

# A pioneering pilot - The vision



# About this booklet

**This booklet will set out the core vision, objectives, principles and partnerships of the Teaching Care Home pilot. This pilot is a Department of Health funded programme of work, led by Care England (the leading representative body for independent care services in England).**

The pilot was conceived after the Care Sector Nursing Taskforce called for a programme of work to respond to some of the most prescient challenges facing the sector. Namely, to empower and embolden the workforce in care home nursing, with a desire to harness and promote care, knowledge and skills development.

Nurses in care homes are at the forefront of delivering health, wellbeing and end of life care to residents and yet it is often argued the sector is beleaguered by poor recruitment and retention, training and development and low levels of innovation. Yet as we know many of these judgements are not fair, not true and misguided.

This pilot set out to change these perceptions: recognising that the key to sustainability in the sector will be through workforce training and development and through this delivering improved health and care outcomes for residents.

With access to NHS funding for professional development often closed for the registered nurses in care home settings, there has never been a greater need for innovation and energy coming from within the sector.

# The catalyst for action

*"The change in the care home population, and the increased complexity of residents, has gone largely unnoticed by the rest of the system, and the enhanced skills and competencies of the care home staff, have not received proper recognition. In not recognising the skills and experience of care home staff, the system is ignoring a fount of knowledge that could inform best practice and improve care in all settings.*

*The Teaching Care Home pilot was set up to ensure that people who are training to be the next generation of health and social care professionals, could learn from the experience of the care home sector, and would be better equipped to manage the health complexities and social care needs of an ageing population. The pilot was also set up to ensure that the staff in care homes had the confidence and time to be centres of learning, as well as care.*

*Thanks to the commitment, professionalism, and passion of the people working in care homes*

*that were part of this pilot, we have seen the benefits of the care home as a centre of training and practice development. Integration will only happen when all bits of the system work together and share their knowledge across all services.*

*I want to pay tribute to all those who were involved in this work, I am particularly grateful to Professor Deborah Sturdy who initiated the idea and has led and developed the programme throughout the pilot phase. Without Deborah's vision, energy and commitment this pilot would not have been possible.*

*The first stage of the Teaching Care Home pilot has been a resounding success, and our challenge for the future is to mainstream this work and to ensure that the whole system benefits from the expertise and knowledge of the professionals working in the care home sector."*

**Professor Martin Green OBE, Chief Executive  
Care England, DH: Independent Sector  
Dementia Champion**

# Who delivered?

This pilot scheme has demonstrated the real commitment and energy of those working in the care sector as front line practitioners, researchers and leaders. Without the people involved, we would not have been able to explore the possibilities of what the concept of a Teaching Care Home could bring to improve, support and create a landscape for innovation and change.

This builds on the work of others and adds to the emergent interest, development and vision for the sector by many.

Care home nursing is a critical part of the nursing profession and the health and social care landscape. Those involved deserve due recognition of the work they have done in making this a success.

Following are the people without whom the pilot could not have been delivered:

**Prof Deborah Sturdy OBE**

**Prof Martin Green OBE**

**Dr Theresa Shaw**

(Foundation of Nursing Studies)

**Kate Sanders**

(Foundation of Nursing Studies)

**Dr Kirsten Jack**

(Manchester Metropolitan University)

**Prof Josie Tetley**

(Manchester Metropolitan University)

**Prof Alison Chambers**

(Manchester Metropolitan University)

**Sally-Marie Bamford**

(International Longevity Centre – UK)

**George Holley-Moore**

(International Longevity Centre – UK)

**Chester Court:**

Pam Towers

Maureen Atkinson

Janet Percy

**Berwick Grange:**

Siva Krish

Rachel Oliver

Jaydee Blackett

**Millbrook Lodge:**

Robin Willmott

Kirsty Hatward

Diana Otero

**Rose Court:**

Karen Davies

Minu Mathew

Terry Elms

**Lady Sarah Cohen House:**

Mary Rabbitte

Albert Cayabyab

Jessica Nyirarvdodo

# Aspirations

Care home nursing has for too long been viewed as nursing's poor relation, with low morale, low status and low self-esteem. Whilst nursing has embraced a raft of advances in the profession, care home nursing often remains overlooked. Care nursing has a significant role to play in long term care and arguably offer significant nurse-led services. Without the on-site support of medical colleagues and the wider multi-professional team, care home practitioners are nurses working at the cutting edge of nursing practice.

Care homes deserve recognition for the excellent care they provide along with the potential opportunity they offer for learning for students.

To that end, Care England was awarded a grant to lead a pioneering pilot programme to establish a Teaching Care Home model with five existing care homes. Homes that continue to provide excellence in care home nursing alongside creating a learning environment that will meet the life-long learning needs of the team and provide undergraduate education placements that will promote effective learning and inspire nurses to work in the care sector.

# Purpose of the pilot

## Objectives of the pilot:

To develop a Teaching Care Home model with 5 nationally prominent existing care homes spread geographically across England.

These homes will be supported to become centres of excellence in person centred care with learning embodied in spirit and practice; delivering improved care for older people through staff empowerment and education.

## Aims:

- To ensure we have a workforce which has pride and desire to work in long term care settings, championing the vital role of nurses and protecting the future flow of recruits into the profession.
- To improve the image and visibility of care home nursing to undergraduate nurses and across wider spheres.
- To enhance the health and wellbeing of residents.
- To champion and mentor the broader care home workforce.
- To increase learning opportunities for all care staff and continuing professional development to nurses in the sector.
- To create an environment where practice development and improvement is embraced and used to find innovative solutions to address the key challenges faced by the adult social care sector.

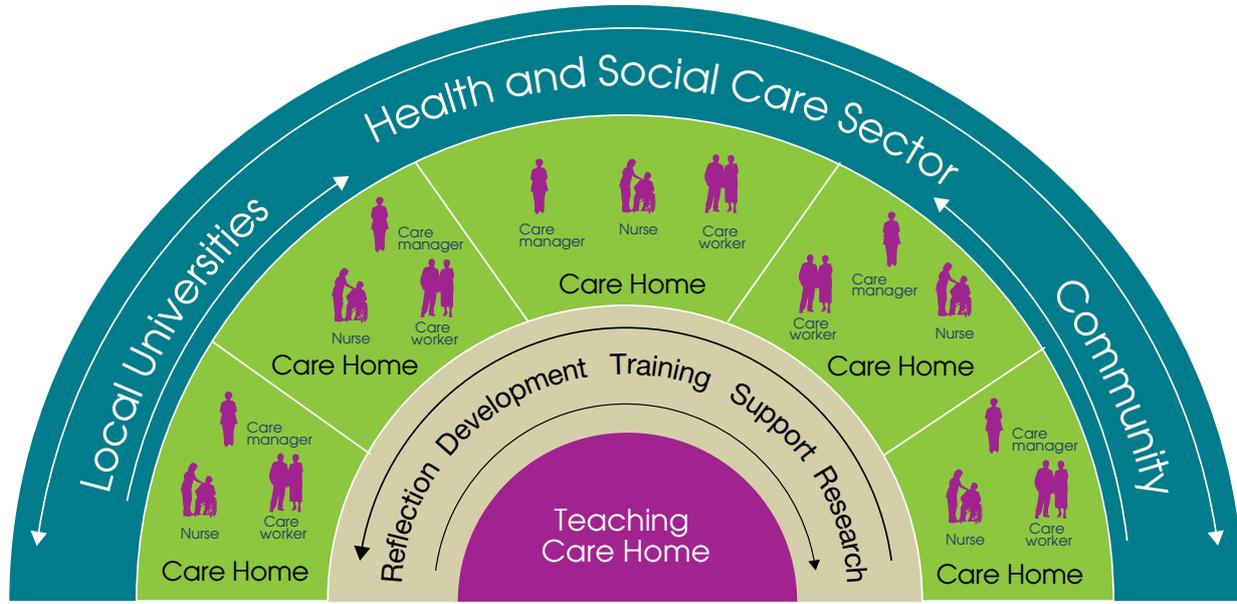
## The partnership:

- Overall direction and leadership from **Care England**, the largest representative body for independent social care services in the UK, with expert guidance from Deborah Sturdy.
- Five leading care homes, **Lady Sarah Cohen House (Jewish Care)**, **Rose Court (HC-One)**, **Berwick Grange (Methodist Homes Association)**, **Millbrook Lodge (Orders of St John Care Trust)**, **Chester Court (Barchester)** chosen as centres for innovation.
- **Manchester Metropolitan University** developed a framework for a Teaching Care Home and explored the learning environment for both team and undergraduate learning.
- **The Foundation of Nursing Studies** developed a bespoke development and support programme for each of the five homes.
- **The International Longevity Centre - UK** are the lead research and impact partner.

## Principles:

- **Collaborative** – Partnership working was key to the pilot and encouraged at all levels; with all care home staff, the broader health and social care community and local academic institutions.
- **Pioneering** – Being innovative with both design and conception, showcasing a new model for nursing care homes to the sector.
- **Co-produced** – All participants were engaged from the outset as equal contributors to developing the Teaching Care Home model. Each home was supported to work with staff, residents and relatives to identify a focus for their individual improvement pilots.
- **Person-centred** – This applied to all residents, relatives and staff and was recognised as a key pillar of a Teaching Care Home.

# Actors and agencies



- Care Home Lady Sarah Cohen House
- Care Home Rose court
- Care Home Berwick grange
- Care Home Millbrook lodge
- Care Home Chester court
- Care England
- Manchester Metropolitan University
- Foundation of Nursing Studies
- International Longevity Centre

# Key interventions

- **Identifying five nationally prominent care homes to take part in the pilot.** Each home led a key improvement pilot that would add value to local care practices and the wider sector.
- **Creating a vision for the Teaching Care Home model.** This was a collaborative and iterative process starting with the pilot participants and later involving the wider sector and profession, residents and relatives through tweet chats and roundtable discussions.
- **Strengthen the leadership and care culture.** A programme of development and support was led by expert facilitators with a focus on person-centredness, leadership, culture and learning. Additionally, one to one coaching focused on individual learning needs.
- **Sharing learning to reach centres beyond the pilot.** Liaison with a wide range of sector staff and experts to identify the best ways to share and disseminate the learning so it can be adopted and applied sector wide. This approach is intended to focus on reaching across localities/ regional populations.
- **Building local university partnerships.** The pilot developed strong partnerships to support ongoing staff development, create learning placements and promote care home nursing to undergraduates. The teams involved in the pilot will, through their academic partnerships, have the opportunity to share their progress and development with nurses on undergraduate programmes of nursing.
- **Improving the image of care home nursing.** This was done through ongoing communication and stakeholder engagement to create momentum and traction for the pilot and its broader aims of promoting care home nursing.
- **Spreading the outcomes.** Throughout there was a strong commitment to work with other national care and nursing organisations to promote and raise awareness of Teaching Care Homes and the learning and development opportunities it provides through their networks.

## In Focus – Activities within the Care Homes

	Berwick Grange	Chester Court	Millbrook Lodge	Rose Court	Lady Sarah Cohen House
<b>Area</b>	Harrogate	Northumbria	Gloucester	Manchester	London
<b>Provider</b>	MHA	Barchester	Orders of St John Care Trust	HC-One	Jewish Care
<b>Focus of Project</b>	Address nursing shortage by helping non UK nurses prepare for and achieve UK registration with the NMC	Improve nutrition of residents Reduce hospital admissions as a result	Improved hospital admissions and discharge for older people	Reflective Practice across all staff	Training, development and communication
<b>Specific Activities</b>	Support for foreign nurses to pass the International English Language test and demonstrate clinical competence Onsite bespoke language training and support	Working with residents and staff to review nutrition and mealtime practices. Adopting a more person-centred approach Greater flexibility in timings, choice and location of eating for all residents	Introduction of 'Red Bag' inspired by Sutton CCG vanguard projects Introduction of checklist medication, glasses, hearing aids, personal belongings	Formalised time, support and structures to encourage all members of staff to reflect on their everyday practices across the home	Hosted student nurses from Middlesex University Introduction of Apprenticeship Scheme Regular and formalised team meetings

# Vision statement

This vision statement was developed through a collaborative and iterative process. The initial content was created by the pilot participants. During the course of the pilot, this has been reviewed and debated through a series of tweet chats and round-table discussions. These involved the wider care sector, the nursing profession and care home residents and relatives. As the 'Teaching Care Homes' model becomes embedded the statement will be visited and refined further.

"Teaching Care Homes demonstrate an ongoing commitment to person-centred care and ways of working, which will be experienced by all who live, die, visit and work in the home. They are centres for learning, practice development and research, actively engaging with staff, students, residents and the community. They have strong working relationships with academic and education providers and are a resource for other care homes."



## A Teaching Care Home pilot

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# We 'dare to care' - Care homes and nursing at the frontline of our response to ageing



# About this booklet

**Care homes are at the frontline of health and social care provision today, caring for an increasing number of older people. We know the sustainability of the entire sector is under threat with an ever-growing risk of closures but demand continues to rise.**

In this booklet – we ‘dare to care’ – we present compelling new analysis and evidence of why care homes are not only integral to our older citizens and their families, but also to the wider economic wellbeing of our workforce and communities. Care homes in England employ approximately 670,000 people, caring for just under 400,000 older people, who have complex health needs.

Care homes now provide more beds than the NHS and yet healthcare for care home residents remains a ‘Cinderella’ service, furthermore the registered nursing workforce is often overlooked, underappreciated and face multiple challenges on a day to day basis.

Recruitment, retention and professional development are all critical factors for the profession. As part of the Teaching Care Home pilot, we want to reenergise and reframe the very essence of nursing and make the case that care homes are a place where nursing truly comes into its own.

As part of this booklet, we present evidence on the views and ideas on what needs to happen in the future, gathered from expert interviews from across the health and social care sector.

# A snapshot of care homes today

Care homes are a catch-all term used for **Nursing Homes** and **Residential Homes**.

In the UK there are **405,000** people aged over 65 living in a care home = **4%** of the older population.

Just under **30% of people** live in care homes for more than **3 years**.

**Depression affects 40%** of older people in care homes.



**90%** of residential and nursing care services now delivered by **independent providers**.

**75% of care home residents are women.**

In England, Care homes employ **670,000** people, with **305,000** working in a nursing care home.

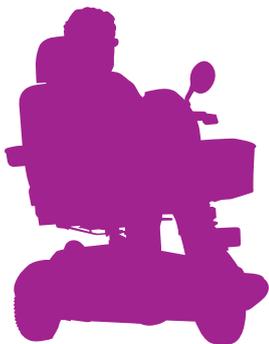
Average age of care homes resident is **mid-80s**.

Market worth an estimated **£16 billion per year**.

Demand for care home places have been predicted to rise by **up to 150% over the next 50 years**.

**70%** of people in care homes have **dementia or severe memory problems**.

The workforce is **80% female**, with many overseas migrants.



# Key challenges facing the care home sector

## **Financial challenges:**

- National Living Wage
- Centrally imposed cost increases such as new inspection regimes
- Reductions in local authority funding for state funded residents
- Recruitment and retention of staff within the sector

## **Organisational barriers:**

- Barriers between organisations in different parts of the health service and between the NHS and other sectors, in particular social care
- A lack of financial and clinical accountability for the health of the defined population
- Variations in policy, process and supporting systems (such as information technology) across organisations

## **Care barriers:**

- A narrow focus on medical rather than holistic needs
- Lack of integrated care planning that focuses on prevention and pro-active care
- Variable access for care home residents to NHS services
- Lack of continuity of care and the difficulties faced by the current workforce crisis  
(Source: NHS England 2016)

# A snapshot of care home nursing today

**49,500 registered nurses** working in **adult social care** in 2014.

The **average age of a nurse is 47 years old** in adult social care.

Overall fewer nurses in the workforce - **655,000 as of March 2015 to 661,000 nurses in 2007.**

The mean (FTE) annual pay rate for registered **nurses** in the adult social care sector in 2015 was **£24,300.**

**34%** of nursing staff in adult social care have left their role within the past **12 months = 16,800 leavers.**

Vacancy rate of **9%** for nurses; this gives an average of **4,500 vacancies at any one time (in adult social care).**

2015/16, a total of **9,388 nurses** and midwives registered to come and **work in the UK from other EU countries.**

Almost **two thirds (61%) of nurses had a British nationality** and **39% non-British.**

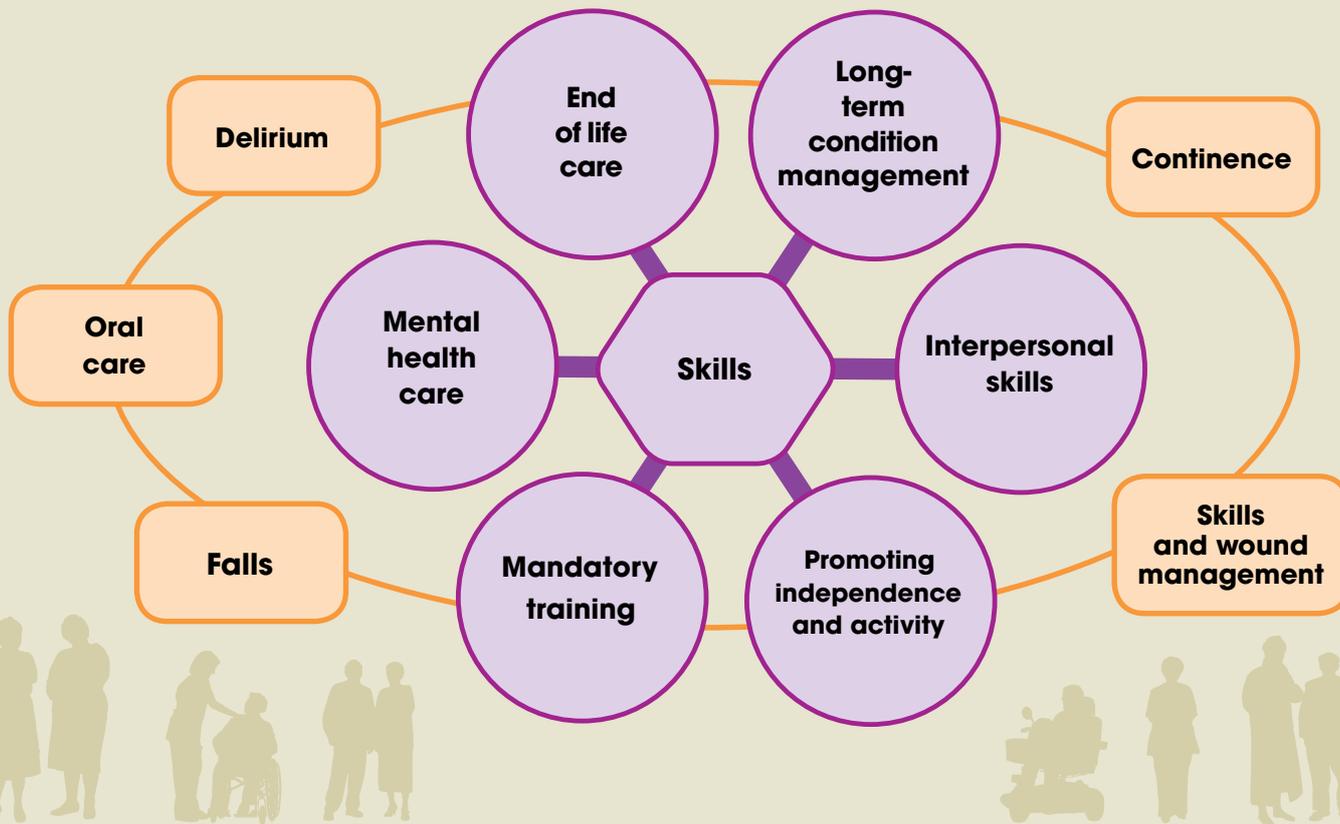
**Number of nurses** registering to work here since the Brexit referendum has fallen by **90%.**

Registered nurses working in the adult social care sector are **predominately female (87%).**

**Estimated overall shortage of 47,545 registered nurses in 2016.**



# A snapshot of nursing today



# Challenges facing the nursing workforce in care homes

## **Key challenges facing the nursing workforce in care homes:**

- Rising level of care and health needs amongst residents
- Inappropriate admissions to care homes
- Poor nursing skills mix
- Overall inadequate staffing levels, high staff turnover and low levels of training across the broader workforce

## **Specific challenges related to nursing education and training include:**

- Working in a care home can be viewed as unattractive and of low status compared to other nursing in areas such as intensive care or surgery
- The lack of funding to provide education for nursing staff above essential mandatory training
- Training is often focussed on the need to fulfil Care Quality Commission requirements, rather than an ongoing commitment to nursing workforce development
- The fear training will be compromised due to reduced fees for residents from local authorities

***“The lack of development opportunities for nurses working in care homes, the poor perception of working with older people generally and the view that working in a care home is not a viable career path, all pose significant challenges for the future of our nursing workforce and critically those they care for.” (Independent expert)***

# New analysis on the growing challenge of recruitment and retention of nurses in care homes

We know the future of our care homes and the wellbeing of residents is under threat partly due to nursing shortages and high turnover rates. In this last section, we provide new data which highlights just how serious the problem is and which areas of the country are worst affected. To provide a detailed profile of workers in care homes (with and without nursing), we used the latest available data from the National Minimum Dataset for Social Care (NMDS-SC) worker analysis file and provision analysis file (June 2016).

## Just how big an employer are care homes?

	Number of people employed in care homes with nursing	Number of people employed in care homes without nursing
Direct Care	188,615	267,549
Manager/Supervisor	10,686	29,615
Professional	36,849	2,099
- of which registered nurses	36,002	1,466
- of which occupational therapists	331	147
Other	68,869	63,815
<b>Total</b>	<b>305,019</b>	<b>363,077</b>

# New analysis on the growing challenge of recruitment and retention

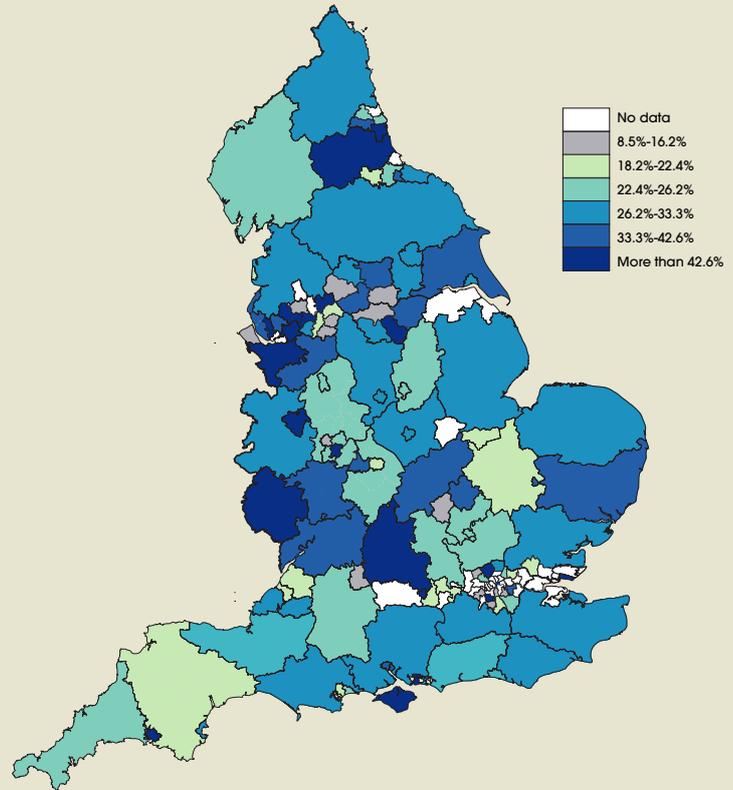
Effective recruitment and retention are important for any business due to the high cost of replacing leavers. As we know the recruitment and retention of registered nurses is particularly challenging. Our estimates from the NMDS-SC **reveal that nearly 1 in 3 (29.3%) nurses working in care homes left their workplace in June 2016, above the turnover rate of staff working in care homes (25.5%) and well above the average turnover rate of all employees (15%) in the UK.**

Estimates show that turnover rates for nurses working in care homes (with nursing) tend to increase with the size of the establishment. However we must bear in mind our sample contains only a few very large employers, therefore the estimates might be biased.

	Turnover rates for nurses working in care homes	Total staff turnover in care homes
Micro - less than 9 members of staff	NA	40.0%
10 - 19	26.5%	16.9%
20 - 49	28.6%	25.7%
50 -99	30.9%	24.5%
100 - 199	27.1%	24.1%
200 - 249	26.1%	23.5%
More than 250 people employed	16.3%	22.9%
<b>Average</b>	<b>16.3%</b>	<b>25.5%</b>

# New analysis on the growing challenge of recruitment and retention

Our analysis reveals nurse turnover varies hugely across the sector, and it varies both across types of organisations and across the country. See our map for the areas of the country worst affected:



# A snapshot of care homes today

**Based on expert interviews we asked people at the frontline and at the policy and strategic level - what really needs to happen?**

## Funding

*"Because of constant Local Authority revaluation of commissioning and who receives care, there are now lots of different approaches from lots of different local authorities, which for a big provider working over many local authorities is very challenging."*

“

*"It's all about funding. Training is important, but it's more funding".*

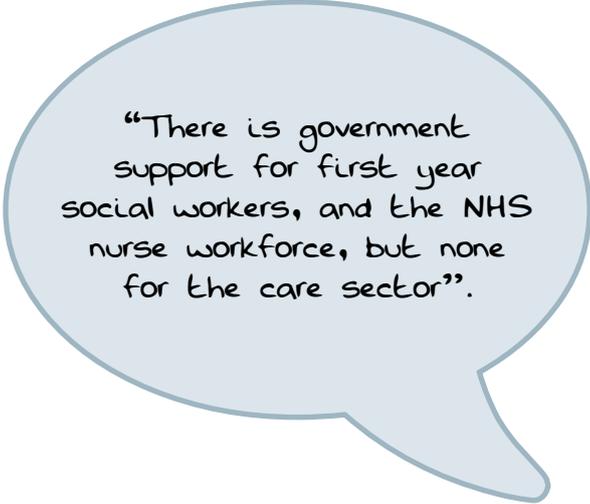
*"What I get all the time is that 'you need to do more'. But you can't do more without funding. It's the quality at risk".*

*"We need to sort out the money. It needs to be sustainable. The precept might help, but we can't often tell if the precept has actually been used correctly".*

*"We need to stabilise the sector in terms of the wider funding pressures. We are working with Local Authorities who are constantly having to save money, constantly revaluating what's affordable... this has led to an 'eBay approach' to commissioning fees".*

”

## Divisions and schisms in health and social care



“There is government support for first year social workers, and the NHS nurse workforce, but none for the care sector”.

“

“There is a need for collaboration between care homes and hospitals. There is a big disconnect now”.

“The sector needs to collaborate with health. Exchange skills, work out what their different remits are, and what their respective strengths are. For example, they could introduce secondments between care homes and A&E. They both treat the same people!”.

“We need to make sure the resources that are available through the health system for supporting the development of nursing should be made available to the care sector. For example, CPD for care home nurses is insufficient. This is predominantly because funding is provided through a health organisation”.

”

## Workforce

*“We need to continue to professionalise care homes, and not be seen as a ‘Cinderella Service.’”*

“

*“It’s about innovative ideas that produce solutions to the overarching problem of recruitment and retention. We need to think a lot in terms of how we can develop our existing workforce and make them feel more valued”.*

*“The sector is not even funding workers to go to training. There are gaps in staffing, with so much use of agencies. It stunts the workforce. They think ‘why should I have a CPD programme, why should I invest in the workforce when turnover is so high and the workforce is so transient’.*

”

## Organisational barriers

“

*“There is a lot to learn from the bottom up, from carers and nurses. They know the business; they know what works. They come up with things managers couldn’t come up with. But the people on the ground just don’t have the time”.*

”

*“From an organisational point of view, providers need to start learning from the grass roots, driven from the bottom up. That is important”.*



## A Teaching Care Home pilot

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A Teaching Care Home pilot

# Hidden and unheard voices from the care home



# About this booklet

**This booklet provides a chance for the voices of the care home staff who participated in the Teaching Care Home pilot to be heard.**

Far too often, care home staff are underappreciated and research focusses on the larger-scale, macro picture. The purpose of this booklet is to allow the true voices of the care home sector to come to the forefront.

We include, the opinions of:

- registered nurses
- care assistants and
- care home managers

Who discuss their work and experiences and what lessons they learned from being a part of this Teaching Care Home pilot.

Care homes are the bedrock of local communities. They may be homes for our grandparents or parents, and we know that one day we may need to move in to one. They are also a boost to local economies, providing employment opportunities to many however the hidden voices inside the care homes are too often ignored.

This booklet has been informed by a number of sources collected during the Teaching Care Home pilot. These include appreciative interviews with members of staff at each Teaching Care Home site. Evidence is also drawn from tweetchats and blogs written by participants of the programme about their personal journeys.

# The voices of registered nurses in the care home sector

## What is going right in the sector?

The registered nurses who were interviewed often spoke positively about the person-centeredness of their work. This was contrasted with nursing in the NHS; in a care home setting, some of these nurses felt that they had the opportunity in their job to form meaningful bonds with both residents and their families. One nurse, who went into care home nursing after doing a student placement there said “I really liked those sort of long term relationships and (the residents) recognising me”. One nurse noted there was often a lot of humour and emotion involved in the job, as they often have more time to develop a connection with the residents and families than they would have if working in acute hospital care.

The importance of leadership and good management was also highlighted in retaining talented nurses in the sector. One nurse was particularly enthusiastic about their manager, and crediting them for continuing to work there. They stated “I said I would stay until (the

manager) retired”.

Another said that they “value my seniors sitting down with me and listening to my concerns... I feel I can be open and honest...

Improving standards. Looking at individualised care. I feel I’m listened to”.

“The purpose of this booklet is to allow the true voices of the care home sector to come to the forefront.”

At the heart of the pilot was the emphasis on using the ‘care home as a classroom’, and this was appreciated by the registered nurses involved. One nurse was enthusiastic and grateful for the responsibility placed in them by the care home company, saying “I wouldn’t have put myself forward in the first place but now I feel very confident to deliver training... it’s education in a way, it’s happening all the time, you are supporting other staff whether you look at it like that or not”.

## **What needs to improve in the sector? How can change be achieved?**

The nurses also called for more access to continuing professional development (CPD) - in terms of both developing their own skill set and achieving their career goals. One nurse had the goal of becoming a nurse prescriber, another nurse to become a care home manager. However, they had not mentioned it explicitly to management in the care home.

A number of nurses expressed support for continuing to strengthen relationships with universities, colleges and care homes, in order to further CPD. One stated there was a lot of benefits to be had in face to face teaching as there is a danger in e-learning that staff *“come in and try to skip the beginning and do the questions... I think you learn more face to face in a more informal setting than a classroom setting... ticking boxes doesn't mean you learn anything”*. Another nurse also stated that *“in-house, hands-on training works better in a care home setting; a lot of their carers “are scared of the classroom experience”*.

As we know, workforce challenges often dominate care homes. One nurse linked the need for investment with more education and training, suggesting that working in a care home needed to be seen as a valid, interesting and rewarding career option, and good education and training on the job can attract high-quality people to the sector. They said *“we want to attract people in because they want to come in... it wants to be a place people feel like they can grow and they can be supported and companies have to look at staffing levels”*.

Many of the people involved with the pilot spoke passionately about the existing talent already in their care home. One nurse argued for more investment in training staff already in the care home, who they knew they could rely on, rather than spending money on recruitment just to see the new member of staff leave after a few months. Another nurse argued for clearer career pathways, as *“at the moment in this company the staff can't grow... there's a lot of talent we could use there and it's just finding the pathway”*.

# The voices of care workers in the care home sector

## What is going right in the sector?

Throughout the interviews with care workers, it was clear that a passion and drive to improve the lives of the residents they care for underpins everything they do. They were proud to provide this care and support to their residents and the families of residents. One carer spoke passionately about their drive to provide a home to their residents that is person-centered and as similar to their previous home as possible; they said that family members had cried when they came to the home *“because they thought... this is it, my mum will never come out of this place again and yet she was out, active in the community, and it is those kind of things that make the job worthwhile”*.

With regard to learning and training in their places of work, one carer stated they particularly enjoyed training on communication skills: *“it has improved the way I communicate to my residents and their family members... my communication has really changed during all this training I have been going through”*.

It was also acknowledged that training in a formal sense has merits, but is more effective when coupled with real life experience in the care home, or experiential learning. A carer of 13 years described the importance of this whilst discussing dementia care. *“I think a lot of dementia care comes from experience... there’s only so much you can learn from a text book”*. They highlighted the importance of being flexible and adjustable to each unique situation, they added *“we have the dementia awareness training that goes on but a lot of it comes from imparting personal knowledge as well, like the more experienced carers helping the new employees learn”*.

When discussing their role in the care home both during the pilot and in a wider context, the carers who were interviewed identified the importance of feeling valued by management and appreciated by other members of staff. Some carers who were interviewed felt that they were often role models to newer members of staff, a role which they appreciated.

## **What needs to improve in the sector? How can change be achieved?**

All carers who were interviewed disliked e-learning as an educational tool. It was seen as just “*ticking a few boxes*”, and participants could pass the multiple choice test at the end because of a “*lucky guess*”. Like the nurses interviewed, they were worried that staff do not absorb the required information if it is delivered online. This dislike appeared to be due to the desire to do their job to the best of their ability; one carer said “*that might prove that they have done the training but it’s not proving that they are competent in that training*”. The preference for face to face interaction rather than via email with either their mentors or managers was also expressed by many carers.

The lack of investment in education and training was seen by some carers as problematic and a restriction on what they want to achieve in their careers, also practical factors such as irregular and anti-social shift patterns acted as a barrier. Whilst there was flexibility for the mandatory courses, the optional ones which could boost their career

were not feasible for many care staff with their working hours.

In terms of positive changes to be made, one carer suggested an approach to training which is person-centered “*there should be time allocated to ensure that people are receiving the right training so you can sit down with people and find out their needs and wants*”. Another carer also requested more access to computers during their working day or night. The current situation in their home means that if they need to research a certain condition, they must go to the care home manager’s office. If they had access to a computer “*I wouldn’t have to go prodding people to do things for me*”.

# The voices of care home managers in the care home sector

## What is going right in the sector?

In conversations with the managers, it was articulated that the environment and ethos of a care home is key to getting the best out of staff. One manager described the ethos as “we can”; in other words, staff should not just follow a routine and follow the lowest common denominator in terms of providing care. This particular manager was very strong in their belief that the staff shouldn’t “just follow the routine”.

Some of the managers interviewed spoke in detail about their approach to managing staff, and how support for all staff in the care home sector is important. One manager pointed out that “If you have a number of deaths, the staff need support as well... it’s about knowing your staff and being able to support them”. The

This particular manager was very strong in their belief that the staff shouldn’t “just follow the routine”.

theme of the importance of supporting staff was echoed by other managers. One discussed the importance of being a visible presence in the care home, regularly interacting with residents and staff. Another highlighted that their office is “opposite the front door”, making the management of the care home more visible and accessible.

As well as supporting staff and being a visible presence in the care home, managers also expressed the importance of acting as a role model to other members of staff. One described how they “try to set a good example amongst the staff group”. As well as the importance of being a role model, three managers also described how they use a ‘buddy system’ to integrate and train new members of staff. One manager said they always use the same two

members of staff to act as mentors, who they “trust implicitly with the care and the way they work, they are good examples for anybody new coming in and they are aware of how the induction programme works”.

## **What needs to improve in the sector? And how can change be achieved?**

As with the other staff interviewed, these managers heavily referenced more opportunities and funding for training and staff development as a priority for their care home, a lack of financial resources was identified as a main barrier to this. One manager stated this was particularly relevant due to the acute

lack of nurses in the sector. The same manager also stated that another barrier, for carers, is the time staff need to spend away from their shift if they are to complete training. The shortages of

*“Three managers also described how they use a ‘buddy system’ to integrate and train new members of staff.”*

registered nurses in the sector and the thinly-spread carer workforce are challenges that are connected; one manager pointed out that they “explored the nurse practitioner and nurse prescriber, and it is literally impossible because of the amount of time they have to spend doing the training”.

The managers interviewed did have suggestions on how to improve this situation. Some managers stated that a good care home focusses their limited training resources on committed, passionate staff that want to progress in the sector. As one manager said “if they come to work as a carer and want to progress, we could give them the opportunity... for example, go to college and study health and social care”. Another manager added that it is important to recognise “the people who really do want to be here, who really do want to take on board everything that has been said and developing that person”.

The preferred method of training was also discussed; one manager felt there was a need for their staff to be able to have more time to reflect on their achievements and challenges

in the week. They suggested sitting down at the end of their working week and reflecting *"have we done something well today, or even, this upset me today, did it upset anybody else, to talk about issues that they have that maybe they won't come to me with ... because they are busy on the floor, they don't get to discuss it"*.

All the managers of the homes who were interviewed were interested in hosting student nurses on placements and three of the care homes did so. The managers described their plans to bring in more student nurses, and one manager discussed potential problems in taking on student nurses and was frustrated at the type of student nurse that they were sent; they were often sent mental health nurses, rather than general nurses.

One manager was frustrated that students are sent to the home as a last resort because they can't find a placement elsewhere. This made the manager feel the home is seen as second class and they wondered if the students feel this too.

The manager also felt the staff at the university

did not appreciate the reality of care home nursing. They asked *"how many university placement teams have actually walked into good care homes recently..."*

*How many have actually had a look around and actually seen what good care home placements are like?"*

One manager strongly felt the image and stereotype of care home nursing was wrong, and not thought out by those who were in charge of assigning student nurses. They stated that care home nursing gave students important experience in skills such as leadership, budget management, complex clinical care, decision making, innovation and responsibility.

The managers were all passionate about the need to promote a positive vision of the realities of care home nursing, this could be achieved

*I am  
fed up of being  
'done to' instead of  
'working with'"*

by attracting more student placements, by getting university placement teams to see what working in a busy, good care home is like as a nurse. Another manager also suggested that it should not only be student nurses they are wanting to attract, it should be student physiotherapists and student occupational therapists. Another manager stressed the need to engage with the wider community to change perceptions; they invite the local primary school in once a week, *“as you know so many children don’t have contact with older people, this is the only contact they’re going to have”*.

As well as the perceived negative image held by universities about care home nursing, some managers identified other groups that often held negative attitudes. One manager felt that CCGs viewed care homes as

*“As you know so many children don’t have contact with older people,”*

a *“poor relation and Cinderella service... I am fed up of being ‘done to’ instead of ‘working with’”*. Another manager felt this view of care homes are held by wider society as a whole, who view the only “proper job” in nursing as being in a hospital.

The managers frequently asserted that care home nursing is a specialism, with certain skills required that often make it more challenging than hospital nursing. As one manager stated:

*“If you want to learn about staff leadership, I’ve got 150 staff that need leading. If you want to learn about managing a budget and appropriately staffing units according to our budget, I’ve got £3.2 million coming in and out. If you want to learn about decisions you make and how they would directly affect an individual’s care, I’ve got individuals here with very challenging nursing needs”*.

# Personal journeys from staff on the front line of the Teaching Care Home pilot

**In this section we record the voices of the care home staff who participated in the Teaching Care Home pilot. Below provides a snap shot of their personal and professional journeys they went through after receiving the training and mentoring and participating in the pilot.**

“ My experience has been helpful in exploring and sharing ideas with everyone. It's helped me be more open about how I feel without feeling embarrassed or intimidated.

It has encouraged me to learn and seek out new avenues to improve my knowledge and skills and share my knowledge and skills with others.

I have enjoyed listening to other care home experiences from some lovely people.

Thank you everyone.

Looking forward to moving forward and being a pioneer (I love that word).

”

On what was happening before the pilot:

“[We] didn't/couldn't describe what we do and why we do it”.

On what staff are able to do now:

“Developed an ability to describe the culture and aim and ambitions of the home”

“Able to represent the choice and wishes of the residents”

“More engaged with the staff team”.

“Asking questions, getting feedback and using this to develop services”

“Now it is clear we are going in the right direction”.

“

“During the course of this project I feel: I have a voice that has been listened to. I can freely express thoughts and opinions.

I have learned from others and from their perspective. I confidently feel we can make changes. I have learned valuable leadership skills. I feel I can make a difference that will enhance the lives and wellbeing of others. I feel proud of my achievements and this project has enabled me to reflect upon this”.

”

“

“I feel more able to help my staff to progress in their role.

There is improved team working, and person-centered care”.

”

“As a carer, I feel like we are going to be valued more by the Government and be asked about our views and I can visualise now after this workshop there will be a positive outcome for every care home to be the centre of a learning environment, not only for the staff, students but also families”.

“

When I went back to the care home [after a training session] I could see the difference in myself, I sort of understood the need of having an open mind, evolve, change and adapt”.

“I feel I have the assertiveness to say and do things in a different, better manner that ultimately benefit not only me but the residents and of course the home.

”

There are the things that change changed since coming on the course  
Improved feedback from staff due to the smaller groups, and not just one big staff meeting.

Improved weight gain of residents due to managed intake and support from dietician.

Happy residents now that they can eat when they want off the alternative menu."

“

“The company has allowed me access to leadership courses and the coaching sessions have enabled me to look at my strengths and weaknesses within the role”.

“General communication in the home with staff, residents and families have improved through meetings, surveys and responses to requests”.

“Networking in the local community has improved. I work closely with the University and I am involved in student placements. Also I have been contacting other regions”.

“I am really pleased that as a group we are going to continue contact and sharing ideas”

”

“

### **On what skills they have developed on the programme:**

“Given ideas for various ways of teaching/learning – creative learning”

“Saying ‘thank you’ and ‘job well done’ more often to staff”

“Ways of making a team work better – team building”.

”



## A Teaching Care Home pilot

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A Teaching Care Home pilot

# A Teaching Care Home – Impacting, Inspiring and Informing



# About this booklet

**In 2016-2017 a small group of care homes and nursing professionals came together to create and develop the Teaching Care Home pilot. This pilot, above all else, aimed to champion, empower and inspire the sector and create a legacy of learning for future care homes.**

In this final booklet, we aim to capture some of the key learning and outcomes from the pilot and assess the impact and success of the pilot, against the objectives set out at the beginning of the pilot. We also want to inspire others across the sector to understand the value of the Teaching Care Home approach and share some of the learning that has been gained.

It is worth noting that the care homes involved in this pilot are only part way through their journey and therefore, we would like to stress that the findings in this booklet are preliminary and indicative at this stage, but nevertheless should provide useful building blocks of learning and development.

We provide a snapshot of the Teaching Care Home pilot, with a summary of final outcomes and outputs from each care home site, with an 'in focus' case study from Berwick Grange. We then present an overview of the outputs from the pilot partners, Manchester Metropolitan University and the Foundation of Nursing Studies, before assessing the overall pilot against the stated objectives. We finish this booklet with quotes from the real focus of this pilot: the nurses, care workers and managers who are creating these Teaching Care Homes, looking at how the pilot has made an impact on their work.

# A snapshot of the Teaching Care Home pilot

5

Care Homes.

15

Care workers engaged in learning and development, mentoring, coaching and networking.

200

Care workers engaged in wider learning and development activity within the care homes.

- Learning and developing
- Networking and sharing
- Recognising and valuing

- Collaborative
- Developmental
- Pioneering
- Person-centred

Exploration of effective educational approaches in care homes

Developing the concept of a Teaching Care Home

## On the ground activities:

- Workshops
- On-site mentoring and support
- 1 to 1 coaching
- Discussion groups

## Care home pilots:

- Reflective practice
- Education and training
- Nutrition
- Hospital discharge
- Communication and teamwork

## Educational engagement activities:

- Literature review
- Scoping study
- Interviews
- Appreciative interviews

## Media engagement activities:

- Nursing Times and Care England microsite
- Blogs
- Tweet chats
- Press coverage

# Summary of final outcomes and outputs

## Activities within the care homes

### Outputs

Rose Court	Berwick Grange	Chester Court	Millbrook Lodge	Lady Sarah Cohen House
<p>Workshops and 1 to 1 support to introduce staff to the concept of reflective practice and how to develop their skills.</p> <p>Formalised time and structures to encourage staff to regularly reflect on their work: 'what do we do and why do we do it?', to learn and share.</p>	<p>A fully developed career pathway for non-EEA care workers who are nurses in their country of origin to become registered nurses in the UK.</p> <p>Pathway includes tailored tutoring course on improving spoken and written English. Mix of online and face to face learning.</p> <p>Increased connections with Harrogate college, three health and social care students taken on placement.</p>	<p>An approach to nutrition which is more person-centred and responsive to needs and desires of residents.</p> <p>Meal times that were more flexible, and an alternative cold menu which is available at any time of the day.</p> <p>Staff who had expertise in dementia provided training for other staff on the specific challenges regarding dementia and nutrition.</p>	<p>Stakeholder group established and meeting regularly, involving the acute health and social care sectors.</p> <p>Adaptation of Sutton Vanguard project 'red bag' initiative to local context.</p> <p>Development of a checklist of medication, personal belongings etc. for all residents being admitted to and discharged from hospital.</p>	<p>Workshops to explore what it is like to work in the home and ideas for improvement.</p> <p>A smaller meeting between carers which allowed them to share ideas and working practices.</p>

## Outcomes

Rose Court	Berwick Grange	Chester Court	Millbrook Lodge	Lady Sarah Cohen House
<p>Staff who were involved reported increased knowledge, skills and confidence in using reflective practice to improve their work.</p> <p>Staff also reported increased confidence in their ability to carry out their work.</p>	<p>Staff report a change in atmosphere and staff morale.</p> <p>A carer who was a new member of staff is applying for a nursing degree, due to the environment of working in a Teaching Care Home.</p> <p>Too early to record outcomes from overseas nurse development pathway. Seven care workers are about to start the programme.</p>	<p>Increased contact and liaison with the Vanguard in Gateshead/Sunderland.</p> <p>Staff have reported improved weight gain in residents.</p> <p>Improved staff morale, with points scheme introduced to reward staff who 'go the extra mile'.</p>	<p>Improved dialogue between local hospital and care home.</p> <p>Increased contact rates between care home and hospital and CCG.</p> <p>Red bag scheme to be built into care pathway.</p>	<p>Staff who were beneficiaries of the pilot self-reported that they appreciated the time spent together and improved team work and communication.</p> <p>Following the workshops with staff it was recognised that regular team meetings were needed to enable staff to share ideas and discuss issues.</p>

# Summary of final outcomes and outputs

## In focus:

***How Berwick Grange, supported by their parent organisation, MHA (Methodist Homes), used the Teaching Care Home pilot***

For the Teaching Care Home pilot, MHA decided to focus on supporting carers within the organisation to become nurses in their care homes. The first stage of this was to develop a framework of support and training to help their carers who were registered nurses overseas to gain their registration within the UK.

## The challenge

MHA, like all providers in the sector, have an ongoing issue with recruitment and retention of registered nurses.

At Berwick Grange, MHA knew that they had several employees who are registered nurses in their country of origin, and work as carers in the home. There is a concern that across MHA there is a pool of talent in their workforce that is not being put to best use. Berwick Grange and

MHA know that these staff are loyal, committed to the care home and skilled, but require some additional tailored learning and support to fulfil their professional potential.

## The solution

MHA conducted semi-formal interviews with their carers, about what the barriers were and what their nursing ambitions were. It was clear they were a stable group of staff who knew the home well, and had ambitions to progress their careers. The requirements for qualified overseas (outside of the EEA) nurses include passing the English language requirement, completing 10 years of school education prior to nursing training, studying for a minimum of three years for their nursing qualification and undertaking 500 hours of clinical practice.

The biggest barrier identified was the English language requirement. Some carers had tried the International English Language Testing System (IELTS) test but had just missed the level required. For others, shift work, family commitments, the cost of the test and the

location of the test centre were significant barriers.

MHA, in partnership with a specialist language tutor, created a tailored learning programme to help these carers pass the IELTS requirements. The staff were consulted on their preferred learning methods. It was agreed they will be able to meet with their language tutor face to face, but also have online and remote learning elements so they can fit their tuition around family commitments and shift patterns.

MHA is also developing the tailored clinical nursing refresher training programme, to support the carers to achieve their two-stage nursing competency tests for overseas nurses, including the computer based multiple choice examination and the Objective Structured Clinical Examination (OSCE) administered by the University of Northampton.

This project has the backing of the whole community within the home, led by the enthusiastic commitment of the home's manager and supported by other staff, volunteers and relatives, who are taking an active part in helping their carers practice their language skills.

## **Future plans**

This project is still ongoing, as at the start of the Teaching Care Home pilot it was agreed that this project needs to take a long-term approach. After completing the tailored tuition, the seven carers will undertake the appropriate examinations, and hopefully become fully registered nurses.

MHA has put in place a Learning Agreement between the staff receiving the tuition and MHA, to retain the skills achieved through the programme.

This project from MHA hopes to future-proof their workforce, and invest in the talent that is already there in their care homes.

MHA hopes this shows their residents and their families that they are committed to staff development and training, and ensuring that residents receive the best quality care from committed and loyal members of staff. If the programme is successful, the plan is to scope out how many carers across the organisation are in the same position, and then build it in to a career deal for new staff.

# Summary of final outcomes and outputs

## In focus: The Foundation of Nursing Studies:

### Role in pilot:

Throughout the pilot, FoNS has worked closely with the five care home teams, helping them to develop knowledge, skills and confidence to work in their homes, with their colleagues, to strengthen the culture of care and the learning environment. This has involved the development and facilitation of a workshop programme, mentorship and on-site visits to support the planning and implementation of an innovation within each care home.

FoNS also led on the development of a draft vision for a Teaching Care Home. This process started with the care home teams, but then involved a wider engagement process through two tweet chats, three roundtable discussions and a final invitation to comment through appropriate networks. Participants have included health and social care staff, university staff, residents, CCG staff, care home providers.

### Specific activities:

6 workshop days; 3-4 site visits per care home; 4 blogs reporting on/profiling aspects of the work; 2 tweetchats; 3 roundtable discussions.

### Hard outcomes:

A draft vision of a Teaching Care Home

### **Soft outcomes:**

Positive feedback from care home teams about the impact of participating in the programme. For example: developing greater insight into person-centredness and how this might impact on care and staff relationships; the value of reflection as a means of learning in and from everyday practice; becoming more aware of the importance of learning for all staff, both formal and informal; enhanced confidence about their roles within the care home and the fact that they were doing a good job; recognition of the need to engage with staff in more meaningful ways so that their views and perspectives feel heard.

Raised profile of good quality care home nursing through sharing of activity through social media.

### **Learning for the future/future actions:**

Further work needs to be undertaken to refine the focus of the draft vision, strengthening the emphasis on learning and research.

Participants need support to reflect on their learning in a way that can be shared, enabling their care homes to become a resource for others.

Relationships between care homes and academic and educational organisations should be prioritised and strengthened to enhance opportunities for both learning and research.

The need for organisational support should be strongly emphasised. For example, organisations making a genuine commitment to facilitating the participation of staff and supporting the creation of learning environments within the homes.

### **Legacy:**

Any legacy is tentative at this stage. If additional funding is secured, the number of care homes involved could be increased, helping to further develop the Teaching Care Home concept, with the ultimate aim of creating a network of care homes that offer excellent care and learning opportunities and who act as a wider resource across the care sector.

# Summary of final outcomes and outputs

## In focus: Manchester Metropolitan University:

### **Role in pilot:**

Educational Researchers.

### **Specific activities:**

Undertook Scoping Study, 15 qualitative interviews with a range of nursing staff, 4 workshops with care home staff.

### **Hard outcomes:**

Production of a Scoping Study; Data analysis of interviews and workshops; Development of Education Framework to support learning in care homes; Recommendations for future practice.

Presentation of research at Royal College of Nursing Education Conference, Cardiff City Hall, March 2017.

### **Soft outcomes:**

Positive feedback from participants who took part in the research.

### **Learning for future:**

Some important findings, which arose from the research included;

The need for effective leadership in the care home setting, to role model good practice and support staff development.

The value of communities of education, within and across homes, to share good practice and provide support to care home nurses.

The need to identify and utilise flexible and innovative learning methods, which appeal to the different learners in the care home setting and to value the care home itself as a valuable developmental area for staff.

### **Legacy:**

Education and Development Research Report.

An Education and Development Framework for Care Home Nurses, which included multiple factors to support thinking about this aspect of practice.

# Summary of final outcomes and outputs

## **In focus: Manchester Metropolitan University:**

### **Outcomes of scoping review on educational interventions in care homes:**

For the full scoping review, please visit [www.careengland.org.uk](http://www.careengland.org.uk)

Educational interventions in care homes tend to have a medical focus and are delivered by 'expert others' leading to a dependency model rather than an empowering approach to education.

Nursing staff face multiple challenges when trying to access education in care homes.

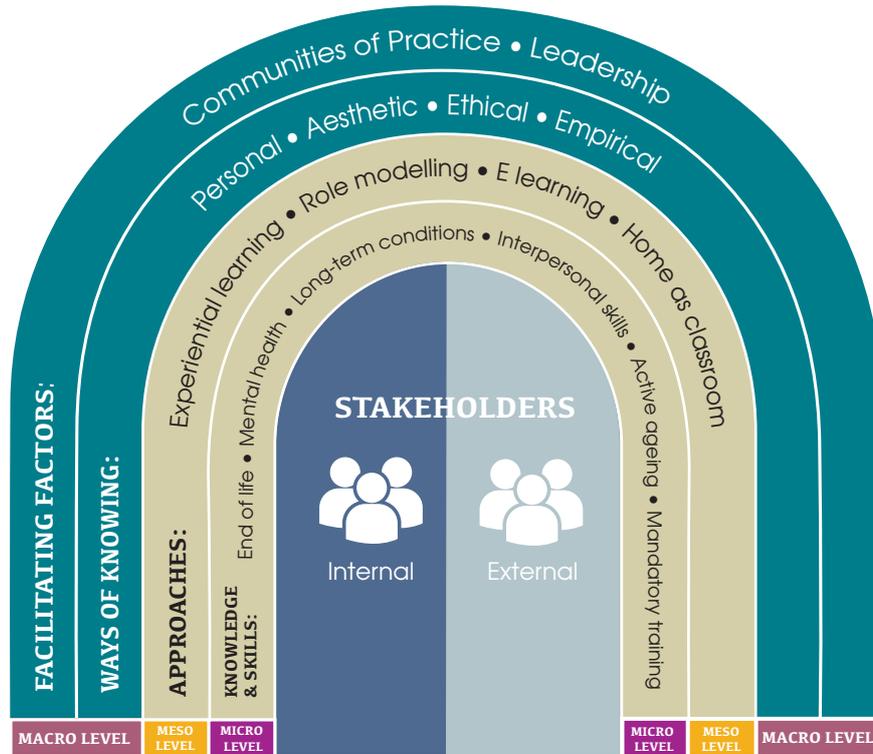
Interventions seem to have an effect on care in some cases although the sustainability of this is unknown.

Education that is tailored to the individual care home and staff is effective.

Staff often have to discontinue their education due to short staffing in care homes.

# Summary of final outcomes and outputs

## In focus: Manchester Metropolitan University's Framework for Education and Development in Care Homes



**Approach**  
Appreciative  
Inquiry

**Methods**  
Scoping study  
Appreciative  
Interviews X15  
Workshops X4

# The framework for education and development of staff in care homes

The overarching aim of the framework, illustrated previously, is to support thinking about, and enhance understanding of, the education and development of nursing staff working in care home settings. Through the research we have been able to identify good practice and the conditions under which it thrives, and these findings have been at the heart of the framework development.

**The 5 framework domains are of equal importance and can be broken down into further detail**

## Facilitating Factors

The Facilitating Factors are the overarching conditions in which effective education and development take place. These include effective Leadership and Communities of Practice. The data suggests that transformational leadership was viewed as the most effective style to support the development of care home staff. Networking

and sharing good practice was viewed positively as a way to develop and support staff in care homes, who might sometimes feel isolated in their roles.

## Ways of Knowing

Based on the work of Carper (1978) these are the fundamental ways of knowing in nursing practice: Empirical, Aesthetic, Personal and Ethical. The respondents in this study described multiple ways of knowing to guide their work with residents in the care home setting.

## Learning Approaches

These are the multiple methods used to support education and development in care home nursing and include; experiential learning, role modelling, E-Learning and 'Home as Classroom'. Along with formal 'methods' some approaches were described as more informal, such as role modelling, which happened opportunistically in the care home

setting. Staff wanted to learn in ways, which recognised their different learning styles and were flexible in their approach, for example, for staff working night shifts.

## **Knowledge and Skills**

This describes the knowledge and skills required to support care planning and delivery in the care home. This list is not exhaustive although based on the scoping study and research data these were the most common aspects, which support effective care in the home: end of life, mental health care, long-term condition management, mandatory training (including, for example, fire safety, infection control and moving and handling), interpersonal skills and support of independence and active older age.

## **Stakeholders**

It is important to consider the requirements and views of the various stakeholders who are involved in the care home setting. These are both internal to the home, for example, residents, families, staff and care home managers, and external to the home, for

example, care home owners, regulators and other agencies such as primary and acute care services. Each has a different but important interest in the promotion of quality, which occurs when staff are educated, empowered and supported.

# Did the pilot meet its objectives?

**At the start of the Teaching Care Home pilot, these objectives were set. Below we assess whether these objectives have been met to date.**

To deliver five nationally prominent centres of innovation, each set up in an existing care home and spread geographically across England.	✓
The development of the draft vision and educational framework which will guide the homes towards achieving the status of a TCH.	✓
To improve the image and visibility of care home nursing to undergraduate nurses and across wider spheres.	Too early to judge.
To provide learning opportunities and structured Continuing Professional Development to nurses in the sector.	Learning opportunities were enhanced but structured CPD was only considered in Berwick Grange. Good progress is being made.
To create an environment where innovative solutions are tested to address the key challenges faced by the adult social care sector.	On its way to being met.

# Summary of activities

## **To deliver five nationally prominent centres of innovation, each set up in an existing care home and spread geographically across England.**

At the pilot start, five care homes were selected from five prominent care home providers. There was a good geographical spread, which was important to the pilot coordinators. These centres of innovation are based in Northumberland, Gloucestershire, London, North Yorkshire and Greater Manchester.

## **To improve the image and visibility of care home nursing to undergraduate nurses and across wider spheres.**

This is the most difficult of all the objectives to determine success. This is mainly because the pilots are still ongoing at the time of writing, as well as the difficulties in determining the overall image of the sector in the eyes of undergraduate nurses. The subsequent engagement after this report publication will also be crucial to this. However, over the course of the pilot timeframe, were part of several conference speeches to the care home sector. Wider stakeholders, including Health Education England, NHS England and prominent national organisations in the health and social care sphere were engaged through a series of telephone interviews, which went some way to raise the prominence of the Teaching Care Home pilot. Further parliamentary engagement is planned, to raise the prominence of the sector and especially nursing in the sector, at the publication of this report. It is therefore too early to definitively evaluate any changes to the image and visibility of care home nursing to undergraduate nurses and across wider spheres.

## **To provide learning opportunities and structured Continuing Professional Development to nurses in the sector.**

All care homes have enhanced the learning opportunities for care staff.

The Foundation of Nursing Studies has provided a programme of support including six workshops, site visits and mentorship. Registered nurses and care home managers also received 1 to 1 telephone coaching. This support has helped participants to develop their knowledge, skills and confidence in leading the creation of new learning opportunities for staff and facilitating practice improvements. Further developments will be supported by the draft vision and the education and development framework.

## **To create an environment where innovative solutions are tested to address the key challenges faced by the adult social care sector.**

This objective is on its way to being met. From discussions with participants of the pilot in all the care homes, an environment has been created to encourage innovative thinking. Many staff have discussed their increased confidence in their own ability to assess the challenges faced by the sector, and how they are the ones who are often best placed in their organisation to develop innovative solutions. It has been encouraging and inspiring to witness the personal development of staff throughout the pilot. If the structures that have been implemented continue to be implemented, such as regular allocated time to reflect on the challenges they face at work or improved dialogue and knowledge exchange with local universities, this will continue to foster innovation. However, this objective must be judged to be on its way to being met. This is because some of the pilot schemes created by the care homes are still ongoing, or about to be fully implemented. It is therefore unfortunately too early to determine success, although early indicators are encouraging.

# Don't take our word for it...

**What did the people who participated in the Teaching Care Home pilot think?**

*What do you think have been the biggest achievements of this pilot?*

“

**Care home manager:**

*“Pulling together a working team across public and private sectors to improve the patient/resident experience”.*

*“Being able to contribute, having own opinion valued”.*

”

**Care assistant:**

*“Improving learning opportunities for care staff which in turn improves the quality of care provided”.*

**Care home manager:**

*“Sharing person-centred care with staff”.*

*“Empowering residents and respecting their decisions, listening to them”.*

**What sort of challenges did you experience in terms of your role in the pilot and how did you overcome them?**

“

**Nursing assistant:**

“I was surprised at how positive the response was from staff despite asking more work from them, they saw the bigger picture of improving themselves and the care we provide”.



”

**Lead nurse:**

“Time, getting support from our very senior management”.

**Care home manager:**

“Establishing multi agency working with a defensive, boundried public sector”.

## Is there anything that surprised you in terms of outcomes during the pilot?

### Care home manager:

"The level of motivation amongst families to engage with the home and project".

### Lead nurse:

“When I shared [feedback] about the project with our fellow nurses – they felt so privileged to work in the care home and take that responsibility on board”.

### Care home manager:

"Surprised at how positive the staff have embraced the project".

**What did you learn personally from the pilot in terms of your own personal development and growth?**

“

**Care home manager:**

*“Development in leadership skills.  
Difference between conscious/  
unconscious decision making  
I can't do it all!”.*

”

“

**Care home manager:**

*“(Before the project) I felt powerless to change problems when it came to the wider healthcare practice. I learned here I could initiate and contribute to change”.*

”

**Lead nurse:**

*“Excellence in care involving sharing knowledge and experience, and reflecting.”*

## What are the messages you would like this report to convey?

“

### Care home manager:

*“Care homes need to be seen in a positive light.*

*We provide teaching and learning facilities for staff, residents and families.*

*We need more integration with health authorities, CCGs.*

*We need to be recognised for what we do”.*

”

“

### Care home manager:

*“Bridging the gap between NHS and care homes.*

*More funding for social care settings.*

*Autonomy of nurses and decision making.*

*Competitive pay raise”.*

”

### Care home manager:

*“Care homes can offer excellent quality care.*

*Care home staff are skilled practitioners with a lot to offer.*

*Without care homes the hospital crisis would only get worse”.*

“

**Care home manager:**

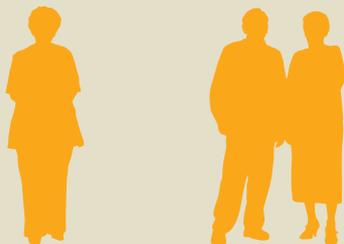
*“Project should continue and be cascaded nationally.*

*Recognition of work achieved.*

*Come and see us in action.*

*Work we are doing is shared with providers of care, CCGs and commissioners.*

*Recognise the value of care homes”.*



”

“

**Lead nurse:**

*“The excellent job done by people in care home sector.*

*It is a daring and adventurous world too.*

*You learn when you work – not just use what you already know.*

*Care homes provide better person-centred care”.*

”

**Care home manager:**

*“Engage with care homes – don’t demonise.*

*If you extend support to them, you will reap a reward”.*





## A Teaching Care Home pilot

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