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Introducing health care skills to residential care

A research team from The University of the West of England, Bristol (UWE) and Warwick Medical School recently conducted a programme of research into different models of improved care in residential homes. Deidre Wild, Sara Nelson and Ala Szczepura explain the findings and consider how to develop a national workforce framework.

In England, over eighteen thousand care homes currently provide places for more than 453,000 clients. Currently, 60 per cent of these places are in residential homes which are staffed by social as opposed to health care personnel. As residents age their health needs inevitably increase, with length of life predicted to increase these high level needs are likely to become more widespread.

The programme of research, which consisted of two studies, was funded by the Joseph Rowntree Foundation over a five year period. The purpose of the programme was to better understand local efforts to improve quality of care through up-skilling social care staff into new roles, including for some with health care practice skills. These innovations aimed to meet the challenge of rising age and the complexity of physical and mental health needs of residents.

Enhanced care

The studies explored different approaches to enhancing health and social care provision for older people in residential homes including training care staff in basic clinical skills. Collectively they provide evidence on observed strengths and weaknesses of this innovation, and identify key challenges for the future. The first study was an evaluation of a joint NHS-local authority initiative providing a dedicated 'in-reach' nursing team to a small number of residential care homes in the South West of England. Selected care staff were up-skilled to National Vocational Qualifications (NVQ) at level three with an 'add on' clinical monitoring skills award designed to improve the early detection of illness and reduce hospital admissions.

In the second study, three different enhanced care approaches that up-skilled social care support workers towards undertaking new roles were studied in three residential homes, a local authority, a voluntary sector, and a 'not for profit' independent sector home for older people. Of these, the local authority home's approach was a continuation of that undertaken in the first study but conducted in a new build home, with increased emphasis upon dementia care and with reduced IRT support from that in the first study.

In both studies, key participants were staff with NVQ3 as the 'new role' carers with and without additional basic health skills awards. Other participant groups included care staff of other grades, care home managers, their parent

organisation managers, and local and national stakeholders. Both studies collected information from a range of methods, including interviews, focus groups, surveys and audit.

Key findings

The first study demonstrated evidence of hospital admissions being prevented, and nursing home transfers being averted. This was challenging in its early stages but relationships improved, and the confidence and professionalism of care staff grew, as time went on and the project became more established. The early detection of illness and the resulting opportunity for early intervention by nursing staff was a major part of the in-reach team's work. Although it was not possible to measure long-term savings in this area, there were likely benefits to residents in terms of improved quality of life. This was particularly true of those people who faced difficulty in communicating their illness and its symptoms and emphasised the importance of more comprehensive routine health assessments as a precursor for better care planning and intervention. Overall, estimates of costs and savings suggested a range between, on the one hand, an extra expenditure of £2.70 per resident per week and on the other savings of £36.90 per resident per week. Savings were mainly recorded in use of NHS services, although intervention costs were borne by both PCT and Adult Social Services. This highlights the need for careful partnership working from the outset if funding is to be sustained.

In the second study, (as in the first) care home managers were identified as crucial to leading change but in some instances they were unprepared for a leadership role. The general desire to enable residents to stay in the home 'for life' was more rhetoric than reality because of lack of resource to meet the potential increase in illness related care costs. Health orientated education and basic clinical skills training of care staff was progressed and was found to produce increased confidence and professionalism in care staff, as well as strengthening relationships with community nurses and GPs. However, there was dissatisfaction with NVQ3 and its assessment system, and little evidence of maintaining competency. The level of 'nursing' activities suitable for 'new role' care staff lacked definition in relation to registered nursing and was felt to produce role confusion for the general public. The importance of accountability, liability and competency to protect both new role care staff and older people was poorly understood and the desire for registration or union membership was also low.

Seeking responses to the findings

Conclusions from the above findings were recently presented to 25 senior level delegates representing older people's charities, the Royal Colleges (Nursing and

General Practice, respectively), and independent, voluntary and public sector' providers, as the basis of a national debate.

The findings emphasised a general need for a cohesive national professional framework and strategy for the social care workforce. This would enable a better standardisation of quality of care and competences for new health and social care roles and practices emerging to meet the needs of aged and infirm resident. The urgent issues raised were:

- The need to overcome public confusion as to the boundaries between the roles and responsibilities of care staff with those of other health and social care professionals;
- Who and what is going to take responsibility for maintaining these skills to a consistent standard, when from a national perspective they are conducted in a largely unregulated system.

Is this the right road map?

Taking account of resource efficiency, delegates agreed 'a road map' with four key routes identified to achieve a national framework for workforce development.

The first route is to improve the performance of home managers by creating opportunity for a chartered professional management qualification building on the Registered Manager's Award. Dr Clive Bowman, Medical Director of BUPA called this 'the key stone for reform because the scale of this is achievable as a start point.' The National Skills Academy for Social Care was generally perceived as already well placed to respond to this development.

For the second route, delegates agreed that registration of home managers and support worker should be competency-based (five of the care provider organisations present already had required carer competencies). Tanis Hand, Advisor for Health Care Assistants at the RCN confirmed that 'this consensus echoes the call by the RCN for statutory regulation of all health care support workers in the interest of public protection'.

Standardised induction/basic training material was identified as the third route. The basic training material should be provided as low cost e-learning to enable the release of funds for more specialist training with leadership from needs-led partnership working, e.g. RCN with Skills for Care, both building upon materials already available. Des Kelly, Executive Director of the National Care Forum stated: 'E-learning has an important place in a blended-learning approach to education and training of social care workers from induction and statutory training to on-going professional development. Partnership working between care providers, the relevant regulatory authorities and national training organisations is now required to inform strategic direction'.

For the fourth route, delegates decided that central to the core philosophy of care homes is the retention of the focus on quality of life. Professor Graham Mulley, immediate past President of the British Geriatrics Society said: 'It is

important to challenge the negative stereotype of inadequate care in nursing and residential homes. Much excellent compassionate and skilled care is provided'.

Further Reading

Residential care home workforce development: The rhetoric and reality of meeting older residents' future care needs. Wild, D; Nelson, S; Szczepura, A. (JRF, 2010). http://www.jrf.org.uk/publications/care-workforce-development

A home for life in residential homes for older people in England; exploring the enhancers and inhibitors. Wild, D; Nelson, S; Szczepura, A. (Housing, Care and Support, 2010)

In-reach specialist nursing teams for residential care homes: uptake of services, impact on care provision and cost-effectiveness. Szczepura, A; Nelson, S; Wild, D. (BMC: Health Services Research, 2009) http://www.biomedcentral.com/content/pdf/1472-6963-8-269.pdf

Innovation in residential care homes: an in reach nursing team project. Nelson, S; Wild, D; Szczepura, A. (Primary Health Care, 2009)

The forgotten sector: the impact of change on workforce development in residential care for older people: Nursing and Residential Care. Nelson, S; Wild, D; Szczepura, A. (Nursing and Residential Care, 2009)

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