

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.

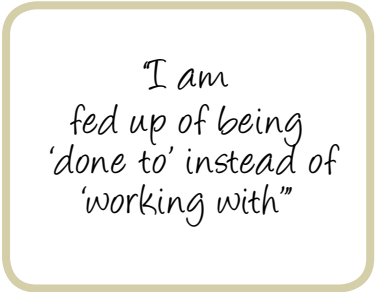
The manager also felt the staff at the university

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

11 Tuffon Street, London SW1P 3QB Tel : +44 (0) 20 7340 0440

ILC is a registered charity: 1080496. [www.ilcuk.org.uk](http://www.ilcuk.org.uk) Published in April 2017 © ILC-UK 2017