_ASC_200912022655.pdf

²² Netten, Williams & Darton (2005) Care-home closures in England: causes and implications. *Ageing & Society* 25, 319-338.

- Quality of care in care homes is variable and in some places, it is poor**
 Reflecting the view of both the regulator and the media, a CQC 2010 report²³ found that two per cent of social care services (care homes and home care agencies) do not meet minimum standards of safety and quality of care, and are reported as ‘poor’ under the CQC quality rating scale. Media coverage on individual care home performance reports that some residents are neglected, not treated with dignity and given limited choice.²⁴ Incidents of abuse, malnourishment, dehydration, and inappropriate use of feeding tubes for residents with dementia have been reported in a small minority of homes.^{25,26} The RCN undertook a care homes survey in 2004 following concerns raised by members over the rate of care home closures.²⁷ Findings suggested that care homes in 2004 were under pressure as well and had persistent staffing pressures.
- Funding is variable and opaque with a debate over who should fund what**
 Social funding allowance is calculated by central government for each LA based on a needs assessment formula. LA’s also raise a substantial portion of social care budget through council tax and have the authority to decide individual eligibility criteria and the value of support that will be funded by the LA.²⁸ In 2009, LA allocation for nursing care placements within their social care budget varied from 0 per cent to 38 per cent, while residential care placements varied from 11 per cent to 68 per cent between different regional councils.²⁹ Some LAs did not allocate any funding for care home placements within their social care budget. This disparity between LAs raises concerns on equity and fairness of service provision in England.

RCN care homes survey 2010

The RCN care homes survey 2010 was undertaken as part of the RCN’s response to members concerns about the move to a new regulatory approach under CQC and concerns about workplace pressure. The aim was to get a snapshot view of what the situation is in England’s care homes to inform work on this sector and the social care sector more broadly. Survey questions focussed on workplace environment, staffing levels, quality of care, meeting residents’ needs and financial pressures on the homes. (Refer to Annex 2 for the RCN care homes survey 2010 questionnaire.)

²³ Care Quality Commission (2010) *The state of health care and adult social care in England*. Available from: <http://www.cqc.org.uk/stateofcare.cfm>

²⁴ Royal College of Physicians (2010) 06 Jan 2010: Nil by mouth should be last resort according to RCP published report (press release). Available from: <http://www.rcplondon.ac.uk/media/Press-releases/Pages/06-Jan-2010-Nil-by-mouth-should-be-last-resort-according-to-RCP-report.aspx>

²⁵ Guardian News (2010) *Care homes forcing elderly to have feeding tubes fitted*. Available from: <http://www.guardian.co.uk/society/2010/jan/06/care-homes-elderly-feeding-tubes>, 6 January 2010.

²⁶ Times online (2010) *Care homes: a system in crisis*. Available from:

http://women.timesonline.co.uk/tol/life_and_style/women/the_way_we_live/article5511395.ece

²⁷ Royal College of Nursing (2004) *RCN care home survey 2004: Impact of low fees for care homes in the UK*. Employment Research Ltd.

²⁸ House of Commons Health Committee (2010) *Social care*. Third Report of Session 2009-10. Volume1. HC-22-I. London: The Stationary Office

²⁹ Audit Commission (2010) *Under pressure: tackling the financial challenges for councils of an ageing population*. Available from: <http://www.audit-commission.gov.uk/SiteCollectionDocuments/Downloads/20100218-underpressure-nationalstudy.pdf>

A variety of approaches were used to invite members to take part in this survey including:

- RCN website
- *Bulletin* (the RCN's member magazine which is sent to more than 400,000 members)
- Email invitations to 1,516 members who are identified in our membership database as working in a care home
- Telephone invitations to members who are identified in our membership database as working in care homes

Members could fill in the survey online, or they could discuss their views over the phone. The survey went live from 11 January 2010 to 22 February 2010. An email reminder was sent on 25 January to members who received the initial email. All responses are treated confidentially.

The survey generated **329 responses**. The survey results were geographically representative across all the strategic health authorities (SHA) in England.

It is clear that nurses and health care assistants in this sector are keen to have a voice on the issues that affect their work. The RCN thanks all members who took time to participate and share their experiences of working in care homes.

Results of the RCN care homes survey 2010

Profile of the care homes and respondents

- 35 per cent of the care homes surveyed were part of a national chain, 34 per cent privately owned small companies and 21 per cent individually owned homes. The smaller categories of home ownership were local council, voluntary sector and other organisations such as the NHS.
- 78 per cent of homes were categorised as old age, 75 per cent with nursing, 50 per cent dementia, 19 per cent physical disability, 12 per cent mental health, nine per cent learning disability, five per cent sensory impairment, and two per cent alcohol and drug dependency. Homes may be registered for more than one type of care provision and so the total exceeds 100 per cent.
- On average homes have 50 beds, varying from four to 250 beds.
- RNs (46 per cent) made up the largest type of respondent, followed by matrons and nurse managers at 20 per cent and 21 per cent respectively. Health care assistants accounted for 6 per cent of the respondents.
- Staff have worked in care homes on average almost five years (4.7 years, ranging from three weeks to 25 years).
- In most cases (86 per cent) the registered manager in the home is an RN. Where this is not the case, the RN was either the clinical lead or the home provided residential care and did not require a RN to lead clinical or nursing care.

Main results and themes

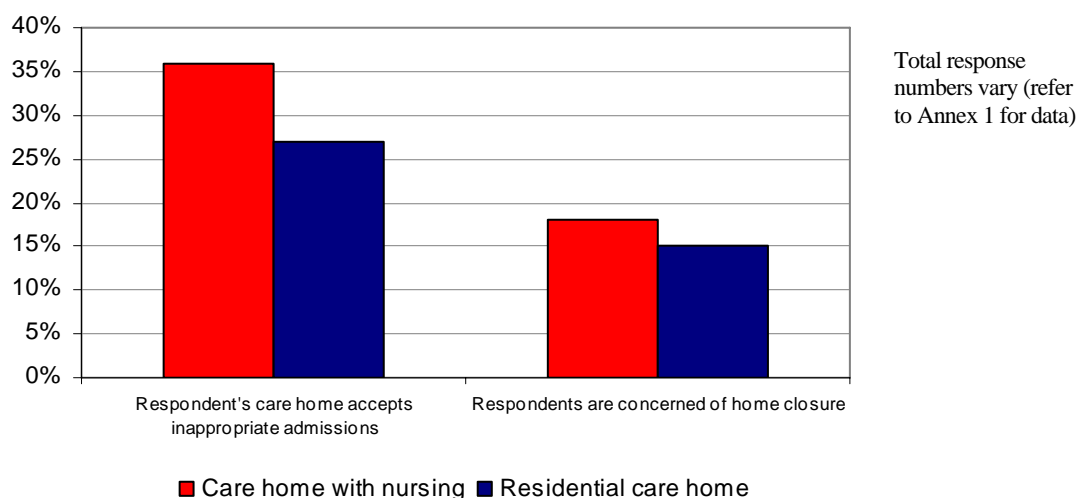
The main themes that have emerged from the RCN care homes survey data are:

1. Care needs are rising

Residents are entering care homes with a higher level of dependency and many have complex nursing needs (due to increased illness/disability with age). More homes are accepting residents with complex care needs and in some situations these homes are unable to appropriately address increasing health needs.

- 36 per cent of nursing staff (RNs and HCAs) in care homes with nursing and 27 per cent of staff in residential homes said that financial pressures have led to the home accepting residents with increased illness or disability, outside of the home’s official category of registration (fig.1).
- Respondents believe that care homes facing financial pressures are more likely to accept inappropriate referrals in order to reach full capacity and bring in revenue. Quality of care can be compromised because these homes might not have the staffing capacity and necessary resources to address complex health conditions.
- Approximately 28 per cent of homes had changed their ownership within the last five years due to financial pressures. Anecdotal evidence of downsizing of homes within a geographic region was obtained from RCN regional officers and respondents.

Figure 1 - Concerns in care homes due to financial pressures



Examples from individual respondents:

“I feel that the level of care that a lot of our service users require cannot always be met due to regular staff shortage, but also due to lack of time we have to provide for personal care as there are so many residents who are fully dependant. The home’s policy says it will provide care for a maximum of five residents with complete disability, we currently have nine.”

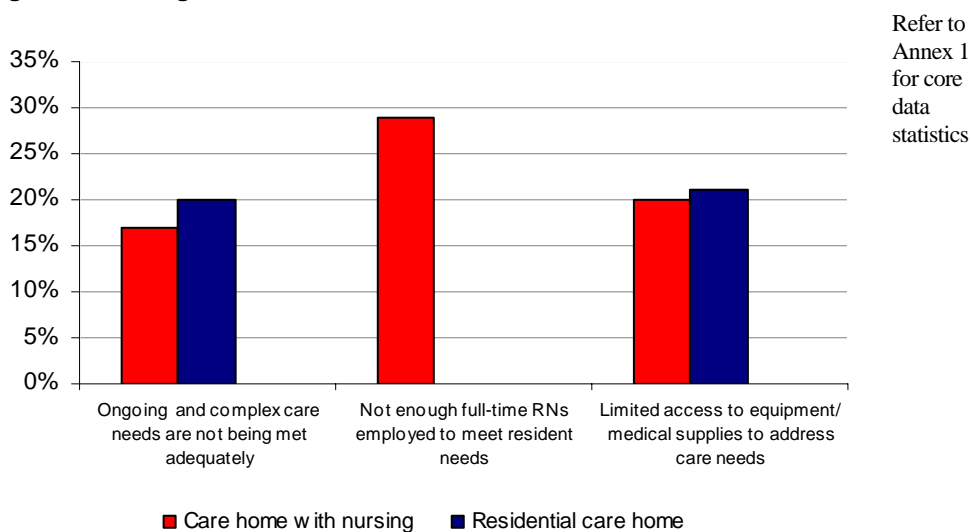
“... [we] had some residential, nursing and dementia[residents] that were all mixed in the floor. On the whole, most of the residents need nursing care, but [there is] too much pressure [and] not enough staff to meet the needs of the residents.”

2. Low staffing levels are struggling to respond to increasing care needs

Staffing levels in homes are not always being maintained at sufficient levels to meet needs and deliver the highest levels of quality and personalised care. Many individuals with long-term conditions in care homes require nursing care to manage their significant health needs as well as support for normal activities of daily living. When a resident with a long-term condition deteriorates it can often take significant time (weeks or months) to reassess and obtain funding for additional nursing support.

- 20 per cent of nursing staff said that the complex and multiple needs of the residents are not adequately addressed in care homes, while 17 per cent said this was the case in care homes with nursing (fig.2). The main reason for this was shortage of staff. 43 per cent of respondents reported that shortage of nurses in care homes with nursing was a cause of concern.
- Staffing ratios showed that the average RN to resident ratio in care homes with nursing on a day shift is one RN caring for 17 residents and one HCA caring for 6 residents.
- 16 respondents stated that their care home with nursing had one RN caring for more than 35 residents on a day shift.
- 29 per cent percent of respondents reported that there were not enough permanent RNs employed (in care homes with nursing) to meet residents’ needs (fig.2).

Figure 2 - Meeting residents' needs in care homes



Examples from individual respondents:

“There is a desperate shortage of staff in our care home which puts residents at risk. Every shift, priorities of acute needs have to be met leaving many care issues not fulfilled. Despite the best intentions of well trained staff the needs are not met. We have had incidences of drug errors which in my opinion have been caused by inappropriate pressure on staff when doing their work.”

“The standard of care there is very stressful. On nights there are 64 residents, one nurse and five carers. A lot of the clients have many complex needs and require two carers to assist in turns. On one night, I counted 101 times the call bell rang, 43 residents were turned and medications that needed to be given to 64 residents. This is a very stressful environment for a nurse to work in.”

3. Inadequate equipment and medical supplies to meet residents’ needs

This was flagged by 22 per cent of respondents in the survey. Some residential homes who are taking in clients with increased nursing needs are not equipped with the correct medical aids such as hoists, pressure relieving mattresses, wound dressings and oxygen saturation readers. Care home staff can try to address residents’ needs with available resources and supplies, however they are put in an extremely difficult and vulnerable position.

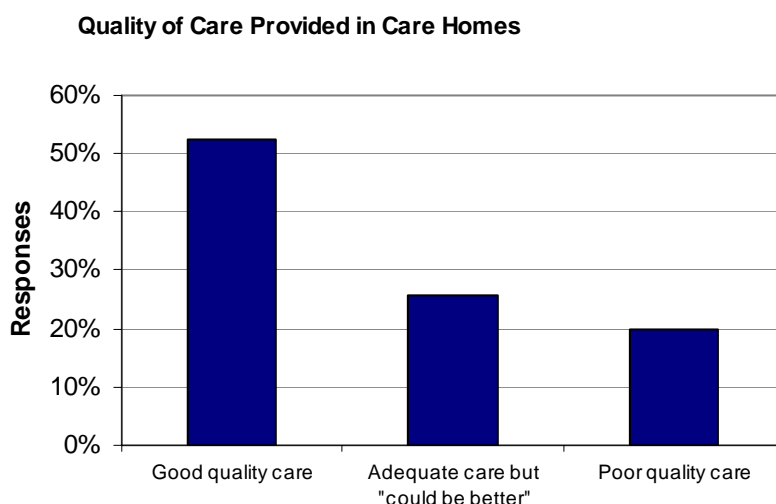
Examples from individual respondents:

“...we cannot get a hoist in the home to lift clients because we are a residential home and not a nursing home, but a lot of the time we are lifting and assisting clients. Also for meals, we have to assist some clients, especially with difficulties eating; however company policy is against this as we are under the mandate of a ‘residential home’.”

“There is a lack of equipment in the care home. We tend to get a lot of COPDs with no way to monitor their oxygen intake.”

4. The mismatch between need and supply is impacting upon quality

Good quality care was reported by 52 per cent of respondents; however, 20 per cent stated that their care home provided poor quality care (fig.3). The main reason for this was shortage of staff and inappropriate staffing levels to meet resident needs. Other reasons raised were staff turnovers and bureaucracy within the care home.



* 316
responses
recorded

In addition, RCN regional officers who were interviewed raised concerns on insufficient staffing levels in care homes. Regional officers have noted that most disciplinary actions taken are related to drug errors and resident falls and neglect, where a significant contributing factor was low staffing levels on day and night shifts. Stressful working conditions can increase the probability of errors and accidents as nursing staff can be under pressure to prioritise some care needs above others.

Overall, staffing ratios in care homes are not sufficient to provide optimal care, focus on preventative care and address complexity of nursing needs. Nursing staff to resident ratios should account for level of need and not just number of residents. Low staffing levels and lack of available equipment were main concerns raised by staff. Care homes that provide high quality of care attribute their performance to optimal staffing levels (staffing levels effectively address level of need), supportive management who encourage personalised care and high calibre staff.

RCN policy response: improving outcomes in all care homes

The RCN survey, in addition to what we already know from research studies on care homes and social care more broadly, suggests that there is a need for urgent reform. The College highlights and reinforces the following key policy issues.

- **Promoting independence**

The need for people to live in care homes is linked to a myriad number of factors. Earlier intervention and prevention could mean fewer people needing care homes in the first place.
- **Meeting the gap**

It's clear that the needs of those in care homes are increasingly more complex, yet at the same time local authority funding is insufficient to fund what is needed to meet those needs. This leaves a 'care gap'. More work is required to appropriately assess needs, and ensure the right staff and skills mix is available to meet these needs, addressing the current gap. This will not only benefit those living in care homes, but also the wider NHS by reducing the demand for more health care (especially hospitalisation). The RCN welcomes the government's White Paper *Building a National Care Service* that highlights fair funding, free care at the point of use and more choice for individuals, but warns that delaying the introduction of the new system until 2016 may be too late for many people.³⁰
- **Weakness in the care workforce**

The existing social care workforce is weak with a temporary 'mismatch' between the increasing demand and the existing support structures to meet these demands. To deliver quality care and meet rising public expectations, care homes require a well-trained quality workforce. There is a strong correlation between quality of care and staffing levels, where quality increases with an increase in skilled workforce. Fair pay terms and conditions are important to consider during recruitment and retention of staff. The RCN advocates for appropriate staffing levels and skill mix within the health and social care workforce.³¹

³⁰ RCN (2010) *RCN welcomes social care proposals* (Press release). Available from:

http://www.rcn.org.uk/newsevents/news/article/uk/rcn_welcomes_social_care_proposals

³¹ RCN (2009) *RCN calls for greater investment in adult social care* (press release). Available from:

http://www.rcn.org.uk/newsevents/news/article/uk/rcn_calls_for_greater_investment_in_adult_social_care

- **Whole system approach**
It is important to establish a comprehensive system of care delivery in care homes with nursing and residential homes. Joining-up of resources between health and social care helps residents to transition smoothly from acute to community services while maintaining their independence and dignity. The RCN supports better co-ordination between health and social care services to produce optimal, transparent and equitable care.
- **Raising concerns**
Staff in this sector should be supported to blow the whistle on poor performance that puts the health and wellbeing of residents in jeopardy. Care homes should have whistle-blowing policies of which staff are aware.
- **Smarter regulation**
CQC needs to monitor staffing in particular in care homes as part of their approach to regulation. The CQC should carry out unannounced inspections to ensure care homes are delivering safe and high quality care.

Further reference

DH (2005) *Independence, Well-being and Choice: Our vision for the future of social care for adults in England*, Cm 6499.

RCN (2010) *The independent sector in health and social care in England in 2009 and prospects for the future*. Policy Briefing 1/2010. Available from:
http://intranet.rcn.local/_data/assets/pdf_file/0016/29203/The_Independent_Sector_in_health_and_social_care_in_England_in_2009_and_prospects_for_the_future.pdf

Snow T (2010) *Free social care plan would allow nurses to refocus on clinical care*. Nursing Standards 24(31), pg 8

Tell us what you think

This report is intended to provide a brief review on the current care home sector in England, and the RCN would like to receive comments/feedback from as many members as possible on this important issue. Please email us at policycontacts@rcn.org.uk

April 2010

Annex 1

Care homes with nursing						
Issues	1 Strongly agree	2 Agree	3 Neither	4 Disagree	5 Strongly disagree	Total
Financial pressures have led to the home accepting residents who do not fit within their category of registration	11%	25%	15%	27%	23%	244
Complex and multiple care needs of residents are adequately addressed	29%	42%	12%	11%	6%	244
Enough permanent RNs employed to meet residents' needs	27%	30%	15%	20%	9%	244
An RN who knows the home and residents is always in charge	51%	32%	4%	9%	3%	244
Staff have access to adequate equipment/ medical supplies to care for residents	28%	42%	11%	16%	4%	243
Staff are concerned about home closures because of financial pressures	5%	13%	15%	36%	31%	244

Residential Homes						
Issues	1 Strongly agree	2 Agree	3 Neither	4 Disagree	5 Strongly disagree	Total
Financial pressures have led to the home accepting residents who do not fit within their category of registration	10%	17%	15%	23%	35%	81
Complex and multiple care needs of residents are adequately addressed	42%	35%	4%	15%	5%	81
Enough permanent RNs employed to meet residents' needs	22%	22%	28%	15%	13%	78
An RN who knows the home and residents is always in charge	36%	19%	19%	14%	13%	80
Staff have access to adequate equipment/ medical supplies to care for residents	36%	36%	6%	14%	8%	80
Staff are concerned about home closures because of financial pressures	10%	5%	22%	31%	32%	81

Annex 2

RCN care homes survey 2010

Aim: To collect data from nurses and health care assistants working in care homes on their views and experiences so that the RCN is better placed to understand the issues they face in care homes and to influence policy.

Anonymity: The responses provided will be merged into one dataset to present an overview based on all respondents; individuals or their organisations will not be identifiable in anyway. No one other than the researcher will see the completed forms.

What to do: Please complete this online/telephone survey as best as you can by checking boxes or filling in the blanks.

Queries: You can contact Loren Mathias (Assistant Policy Advisor) on 0207 647 3902, or Leela Barham (Policy Advisor) on 020 7647 3901.

A: Where you work

- | | | |
|----|--|---|
| 1. | Are you currently working at a care home?
<i>(please circle one answer)</i> | 1 Yes 2 No |
| 2. | Which of the following best describes the type of care home where you work?
<i>(please circle one answer)</i> | 1 Part of large national chain
2 Part of a small company
3 Individually owned
4 Local council
5 Voluntary sector
6 Other <i>(please describe)</i> |
| 3. | Which category is it registered as?
<i>(please circle all that applies)</i> | 1 Old age
2 Dementia (DMI)
3 Physical disability
4 Sensory impairment
5 Learning disability
6 With Nursing
7 Mental health
8 Alcohol dependency
9 Drug dependence
10 No medical intervention |
| 4. | Which one of the following <i>best</i> describes your job?
<i>(please circle one answer)</i> | 1 Home owner
2 Manager
3 Matron/ senior nurse (in charge when on duty)
4 Sister/ staff nurse
5 Health care assistant
6 Other |
| 5. | How long have you worked at your current workplace? | _____ Years |
| 6. | Has the care home recently or in the last five years changed ownership? | 1 Yes 2 No |
| 7. | What is the current capacity of the care home and how many residents are living here? | _____ Beds
_____ No. of residents |

B: Workplace and staffing issues

- | | |
|---|--|
| 8. Is the registered manager an RN?
<i>(if yes, go to question number 10)</i> | 1 Yes 2 No |
| 9. If you have answered <i>No</i> to the previous question, is the clinical lead in the care home an RN? | 1 Yes 2 No |
| 10. How many full time and part-time RNs are employed in your care home? | _____ Full time RN
_____ Part-time RN |
| 11. On the last (day) shift you worked in the home, what was the TOTAL number of residents and staff on duty: | _____ Residents
_____ RNs on duty
(including yourself)
_____ Care assistants on duty (non-registered staff)
_____ House keeping staff |
| 12. What is the highest post in the hierarchy that a RN occupies in the home? <i>(please circle one)</i> | 1 Sister/ Senior nurse
2 Staff nurse

3 Nurse Manager
4 Specialist Nurse
5 Other |
| 13. Is there an induction, training and/or supervision programme for new staff? | 1 Yes 2 No |
| 14. Do health care assistants/ auxiliary nurses regularly take charge of the care home? | 1 Yes 2 No |
| 15. Due to recent changes in the law on work permits for international nurses, do you think this has led to a shortage of staff in your area? | 1 Yes
2 No
3 Don't know |
| 16. What frustrates you most about your job?
<i>(please circle all that applies)</i> | 1 Shortage of RNs
2 Bureaucracy
3 Poor assessment/ referral process
4 Inappropriate admissions
5 Lack of adequate equipment
6 Doing non-clinical work
7 Lack of training or education
8 Staff turnovers
9 Inspection/ Registration
10 Lack of social services funding
11 Shortage of care assistants
12 Other |
| 17. Do you feel you are providing quality care to the residents in your care home? <i>Please discuss</i> | |

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C: Your views

18. Please indicate the extent to which each statement matches your own views by circling a number next to each statement. *There are no right or wrong answers. We are interested in **your** views.*

	1 Strongly agree	2 Agree	3 Neither	4 Disagree	5 Strongly Disagree
a The complex and multiple care needs of residents are adequately addressed in the home	1	2	3	4	5
b An RN who knows the home and residents is always in charge	1	2	3	4	5
c There are enough full-time RNs employed to meet residents needs	1	2	3	4	5
d Financial pressures sometimes mean the home accepts residents who are not suitable to the category of registration	1	2	3	4	5
e A large proportion of agency staff take on the role of the RN	1	2	3	4	5
f I have access to adequate equipment and medical supplies needed to care for the residents	1	2	3	4	5
g I am not placed in a position of having to do things that are against my nursing judgement	1	2	3	4	5
h The quality of care provided where I work is good	1	2	3	4	5
i Inspections of care homes are required to ensure that quality and safety is maintained	1	2	3	4	5
j I am involved in discharge planning and the referral process when residents are transferred from hospitals	1	2	3	4	5
k I am concerned that the home may close due to financial pressures	1	2	3	4	5

D: Any other comments

We are particularly interested in the workplace issues and staffing situation in care homes and their impact on the quality and safety of residents. Do you feel that staff in care homes are supported, valued and trained appropriately?

Please use the space below to give examples of difficulties faced by care homes, or make any other comments.



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