Summary impact of the ‘Teaching Care Home’ pilot

April 2017
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For the full impact report, please see the booklet entitled: A Teaching Care Home: Impactful, Inspiring, Informing

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. |

Did the pilot meet its primary objectives?

1. 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.

2. 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, pilots were cited in 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.
3. 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.

4. 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.

Summary of final outcomes and outputs
Activities within the care homes

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Rose Court</th>
<th>Berwick Orme</th>
<th>Chester Court</th>
<th>Millbrook Lodge</th>
<th>Lady Sarah Cohen House</th>
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<td>Workshops and 1 to 1 support to introduce staff to the concept of reflective practice and how to develop their skills. 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.</td>
<td>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. Pathway includes tailored tutoring course on improving spoken and written English. Mix of online and face to face learning. Increased connections with Harrogate college, three health and social care students taken on placement.</td>
<td>An approach to nutrition which is person-centred and responsive to needs and desires of residents. Meal times that were more flexible, and an alternative cold menu which is available at any time of the day. Staff who had expertise in dementia provided training for other staff on the specific challenges regarding dementia and nutrition.</td>
<td>Stakeholder group established and meeting regularly, involving the acute health and social care sectors. Adaptation of Sutton Vanguard project ‘red bag’ initiative to local context. Development of a checklist of medication, personal belongings etc. for all residents being admitted to and discharged from hospital.</td>
<td>Workshops to explore what it is like to work in the home and ideas for improvement. A smaller meeting between carers which allowed them to share ideas and working practices.</td>
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### Outcomes

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<td>Staff who were involved reported increased knowledge, skills and confidence in using reflective practice to improve their work. Staff also reported increased confidence in their ability to carry out their work.</td>
<td>Staff report a change in atmosphere and staff morale. 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. Too early to record outcomes from overseas nurse development pathway. Seven care workers are about to start the programme.</td>
<td>Increased contact and liaison with the Vanguards in Gateshead/Sunderland. Staff have reported improved weight gain in residents. Improved staff morale, with points scheme introduced to reward staff who ‘go the extra mile’.</td>
<td>Improved dialogue between local hospital and care home. Increased contact rates between care home and hospital and CCG. Red bag scheme to be built into care pathway.</td>
<td>Staff who were beneficiaries of the pilot self-reported that they appreciated the time spent together and improved team work and communication. Following the workshops with staff it was recognised that regular team meetings were needed to enable staff to share ideas and discuss issues.</td>
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### 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.
**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.