Royal College of Nursing Scotland

RCN Scotland response to the Scottish Government's

Independent Review of Adult Social Care

Context

RCN Scotland is proud to represent members working in social care settings. As a Royal College, we believe it is the right of everyone to receive high quality, safe care in all settings, and to be treated with dignity and respect. In Scotland's integrated health and social care landscape, adult social care is providing an essential alternative to hospital care and complex health care needs are increasingly being met within a social care environment. Where nursing care is required, people who use social care services, including care home residents, deserve to have it provided by the right numbers of nursing staff with the appropriate skills, competencies and training.

The RCN Scotland paper, *Registered Nursing in Care Homes, March 2019*[1] makes the case for a greater acknowledgement of the clinical needs of care home residents and a person-centred approach to social care. Since the COVID-19 pandemic, we have consistently and loudly stood up for our members working in social care settings. Unfortunately, this sector, as has been the case before the pandemic, was all too often overlooked.

RCN Scotland recognises the breadth of the social care sector and that nursing is just one important element of the workforce. We represent nursing staff, both registered and unregistered, working for private, public and voluntary providers. There is no clear evidence suggesting that one specific model of delivery and funding is inherently better than another; the 'bottom line' is that whichever model is used requires sufficient resourcing. We therefore do not take a view on the merits of creating a National Care Service. We do however strongly believe that the current way of operating is not fit for purpose and needs radical overhaul.

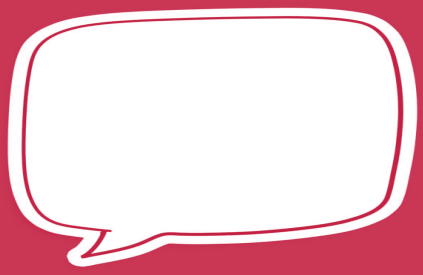
Our focus is on ensuring that, whichever model is pursued by policy makers, the professional nursing perspective is understood and appreciated. There is still a tendency to view health and social care separately and it is important that policy makers hold the vital contribution of nursing central to their thinking when developing new approaches to social care. We believe that whatever model is adopted needs to move towards a commissioning process which is based on outcomes, not costs, with a greater acknowledgement of the role of nursing in social care.

RCN Scotland proposal:

Adult social care is in need of a radical overhaul, which better takes in to account the professional nursing perspective. While the RCN does not take a view on the merits of a National Care Service, whatever model is adopted needs to result in a shift away from commissioning based on costs towards a system focused on outcomes.

What our members are telling us

"Workloads and working conditions have deteriorated because residents are frailer and have more needs than in the past and staffing levels do not reflect that. In addition, we spend so much time proving what we do through copious amounts of paperwork that we have far less time to deliver the care that is needed."



Agency nurse, care home, RCN Scotland Staff Survey, November 2019

RCN Scotland has around 3,200 members working in Care Homes and a significant number working in other parts of social care. These members work as Registered Nurses and in a range of non-registered nursing support roles (which we give the broad term 'Nursing Support Worker').

Even before the pandemic our members working in social care were telling us they felt over-worked and under-valued. Data from RCN Scotland's 2019 Employment survey[2] showed 70% of respondents working in care homes felt under too much pressure at work (compared to 60% overall) and 79% of those working in care homes felt they were too busy to provide the level of care they needed. COVID-19 has made a bad situation worse and since the pandemic, 34% of respondents to a member survey carried out this summer told us that staffing levels have got worse[3].

Traditionally, there has been a perception amongst the profession that social care is a difficult area to work in, with worse terms and conditions compared to the NHS. Despite efforts in recent years to promote the huge value of working in social care, new nurses too often hear from colleagues that social care isn't the place to begin your career nor a good setting for career progression. As such we have a sector which is not attracting the workforce it requires and in which the existing workforce feel overstretched and undervalued.

Recruitment and retention is a key challenge - Care Inspectorate data published this year suggests that 19% of all adult social care services report nurse vacancies, with 40% of care home services for older people recording vacancies[4]. These recruitment challenges are made all the more difficult with a nursing vacancies rate of 5.1% in the NHS and 3,200 nursing posts required to be filled in healthcare settings[5].

Care at home

Care at Home services have received less public, media and policy attention in recent months than residential care services. There was initially a significant withdrawal of services during the pandemic, with more than half of Care at Home recipients indicating their service had been partially or fully withdrawn[6]. And throughout the pandemic, significant concerns were raised around those providing Care at Home services in terms of PPE, financial protection for the workforce and testing. Indeed, on the latter point, despite care home staff being offered regular asymptomatic testing since May, Care at Home staff still do not have access to regular testing.

Care at Home services are a vital part of the adult social care system, impacting on both acute services on one hand as well as care home and community services on the other. Too often policy changes in this area have fallen fowl of 'silo thinking' and this must be avoided in this review. Just as with the future of care homes, Care at Home provision is reaching a crisis point and a longer-term plan is overdue.

RCN Scotland proposal:

Any consideration of Care at Home services needs to consider what is sustainable in the medium and long term and there is a need to consider the impact any withdrawal or change in Care at Home services has on community care, especially GP services and community nursing.

The impact of COVID -19

"The care home sector has been undervalued for too long and that its problems must not simply be allowed to fade into the background as the route to recovery is plotted. Care home staff hold the key to unlocking much needed solutions.

"We can no longer just promise to listen to and hear their voices. Their views must be represented more effectively so that their needs – improved working terms and conditions and pay, education and training, resources, support and advice, changes in policy, whatever it may that they say they need representation on – can be met."

Theresa Fyffe, RCN Scotland Director [7]

The impact of COVID -19 (continued)

The pandemic has brought adult social care, especially care homes, into sharp focus in the public's minds. There is an opportunity here to build on this new awareness and appreciation of the sector and the care it provides. The RCN reacted to this increased focus in every area of our activity over the last nine months. Across the UK, we have lobbied governments and politicians about personal protective equipment (PPE), testing for staff and residents, and on pay for COVID-19-related absence and death in service benefits. We've commented frequently in the media on problems and solutions, published regular blogs highlighting issues prevalent in the sector. Most importantly, we have responded directly to enquiries from many individual members working in care homes.

While COVID-19 has brought a seemingly new and unprecedented challenge to adult social care, the truth is that the pandemic has highlighted pre-existing issues, around workforce, around staffing levels and around the way in which care is delivered in Scotland. These issues have always been present and even if we hadn't had a pandemic this year, significant reform would be necessary in adult social care to avoid a crisis of services in 2021.

RCN Scotland proposal:

Huge challenges existed before COVID, which required long term, sustainable solutions. Nevertheless, adult social care is receiving greater attention from the public, media and policy makers due to the pandemic, which provides this review with an opportunity to push for change. If the increased public awareness around the contribution of adult social care to the wellbeing of so many Scots is harnessed, there has not been a better time to push for a long term, sustainable solution.

What should be considered for any review of adult social care?

Safe staffing

Delivery of adult social care is built on a highly skilled but low paid workforce, which is expected to go above and beyond in order to keep the system running. These are the people who should be setting the agenda for change and who need to be central to shaping the future of adult social care in Scotland.

At the very least, the workforce deserves staffing levels that are safe, and this is one of the most important considerations when reviewing social care. There is significant evidence[8] that in some parts of social care, workforce levels and skill mix are not producing the best outcomes for those in receipt of social care.

What should be considered for any review of adult social care? (continued)

We know that workforce shortages were having a major impact on staff morale, mental wellbeing and safety before the pandemic and this pressure has been heightened further by the crisis. As we continue through winter facing a second wave, urgent action is needed to tackle staffing shortages.

The Health and Care (Staffing) (Scotland) Act 2019 provides the tools to facilitate safe staffing levels in adult social care. This legislation sets out a legal requirement on all care providers to ensure suitably qualified staff in sufficient numbers as in place to ensure good outcomes for service users. It also requires the Scottish Government to report on the steps they are taking to support staffing levels in care services to meet this legal requirement.

The substantive part of the legislation provides the Care Inspectorate with the power to develop, in conjunction with the sector and stakeholders a "staffing method." These workforce tools are well understood in health settings but will be a new concept to some care providers. In short, they are a methodology which can determine (based on the needs of residents and a variety of other factors) the number and skill mix of staff that are required to ensure the best outcomes for recipients. There is flexibility in the legislation in terms of how prescriptive this staffing method has to be, but as a bare minimum it must utilise a staffing level tool which provides quantitative information relating to workload based on service user needs and it must also provide quantitative or qualitative information relating to professional judgement, both in order to assist in determining the appropriate staffing levels. The staffing method can take in to account a whole range of other relevant factors which the NHS equivalent (the Common Staffing Method) takes into account in order to determine appropriate staffing levels and skill mix. It is the RCN's strong view that the development of a staffing method which is close to the Common Staffing Method would go a long way to improve outcomes and tackle a number of challenges which social care is facing, regardless of whatever future model is adopted. This change needs to happen as soon as possible, and at the very least the Act needs to be fully implemented in 2021. This process should not be delayed by any reform of adult social care because it is needed regardless of what future model is adopted.

RCN Scotland proposal:

Implementing the Health and Care (Staffing) (Scotland) Act 2019 in 2021 will go a long way to addressing many of the issues highlighted above. It is hugely disappointing that the pandemic has delayed implementation of a set of measures which would have ensured the sector was better equipped to cope with the challenges COVID-19 has presented. Implementation of this legislation, in particular the creation of a workforce tool equivalent to the Common Staffing Method, should be seen as a matter of priority and must be factored in when considering the future model of social care.

The acuity of those receiving social care is on the rise

A combination of factors means that the acuity of those receiving social care is increasing in Scotland. With the integration of health and social care within Scotland the balance of care is Shifting the balance of care to the home or a community setting is a longstanding policy driver[9], which Health and Social Care Integration is designed to enable. Care homes are providing valuable alternatives to hospital care and are increasingly being used to reduce delayed discharge from the acute sector, making them essential to local health economies. Combined with the fact that as a population we are living longer as well as living longer with long-term conditions, care homes are increasingly caring for people with complex clinical needs.

Care home residents' increasingly complex clinical needs can include multiple long-term conditions and co-morbidities such as Frailty, COPD, Dementia, Multiple Sclerosis, or Parkinson's Disease, and palliative and end of life care needs. People in Scotland are living longer and by 2043 the number of people over 75 is projected to grow by 71% from the 2018 figure. Figures from the 2019 Care Home Census[10] show that 63% of long stay residents in care homes for older people homes now require nursing care.

Providing the care that is required to people receiving social care with increasingly complex conditions is therefore a highly skilled job. There is a professional complexity of ensuring that the appropriate care is provided to social care recipients and that potential clinical issues are identified early and escalated where appropriate. There is also the emotional complexity of caring for a person, often in their own home, in particular at the end of their lives. Even before COVID, just under half of all deaths were outside a hospital, with 23.4% of people dying in their homes and 18.8% dying in care homes[11]. Recent analysis indicates that if current trends continue by 2040, two thirds of people will die outside of hospital in a community setting (in a home, care home, or hospice)[12]. With more people dying in their homes or in care homes, the social care workforce will increasingly be providing and supporting palliative care outside of hospital.

The contribution of nursing to social care

The Scottish Government's policy ambition of supporting more people closer to home requires high quality nursing provision to be available throughout community settings, including in care homes. As residents' complexity of clinical need increases, the skills, competencies and availability of the registered nursing workforce employed within care homes will become ever more important.

The contribution of nursing to social care (continued)

Registered nurses lead, co-ordinate and deliver person-centred care within care homes and, when given the right support, are well placed to manage acute illness and emergencies, prevent health problems and promote mental health and wellbeing. During admission to a care home, registered nurses can play a pivotal role in supporting the transition process. This includes assessment of the new resident's needs and care planning as well as creating a sense of home and safety. Likewise, as care homes offer services including respite, intermediate and rehabilitative care, the role of the nurse in enabling self-care and arranging follow up assessment and interventions is key to the process of discharge.

A key component of supporting care home residents to age well, and to be independent and equal members of society, is managing clinical conditions effectively, at the same time as promptly responding to new symptoms. For many residents, their clinical needs will require the presence of a registered nurse 24/7. Registered nurses in care homes have a valuable role in being able to recognise and act when a person's condition is deteriorating. Their actions can enable greater and more timely clinical intervention within that homely setting and help to prevent avoidable hospital admissions for residents. It may also reduce the need for assessment by primary and community care teams.

Registered nurses have the clinical skills and knowledge to respond to residents' changing needs, managing medication, monitoring deterioration and overseeing infection control. Their leadership and oversight support the wider team of carers and care assistants. Studies of staffing levels in healthcare settings[13] have shown that for every patient added to a Registered Nurses' workload is associated with a 7% increase in mortality and substituting a Registered Nurse for a Healthcare Support Worker is associated with a 21% increase in mortality. Within Care Homes, there is a growing body of international evidence how access to stable, registered nurse staffing in care homes delivers positive care outcomes for residents as well as improved quality of life[14].

In 2020, COVID has highlighted the fact that nursing input into social care has been lacking. New oversight arrangements have been deemed necessary and arranged at haste. This includes the new role for Health Boards' Executive Nurse Directors with responsibilities around Infection prevention and control and staffing levels in care homes. While this has been in response to the challenges a global pandemic has presented to the sector, it highlights a gap in input which existed before the pandemic and something which any new system will have to consider.
Griffiths et al (2018), Nurse staffing, nursing assistants and hospital mortality: retrospective longitudinal cohort study.

The contribution of nursing to social care (continued)

RCN Scotland proposal:

Registered nurses have a significant role to play in social care, in particular in care homes. With the acuity of residents increasing, the best way to ensure nursing input is to have the required skill mix, including Registered Nurses, employed directly by the care home provider, rather than relying on overstretched community nursing services which may not be available at times that residents need them.

Nursing numbers

Despite the increase in acuity of residents in care homes and the increasing evidence of the importance of nursing care, the number of nurses working in adult social care appear to be falling.

SSSC workforce data, published annually, gives an estimated number of nurses who work in social care. Due to missing data and incomplete responses, SSSC have to gross up the figures, and there are often corrections issued, so they need to be interpreted with caution. However, these figures do seem to suggest that despite increasing clinical needs in care homes for adults, the number of nurses being employed by care homes is falling. Although analysis of this data should be treated with caution, the trend is clear: since 2012 (the first figures available), the number of registered nurses has fallen by 14%[15].

Training and career progression

RCN members tell us that a barrier to nurses working in adult social care is a lack of opportunity to undergo training at work, as well as a perception, rightly or wrongly, about career progression.

Action needs to be taken so that career and development opportunities in adult social care are promoted from the very start of the undergraduate nurse education curriculum with expanded placement opportunities. In recognition of their specific skills and expertise in older people's care – and the urgent need for more nurses to work in care homes – there should be more placements for students in the care home sector. A clear career pathway for nurses working in the care home sector is also required to make a career in the sector more attractive.

Training and career progression (continued)

Working in a care home provides nurses and HCSWs with an opportunity to develop expertise in older people's care and specific areas like frailty, dementia and palliative care. Funding of adult social care must include the time required, and costs, for all staff to access appropriate learning and CPD opportunities to enhance their practice. CPD and access to ongoing support and training are imperative as this is an area that is often missing in care homes. The Health and Care (Staffing) (Scotland) Act requires all staff working in care services to receive appropriate training for their work and assistance with CPD. Employers will be required to ensure all staff are appropriately trained and get the support (including time off) to develop their skills.

We would like to see more opportunities for nursing staff working in the sector to network, share good practice and learn from each other to improve resident outcomes. In order to promote transferable skills and help integration, there should also be greater opportunities for nursing staff in adult social care to work in healthcare environments and vice versa, whether that be on a secondment or collaborative basis.

RCN Scotland proposal:

Development of adult social care needs to promote "good work" (as well as "fair work") principles. For nursing, this means improved career pathways, funding for learning and CPD opportunities and increased opportunities for social care staff to gain experience in healthcare settings and vice versa.

"A Homely Setting"

"We are committed to supporting people to stay at home or in a homely setting"

(Scottish Government, 2020) [16]

"The reality is that they [care homes] are often akin to hospital environments in terms of the levels of need they are supporting, whether they are categorized as nursing or residential homes."

Scottish Care, Care Homes, Then, Now and the Uncertain Future, 2018 [17]

"A Homely Setting" (continued)

We feel that it is important to address explicitly the concern that, by acknowledging and addressing the clinical needs of people outside hospital, we are at risk of turning people's homes into clinical environments. No one wants to fluorescent lights put up in the corridors of care homes or wipe clean surfaces installed everywhere – but we are all now acutely aware of the need for good infection prevention and control measures. Equally, the reality is that the level of residents' needs means some care homes are having to provide support which are now more akin to what was traditionally seen in a hospital environment. The arguments against the medicalisation of social care are often embedded in principles of human rights, but those living in care homes or requiring care their own home deserve the same level of healthcare as everyone else. An unsafe nursing environment in a care home undermines human rights. Care homes are the subject of such concerns, as illustrated by the quote from Scottish Care, above. We would, however, argue that a rights-based approach means that access to the palliative care or complex clinical care people need should not depend on where they are, whether they are in their own private residence, or a residential or nursing home.

The deinstitutionalisation of care in Scotland has certainly been a positive development and it is important to ensure that residential care facilities are part of and rooted in their communities. However, on consequence of this is that the old distinction between nursing and residential homes has largely been abolished, at least in formal/legal terms. The result is that there is a lack of clarity around what nursing care is provided by a given home and what it is necessary for the NHS to plan to provide.

Any review of adult social care needs to consider where and by whom nursing care should be provided to properly meet the needs of people using social care services, including care home residents, and therefore how funding for this is allocated. There is a strong argument, given the increasing complexity of many older people using adult social care services, for nursing staff to be directly employed by the provider of care, to the level required for safe staffing, rather than relying on NHS community services. For this clinical model to be achievable, it needs to be sufficiently funded and there needs to be an ability to be able to clearly identify the level of nursing care required by the use of a staffing method.

Self-Directed Support

The RCN supported the principles behind the Social Care (Self-Directed Support) (Scotland) Act 2013, namely the desire to enable people to sustain or regain their independence. However, we had significant concerns around the detail of the legislation[18] and, in particular, any attempts to extend the principles of SDS into healthcare without further consultation and scrutiny by the Scottish Parliament.

Self-Directed Support (continued)

A relevant concern the RCN had over SDS was that whether SDS would improve outcomes for people. In our response to the Health & Sport Committee during the passage of the Bill, we said:

"The ultimate intention behind SDS…is to generate improved outcomes for people. The RCN questions whether the Bills provisions will realise this desired intention. According to the policy memorandum, local authorities will 'need to be satisfied that the option chosen can meet the desired outcomes' for an individual. They will have the right to deny people SDS, whether in the first instance or during a review of changed circumstance, 'where it is clear that the option itself or the implementation of a particular option will fail to meet assessed needs and desired outcomes. However, the legislation does not mention outcomes. Given that SDS packages of care are funded from the public purse, the RCN considers the review and evaluation of the spending of tax payers' money against an agreed set of outcomes to be an important point which is not, to our eyes, currently provided for clearly enough in the Bill."

It is unclear whether what impact this lack of agreed outcomes has had on the roll out of SDS, because implementation of the legislation has been so patchy. Recipients of social care are largely unaware of this option to them and SDS packages are rarely utilised in practice[19]. However, the RCN is of the view that lessons needs to be learned from the implementation of SDS and that this should be considered closely by the independent review into adult social care. The system must become more person centred, but this change will not be achieved without a clear set of agreed outcomes, nor will change be meaningful if there is a lack of understanding or buy-in from recipients of social care themselves.

The funding model

As with the delivery model, the RCN does not take a position on a funding model for social care.

Given the financial challenges care providers are facing and the increasing complexity of the needs of social care recipients, it is clear that the current funding model for social care is unsustainable and needs radical change. The sector has been undervalued for far too long and many long-standing problems have been brought into sharp focus during the COVID-19 pandemic.

Funding for care home services must be determined on the basis of accurate information about both the dependency and clinical need of individual residents, and the staff required to meet those needs. Public funds provided need to ensure that staffing levels are safe, and this includes appropriate provision of nursing staff.

Fair Work principles

"Staff working in private care homes and agency often work when sick because you don't get any pay. Most people can't afford to be off for any length of time in this case."

Senior nurse, independent sector care home,
RCN Scotland, Employment Survey 2019

Nurses deserve a significant pay rise, no matter where they work. There is a unique value of the nursing profession in adult social care settings. All nursing staff share the same need for recognition of, and equal value, for their professional level of competence, education, skills and level of responsibilities, as their nursing colleagues in the NHS.

The impact of poor pay is on recruiting and retaining staff who know they can work in an NHS role for better pay and terms and conditions. In order to tackle this issue, it is vital that nurses (both Registered Nurses and nursing support staff) are paid at least the same level as their Agenda for Change (AfC) counterparts working for the NHS. The RCN advises its members that this is the position they should negotiate and to date, it has been the RCN's position which we adopt through separate recognition agreements with employers or via individual negotiations. There is an opportunity with this review to come up with a better system to improve nursing pay.

The Royal College of Nursing has recently adopted a UK wide position on the best way to ensure that nursing staff are paid fairly. At present, it is left largely to providers to determine both nursing staffing levels and nursing pay, subject only to 'market forces' and a National Care Homes Contract which does not sufficiently provide for, nor prioritise nursing. Like other Trade Unions, RCN Scotland has only been able to negotiate individual recognition agreements with providers in order to push for better pay.

It is the RCN's view that the best way to ensure that nursing staff should receive at least the same level of pay as their NHS colleagues, that pay going forward needs to be track any subsequent rises in NHS pay and that the best way to provide for this is for the Scottish Government to ensure sufficient funding is put in to the system at the point in which public funding is put in to adult social care.

Fair Work principles (continued)

The only way to ensure that nursing is an attractive career option in adult social care and tackle recruitment challenges is to ensure that nurses are paid properly, and the only way they will be paid properly is if providers are given the funding to implement that change. Crucially, it is not enough to simply adopt the current NHS pay in a single year, nursing pay in adult social care must then continue to track any rises in NHS pay, otherwise we are simply storing up the same issues further down the line.

RCN Scotland proposal:

Nursing staff working in adult social care should be paid at least the same rate as colleagues working in the NHS. Any subsequent Agenda for Change pay rises need to also be tracked by pay in adult social care. The RCN believes the best way to ensure this happens is at the source of funding and that funding settlements for adult social care, in whatever system is adopted, must include money to pay nurses in this way.

Data issues

Because care homes are no longer registered as nursing or residential care homes, there is a lack of basic information about the provision of nursing care in the sector. There is no central record of the proportion of care homes which provide nursing for example. There is currently no national picture of the number of care home residents (only the number of beds offered).

COVID-19 has also highlighted several additional data gaps, including difficulty with tracking patients as they move between their own homes, hospital and care homes and mortality and infection rate.

This lack of data has hampered recent academic research in IPC in care homes and response to COVID-19. While research has found[20] that the size of a care homes was significant to whether that care home experienced a case of COVID, a lack of data has meant it was difficult to draw conclusions as to why this was the case. We also do not have, to date, enough information to be able to determine the impact staffing levels have on the spread of COVID.

Problems identifying discharges from hospitals to care homes raise a wider point about the needs of residents in adult social care. Because acuity and clinical needs accompany discharge data, a lack of the latter means we have less of an understanding about who exactly is in a care home and what their clinical needs are. This makes planning for safe staffing in care homes difficult, but it also makes identifying the needs of the recipients of adult social care problematic. A lack of data is therefore an impediment to improving planning, commissioning and delivery of adult social care.

Data issues (continued)

The picture has been improved in care homes by the collection of the safety huddle tool data, but this needs to be further developed. It is important that the workforce methodology, as provided for by the Health and Care (Staffing) (Scotland) Act 2019 is implemented (as discussed above).

RCN Scotland proposal:

We support the Public Health Scotland Recommendation that "Priority should be given to the development of a national dataset collected by care homes themselves which records information on all people resident in a care home including temporary stays. This would allow a better understanding of the capacity and use of the sector, and allow linkage to other data sources to better understand resident needs and patterns of care." (Public Health Scotland, October 2020) [21]

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