We ‘dare to care’ - Care homes and nursing at the frontline of our response to ageing
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.

75% of care home residents are women.

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

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

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

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

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

Depression affects 40% of older people in care homes.

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

75% of care home residents are women.

Market worth an estimated £16 billion per year.

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

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

Depression affects 40% of older people in care homes.
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 estimated overall shortage of registered nurses in 2016 is 47,545.
- 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.
- Registered nurses working in the adult social care sector are predominately female (87%).
- Estimated overall shortage of 47,545 registered nurses in 2016.
- 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%.
- 2015, 9% vacancy rate for nurses; this gives an average of 4,500 vacancies at any one time (in adult social care).

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A snapshot of nursing today

- Interpersonal skills
- Mental health care
- End of life care
- Long-term condition management
- Interpersonal skills
- Promoting independence and activity
- Mandatory training
- Skills
- Skills and wound management
- Continence
- Delirium
- Oral care
- Falls

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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?

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

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

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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

“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 revaluing what’s affordable… this has led to an ‘eBay approach’ to commissioning fees”.

“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.”
Divisions and schisms in health and social care

“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”.

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

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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”.

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