



# Training a care home workforce fit for purpose, perspectives from a care home manager

Anita Astle MBE, Manager & MD,  
Wren Hall Nursing Home

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## **Health status of UK care home residents: a cohort study**

ADAM LEE GORDON<sup>1</sup>, MATTHEW FRANKLIN<sup>2</sup>, LUCY BRADSHAW<sup>1,3</sup>, PIP LOGAN<sup>3</sup>, RACHEL ELLIOTT<sup>2</sup>,  
JOHN R.F. GLADMAN<sup>1</sup>

<sup>1</sup> Division of Rehabilitation and Ageing, University of Nottingham, Medical School, Queens Medical Centre, Room B98, Nottingham NG7 2UH, UK

<sup>2</sup> School of Pharmacy, University of Nottingham, Nottingham, UK

<sup>3</sup> Division of Epidemiology and Public Health, University of Nottingham, Nottingham, UK

Address correspondence to: A. Gordon. Tel: 01 15 924 9924 ext 64186; Fax: 01 15 970 9947. Email: [adam.gordon@nottingham.ac.uk](mailto:adam.gordon@nottingham.ac.uk)

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- 75% of residents have dementia
- 2/3 have some form of behavioural symptom
- 57% are incontinent of urine
- Average number of diagnoses – 6.2
- Median number of medications – 8
- 30% malnourished
- 56% at risk of malnutrition
- Average life expectancy
  - 1 year for nursing homes
  - 2 years for residential homes



#### Social Care Network

## The NHS should see care homes as partners, not problems

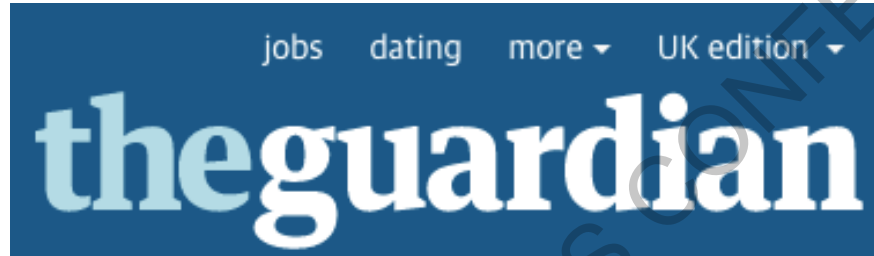
Care homes provide the majority of long-term healthcare to older people but provision is uneven. Our study shows how services can work together better



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Claire Goodman

Monday 18 September 2017 11.02 BST



**i** Care homes provide care that used to be supplied by the NHS, but they are often perceived as a poor alternative that generates avoidable demand on hospitals. Photograph: Alamy

**C**are homes provide the majority of long-term healthcare to older people. They rely on primary care for access to medical support and referral to specialist services, yet studies consistently show that healthcare provision for care home residents across England is unpredictable and uneven.

**OPTIMAL first look**

<https://www.journalslibrary.nihr.ac.uk/programmes/hsdr/11102102/#/>



“I want to be able to provide my nurses with the skills and the competencies to do their bit. To meet the NHS in the middle.”





- Around 50,000 nurses working in care homes.
- Turnover is high at over 30% (> 16,000 leave role/year)
- 44% aged 50 or over
- 1 in 3 (37%) have a non-British nationality.
- Paid less on average (£24,350) than NHS counterparts.

## Priorities for the professional development of registered nurses in nursing homes: a Delphi study

EMILY COOPER<sup>1</sup>, KAREN SPILSBURY<sup>2</sup>, DOROTHY McCAUGHAN<sup>4</sup>, CARL THOMPSON<sup>2</sup>, TONY BUTTERWORTH<sup>3</sup>,  
BARBARA HANRATTY<sup>5</sup>

**Table 3.** Priorities identified in Delphi Survey

Care home nurses	Highest ranked priority	Most frequently ranked priority	Overall top three priorities
Responsibilities of the role	Ensuring resident safety	Promoting dignity, personhood and wellbeing	1 Promoting dignity, personhood and wellbeing 2 Resident safety 3 Enhancing quality of life
CPD priorities	Personal care (e.g. nutrition, bowel care)	Dementia care	1 Dementia care 2 Personal care 3 Managing LTCs
Barriers to accessing CPD activities	Staff shortages/lack of cover	Staff shortages/lack of cover	1 Staff shortages 2 No access to NHS courses 3 Need to train in own time
Types of education and training	On the job/opportunistic training <i>Joint first with</i> Formal courses/qualifications	Formal courses/qualifications	1 Formal courses 2 On the job training 3 External specialist support
How to ensure nursing profession attracts best people in to care home nursing	Care home nurses deserve the same learning and development opportunities offered to NHS nurses	Care home nurses deserve the same learning and development opportunities offered to NHS nurses	1 Offer similar development opportunities as those for NHS staff 2 Increase understanding and valuing of role by NHS staff 3 Specialist gerontological education for care home nurses



- Panel of 26 experts: nurses, geriatricians, physiotherapists, care home staff, occupational therapists, clinical academics
- Competencies questionnaire in 3 rounds
  - Competencies rated as 'essential', 'non-essential' or 'needs further development'
  - Opportunities for free text comments
- Three rounds
  - 22: essential
  - 10: no consensus

- **Essential:**

- Attitudes and relationship-centred care
- Enhancing well-being and maintaining ability
- Assessment and care planning
- Hygiene
- Urinary continence
- Bowel care
- Pain management
- Skin viability
- Pharmacology
- Dementia care
- Cultural, spiritual and sexual needs of residents
- Sleep
- Managing acute ill health
- End of life care
- Moving and handling
- Resident safety
- Team working
- Quality improvement and evidence based practice
- Policy and procedures
- Reflective practice

- **No consensus:**
- Communication
- Knowledge and understanding of old age
- Administering procedures and interventions
- Nutrition and hydration
- Long term conditions and comorbidities
- Management and leadership
- Teaching

- The future of care home nursing...
- Recruitment and retention
  - Immigration controls
  - Potential drop in student nursing numbers
- No expert consensus on some key areas of nursing competencies
  - where is the care home nursing profession going
  - what are the training needs (now and for the future).
- Ageing and increasingly dependent population needing nursing care.

- Where do we go from here?
- Further work needed to develop consensus on core competencies.
  - Achievable for current workforceOR
  - Aspirational and a 'gold standard';
    - Building future capacity in care home nursing
    - Skills for the future (e.g. IV injections/syringe drivers)
  - Achieving a single set of care home competencies in the heterogeneity of care home context.
  - Expected rise in Care Home residents with dementia.
- Evaluation into care home workforce and quality (Spilsbury)



- Development of the 'Teaching Care Home'.
- Long been integral to the acute hospital
- Core part of academic practice for frail older people in the US and parts of Netherlands
- Under developed in the UK
- Two projects currently: led by Dr Deborah Sturdy in London and Prof Jo Hockley in Edinburgh
- Looking to develop similar care home in Derbyshire
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- Development of the 'Academic care home'
- Research and teaching environments with collaborations between universities and service providers
- Will allow trying out new models of care
- Interprofessional training of undergraduate nurses, doctors and allied health professionals

# Thank You





[anita@wrenhall.com](mailto:anita@wrenhall.com)

mobile: 07939630692

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