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FEATURES

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From the Editor

Editor, Emma Morriss considers the Department of Health's name change and whether it'll help raise the sector's profile.

Happy New Year, though by the time this issue of CMM reaches you we'll be well into 2018 and the festive period will be a distant memory.

HEALTH AND SOCIAL CARE

2018 started with increased recognition for the sector as the Prime Minister, Theresa May reshuffled her Cabinet. National newspapers, such as the Guardian, that were live reporting on the changes stated that the Health Secretary, Jeremy Hunt rejected a proposed move to become Business Secretary. He reportedly wanted to remain at the Department of Health and 'persuaded' the Prime Minister to let him take on social care too.

This means that the former Health Secretary is now Secretary of State for Health and Social Care, and the Department of Health becomes the Department of Health and Social Care.

RECOGNITION OF SOCIAL CARE

This could be considered a welcome recognition of the role of social care in society and a nod to how both health and social care co-exist, especially with the Green Paper on care and support for older people expected this summer.

The Department's webpage states that, 'The Department of Health and Social Care (DHSC) helps people to live better for longer.

'We lead, shape and fund health and social care in England, making sure people have the support, care and treatment they need, with the compassion, respect and dignity they deserve.'

However, as many were quick to point out, the Department of Health already has social care within its remit, and already does all of these things, so what is the Government's motivation for the name change?

PUBLIC AWARENESS

Whatever the driver, I just hope that social care continues to receive increased focus and more people come to understand the important role it plays in the wider health and wellbeing system.

As an avid Twitter user, I often find myself deep into the replies of a health or social care story to gauge public feeling and understanding on the topic.

As stories broke of winter pressures leading to delays of non-urgent operations in early January, I found myself becoming increasingly frustrated at the comments, responses and apparent lack of understanding of social care amongst the general population.

Clearly, I know that online comments and responses are not the best place to be and that most of the time, nothing good happens there.

However, following the reshuffle, I will continue to lurk and read hoping that something as simple as a name change will help to raise awareness of the sector – so when people are calling to save the NHS, they also consider the equally important need to save social care.

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NCF

THE NATIONAL CARE FORUM

NCF supports its members to improve social care provision and enhance the quality of life, choice, control and wellbeing of people who use care services. We work directly with not for profit providers of care and support services across the UK offering:

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Is it just me...?

Vic Rayner sets out her New Year's resolutions for the sector in 2018.

Welcome to 2018 – it looks like another rollercoaster. Almost as soon as the year began, we learned the outcome of the latest government reshuffle and that 2018 is bringing us a newly rebranded Department of Health and Social Care, a Secretary of State with publicly-acknowledged responsibility for social care and a number of new ministers.

So how, in the face of this flux, can we ground our expectations so that this does not become yet another year where social care is swept under the proverbial carpet? I thought it would be helpful to lay out some measures, with which we can assess our progress at the end of the year.

GREEN PAPER

A Green Paper that looks forward and recognises the need for both a sustainable funding system and investment in a quiet revolution of transformation of services to meet future needs and expectations.

DATA AND TECHNOLOGY

A sector that is better prepared to take advantage of the enhancements that technology can play in all areas of social care provision. The pressures that GDPR and a renewed focus on Information Governance will bring on organisations are utilised to highlight the benefits of greater data awareness and a new set of skills and expertise within the sector.

CO-PRODUCTION

The voice of people using services becoming more clearly articulated, so that policy and practice reform is more strongly influenced through this person-centred lens. There is much to be learned across the sector from the excellent work on co-production in organisations such as Think Local, Act Personal, In Control and the Coalition for Collaborative Care.

WORKFORCE

The key contribution of staff is both better rewarded and understood. As we head into a new year of TV, I am struck by the increasing number of occupational dramas. As the ever-popular Sarah Lancashire plays a social worker in Kiri, I think we may need to set up our own creative collaborative and pitch for a care home drama, with Sarah in the lead role of registered manager.

Recruitment and retention are likely to remain a challenge, but we must continue to grow our understanding of what works, and ensure that staff are valued and supported in their complex and skilled work.

INTERGENERATION

The intergenerational wave that started to take hold in 2017 is sustained, and we begin to see this reflected in commissioning and importantly, regulatory understanding of how this will impact and change delivery, outcomes and the role of care provision within communities.

INTERNATIONAL

We continue to look outward for ideas, inspiration and lessons learned. At NCF, we have always valued our international connections and the great strength they can bring. As we finalise our plans for an international and UK-wide care conference that will bring people to the UK, it is a great opportunity to reflect on what we do well here and what we can learn from our international colleagues.

EVIDENCE

The evidence base for care becomes more widely recognised and utilised. As integration pushes forward, one of the great opportunities is a better national understanding of the contribution that care makes to supporting people in sustaining and improving their physical and mental health.

The identification of commonly understood measures will help build confidence for those using, commissioning and providing services, so that they are clear that the best possible interventions are being offered, and are aware of the difference that they are making.

QUALITY

Finally, that quality remains the cornerstone of everything we do in care. Last year saw the arrival of Quality Matters – a sector-wide plan to improve quality endorsed by people, providers, commissioners and regulators. This year, we need to build on that approach and keep thinking of quality first in each and every development.

These are my resolutions for social care in 2018, and I am looking forward to working with colleagues in every walk of social care to make these come to life.

Vic Rayner is Executive Director of the National Care Forum. Email: **vic.rayner@cationalcareforum.org.uk** Twitter: **@VicRayner**

NEWS

Care home market study finds urgent action is needed

The Competition and Markets Authority (CMA) has published its final review of the care home market saying that urgent action is needed across the sector. It is calling for reform, so people get the support they need in their old age. It is also taking action against some homes.

CMA's final findings have been published following an extensive review of whether the care home sector is working well for older people and their families.

The year-long market study has found that:

- The current system for providing care is not sustainable without additional funding.
- Beyond the challenges of continuing to meet existing needs, the sector must grow substantially as the population ages.
- Many people choose care homes during an emotionally traumatic time, but the basic information and support needed is often not available to help them navigate the system and make informed choices.
- There needs to be greater protection in place for people in care homes.

On this final point, CMA has concerns that some homes are not being clear enough upfront about their prices or terms and conditions, do not protect residents' deposits effectively against the risk of insolvency, and are not fair when asking a resident to leave or when they ban visitors.

As a result, CMA is taking direct action against some care homes under consumer protection law and has also made a range of recommendations to Government and others.

A feature from CMA on this report starts on page 20.

Green Paper

The Government will publish a Green Paper on care and support for older people by Summer 2018.

The paper will set out plans for how Government proposes to improve care and support for older people and tackle the challenge of an ageing population.

The Government says that it has already started to engage with independent sector experts on the subject in advance of the Green Paper to ensure it reflects a wide range of views and requirements.

The Government says that it will work with independent experts, stakeholders and users to shape the long-term reforms that will be proposed. Once published, it will be subject to a full public consultation.

Department of Health and Social Care

The Department of Health has been renamed the Department of Health and Social Care following Jeremy Hunt MP, the Minister for Health receiving a new job title, Secretary of State for Health and Social Care in the Prime Minister's cabinet reshuffle.

Reaction to the news has been mixed, with Glen Garrod, Vice President of the Association for the Directors of Adult Social Services (ADASS) saying, 'This is a welcome recognition of the importance of social care. ADASS has long called for a more coherent approach towards health and social care, and ensuring that the responsible Government department does this is an essential first step. We hope the Secretary of State will see social care as crucial in its own right, and not just viewed through the prism of what it can do for healthcare.'

Liberal Democrat, former Care Minister Norman Lamb called it a gimmick, saying, 'The Department of Health was already responsible for social care policy...So what does this new title actually mean? Unless the Government is proposing a radical change to social care funding, it looks like mere window dressing. This kind of gimmick is no substitute for finding a long-term solution to the crisis facing the NHS and social care.'

APPOINTMENTS

NATIONAL CARE FORUM

Maria Ball, Chief Executive of Quantum Care has become the new Chair of the National Care Forum (NCF). Maria took over from David Coull, Chief Executive of Coverage Care.

The NCF also appointed four new directors: Steve Allen, Chief Executive of Friends of The Elderly; Andy Cole OBE, Chief Executive of The Royal Star and Garter Homes; Penny Fell, Managing Director of Surrey Choices and Richard Hawes, Chief Executive of Elizabeth Finn Homes.

CARTERWOOD

Carterwood has made a number of promotions to facilitate its future plans. Alex Taylor becomes Director, Tom Hartley and Matthew Drysdale are Associate Directors and Jane Thackray has been appointed Head of Central Services.

GREENSLEEVES

Paul Newman, Chief Executive of Greensleeves Care has been appointed Chairman of the UK Committee on Ageing Societies at British Standards Institution.

HC-ONE

HC-One has welcomed dementia specialist, Professor Graham Stokes as Director of Memory Care Support Services.

UK PARKINSON'S EXCELLENCE NETWORK

The UK Parkinson's Excellence Network has appointed Dr Donald Grosset as its new Clinical Director.

NEST HOMECARE

Nest Homecare has hired Paula King as its Memory Support Specialist.

APPOINTMENTS

CARE QUALITY COMMISSION

The Care Quality Commission has announced the appointments by the Secretary of State for Health and Social Care of three non-executive Board members – Sir John Oldham, Liz Sayce and Mark Saxton. Sir John and Liz took up their positions on 1st January 2018. Mark will take up his position on 1st March 2018.

CARETECH CHARITABLE FOUNDATION

The CareTech Charitable Foundation has appointed Jonathan Freeman as its first Chief Executive. He is joined by Sara Smith as Foundation Manager.

THE DISABILITIES TRUST

The Disabilities Trust has appointed Steve Howell as its new Chairman.

BOROUGH CARE

Borough Care has appointed Mark Ward as its Chief Executive.

AVANTE CARE & SUPPORT

Avante Care & Support has appointed Jackie Churchward-Cardiff as Chair of Trustees.

LIFECARE RESIDENCES

LifeCare Residences has appointed Carolyn Henderson as the new General Manager of Battersea Place. Matthew Balman also joins the organisation as Hospitality and Butler Manager.

CAREMARK

Caremark's Franchise Director, David Glover has been appointed as Forum Chair for the British Franchise Association's London and South-East Region.

Sir David Behan to leave CQC

Sir David Behan has announced his intention to step down as Chief Executive of the Care Quality Commission (CQC). He will continue in the role until the summer to allow the appointment process for a successor to take place.

Sir David said, 'After six years at CQC and over 40 years' continuous employment in health and social care, I will be stepping down in the summer. I am announcing my departure now to allow Peter Wyman and the Board sufficient time to appoint my successor and to allow for a smooth handover.

'It's been an immense privilege to serve the public by leading CQC, and I am incredibly proud of what we have achieved. We've inspected every hospital, adult social care provider and GP practice in the country – over 28,000 services and providers – and in the process developed a baseline on quality that is unique to anywhere in the world.

'Our annual *State of Care* publication is recognised as an authoritative overview of the quality of England's health and care services, and the National Audit Office recently recognised the progress we have made as an organisation.

'I now feel it's time to move on, to make a contribution in a different way and to allow someone else to lead the organisation to the next stage of its development.'

The recruitment process will begin shortly. The appointment of the Chief Executive is made by the Non-Executive Directors of the CQC.

Professor Martin Green OBE, Chief Executive of Care England responded to the announcement saying, 'Sir David has been at the helm of the Care Quality Commission, and a strong leader in this sector, for a significant amount of time. Long enough to put a stamp on the sector and lay the foundations for a system based on proportionate regulation. He is a very fair and principled man who will be missed by the sector.'

Which? investigation into care quality

A lack of good quality care means some parts of the country have more than half of their care home beds in homes rated as Requires Improvement or Inadequate, according to an investigation by Which?.

Which? analysis of Care Quality Commission (CQC) data shows that in six local authority areas, good quality care home places are so limited that 50% or more of local beds are in homes rated as Requires Improvement or Inadequate.

The lack of good quality care is particularly acute in the London borough of Westminster, where seven in 10 (69%) beds were found in care homes rated as Requires Improvement or Inadequate.

In Manchester and Wakefield, three in five beds (58%) are in care homes that are rated as Requires Improvement or Inadequate, closely followed by Kirklees (57%), Portsmouth (56%) and Tameside (55%).

In total, Which? says that nearly a third (45 councils) of local authority areas have one in three beds or more in poor-quality care homes.

While the research, which compared the quality of local provision in 151 council areas that provide adult social care, provides some worrying figures, there are a small number of areas where at least nine in 10 care home beds are in homes rated as Good or Outstanding.

Overall, the analysis from Which? highlights the huge regional variation in the provision of quality local care across the country.

Review of adult social care complaints

The Local Government and Social Care Ombudsman has published its annual report on adult social care complaints.

The Ombudsman's Review of Adult Social Care Complaints reveals councils and care providers implemented more than 1,300 recommendations to put things right for people in 2016/17.

The Ombudsman also makes recommendations to improve services for others by changing policies and procedures, training staff or recommending a service be provided.

Within the Ombudsman's 1,318 recommendations, councils and care providers made nearly 180 procedural changes and committed to train staff on nearly 50 occasions.

In some cases, the result of a single investigation led to the Ombudsman looking at injustices caused to people who haven't complained. For example, one person's complaint about the way a council charged for care lead to more than 60 people, who had been similarly affected, receiving refunds.

In another case, a couple complained about their council's blanket policy to reduce the level of care it provided, and nearly 70 other families had their care reviewed following the Ombudsman's investigation.

The report also welcomes the increase in complaints about independent care providers received by the Ombudsman. This reflects the growing importance the sector is placing on making the complaints process more visible and informing people of their rights to come to the Ombudsman.

The lived experience – Alzheimer's Society's quality of life audit

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'Alzheimer's Society's quality of life audit provided us with an invaluable insight and suggestions to optimise the experience of our residents.'

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Adult care and support in Northern Ireland

A report has been published into adult care and support in Northern Ireland. *Power to People: proposals to reboot adult care and support in NI* has been produced by an expert advisory panel, which includes Des Kelly OBE and John Kennedy.

The panel was established by the Department of Health in Northern Ireland in December 2016 as part of its *Reform of Adult Care and Support* project.

The report outlines the panel's independent analysis of the current system of support and identifies priority areas for reform. While recognising that there are some positives within the current system, there are priority areas for reform.

These include raising the profile of social care, increased emphasis on giving control to service users and supporting family carers, and building on existing supports within communities.

The report also calls for improved conditions for the social care workforce, and for an appraisal of the true cost of providing care and support.

Panel members, Des Kelly OBE and John Kennedy have summarised the main points of *Power to People* in an article starting on page 23.

Former LifeStyle Care 2011 care homes sold

Layland Walker and Knight Frank have announced that operation of the 22 care homes formerly run by LifeStyle Care 2011 (in administration) has now been successfully transferred to new tenants on a long-term basis.

Layland Walker, specialist asset manager for healthcare property assets owned by an affiliate of Lone Star Funds, devised and executed a strategy of letting the properties to new tenants on a long-term basis.

Ten homes are now operated by Maria Mallaband Care Group, nine homes by Bondcare Group, and three homes by Ultima Healthcare.

These homes form a key part of the expanding portfolio of healthcare property assets owned by affiliates of Lone Star Funds. Knight Frank advised on the letting of the properties.

All these former LifeStyle homes are purpose-built with 100% en-suite facilities, with 16 located in London. The real estate portfolio owned by Lone Star Funds comprises the former Quercus portfolio acquired in October 2016, the 22 homes from the former LifeStyle Care, and some newly acquired care homes. Overall, this portfolio, managed by Layland Walker, comprises more than 110 care homes, let to some 15 different operators, who provide more than 5,500 beds in England, Scotland, and Wales.

New Year Honours 2018

Members of the social care community have featured in the Queen's New Year Honours List.

Andrea Sutcliffe, Chief Inspector of Adult Social Care, Care Quality Commission received a CBE for services to adult social care in England.

Dave Hill, Executive Director for Social Care and Education, Essex County Council received a CBE for services to children's social care.

Geraldine Doherty received an OBE for services to public safety and social care.

Dr Janet Frost, Chief Executive, Health Research Authority received an OBE for services health and social care research.

Alan Wood CBE, Lately Corporate Director, Children and Young People's Services, London Borough of Hackney received a Knighthood for services to children's social care and education.

Creating a fair funding settlement

Independent Age and IPPR have published a report on how to create a fair funding settlement for the future.

It explores four options: means-testing Winter Fuel Payments; scrapping the Triple Lock on pensions; raising National Insurance Contributions and increasing Inheritance Tax.

Those options are then measured against three criteria: sufficient to fill the gap; inter and intra-generationally fair; and politically-achievable.

It concludes that changes to benefits are unlikely to raise enough money to fill the funding gap in isolation. They are also more likely to be regressive. Also, changes to benefits often garner less political support than tax rises, which generally raise more money and are more progressive. The report says that a 1% increase in the National Insurance employer main rate would immediately raise £5bn.

However, this does not mean any of these options, including a change in National Insurance, are an easy sell. It says that the public are sceptical that the social care funding gap should be filled by increases in taxes or a reduction in benefits. The Government must overcome this – resetting the terms of the debate – if it is to deliver the funding and reform the social care system so desperately needs.

Autumn Budget fails to mention social care

In November, the Chancellor, Philip Hammond delivered his Autumn Budget 2017. Without a single mention of social care, older people or disabilities, it was called 'a disservice to the critical lifeline that social care represents,' by Vic Rayner, Executive Director of the National Care Forum.

The Chancellor did, however, commit £2.8bn to the NHS in England with £350m of immediate funding to allow trusts to plan for this winter. There was also an announcement of the National Living Wage increase, which will rise to £7.83 in April.

Dr Rhidian Hughes, VODG's Chief Executive was clear on the impact the lack of money for social care will have on the sector. He said, 'Government's continued failure to fund social care has consequences. It means that unmet need is rising with devastating effects on people who rely on care services. It means that local services continue to erode, and the workforce will not receive the required investment in training and skills. It means that the Care Quality Commission's warnings about the sustainability of provision are not being acted upon. It means that additional pressures will be put on the NHS.'

Free MRSA factsheet available for providers

Infection control specialist, Cairn Care has launched a factsheet on Meticillin Resistant Staphylococcus Aureus (MRSA).

Whilst MRSA bacteria can live harmlessly on the skin or in the nose, it can lead to infections when it gets through the skin via a wound or indwelling device such as a catheter.

As MRSA has become resistant to meticillin and other antibiotics, it can prove very difficult to treat.

This means it is important to take basic precautions with any care home residents that have MRSA.

To help care homes do this, Cairn Care's free factsheet includes 12 tips for effective infection control of MRSA, a visual handwashing guide and other useful advice.

Social care fails younger adults

Social care is failing younger disabled adults who are living in older people's care homes the MS Society and Care and Support Alliance have warned. They say that these homes were never designed for them and can't meet their needs.

The MS Society submitted Freedom of Information requests to all local authorities in England, asking how many people aged 18 to 64 are living in care homes for residents aged 65 or older. Half were able to respond, revealing more than 3,300 people living in settings never meant for them. This indicates that, across the country, almost one in seven younger disabled adults in residential care could be in homes for older people – where an estimated 70% of care home residents have some form of dementia.

The charities claim these figures are symbolic of wider problems with social care, following a recent report showing only 32% of 18 to 29-year-olds with multiple sclerosis (MS) have all their care needs met.

Abbeyfield and Castleoak

The Abbeyfield Society has turned to Castleoak to extend its estate of care homes and assisted living apartments.

Abbeyfield has agreed a 30-year lease for a state-of-the-art £8.5m, 80-bed care home development in Southampton.

This agreement follows the successful design and build by Castleoak of Abbeyfield Winnersh, a specialist dementia care home. Hale Court retirement living apartments in Tunbridge Wells was also completed recently by Castleoak.

Crisis in provision

Knight Frank is predicting that the UK is facing a national crisis in care bed provision, with the last 12 months representing a stern test for the UK healthcare market, according to its latest research report, *Care Homes Trading Performance Review*.

Operators have already needed to react to staffing challenges ahead of Brexit; with an acute shortage of qualified nurses, the introduction of, and subsequent increase in, the National Living Wage that has further affected an already constrained labour market; and price inflation on raw materials, which has served to restrain development.

The UK care market is also facing an imminent crisis as the sector struggles to cope with a national shortage of beds, which will be exacerbated by an over-65 population that is forecast to rise from 11.6 million to 12.9 million by 2021. 85% of existing care home stock is over 50 years old and is becoming less and less fit-for-purpose with the result that demand is already outstripping supply in the care home market.

Carterwood advises Fremont

Fremont Realty Capital and co-investors have acquired Porthaven Care Homes, comprising 14 premium quality care homes and two development sites across England, for an undisclosed sum.

During a six-year investment period with Phoenix Equity Partners, Porthaven Care Homes increased its number of homes five-fold through an organic rollout plan, supported in part by market analysis from property specialists, Carterwood.

Care and support needs of people in Wales

The number of people aged over 85 living in Wales will increase by an estimated 119% by 2035, according to a new report.

The new ground-breaking overview of the care and support needs of people across Wales gives an insight into the lives of people who may need care and support to help them lead the best lives they can.

In 2016, the Welsh Government changed the law that governs the way social services helps people to lead fulfilled lives and achieve wellbeing, and protects people from abuse and neglect.

Under the Social Services and Well-being (Wales) Act, health boards and local authorities are required to jointly assess the care and support needs of people in their area.

These population assessments also state what is available to meet people's needs and what else needs to be done to prevent those needs from increasing or from arising in the first place.

They look at a wide range of people and communities, from children and young people through to older age.

The *National Population Assessment Report*, which was commissioned by the Welsh Government and produced by Social Care Wales, brings together the main findings of the first population assessment reports published by the regional partnership boards earlier this year.

Decision-making and mental capacity consultation

The National Institute for Health and Care Excellence has published draft guidance on decision-making and mental capacity.

It says that professionals should support people who find it difficult to make decisions, even if they make a decision that the professional may disagree with. The guidance says that making an 'unwise' or 'risky' choice does not mean that a person lacks capacity and decisions need to be made on their behalf. It also says that using visual aids or involving friends and family can help a person communicate their wishes.

If someone is assessed as lacking mental capacity, services should take all reasonable steps to help people be involved in decisions made on their behalf, the draft guidance says.

The draft guidance on decision-making and mental capacity is out for public consultation until 5th February 2018. Stakeholders and members of the public are invited to comment. The final guidance is expected on 16th May 2018.

Innovation in housing, care and support

With homelessness on the rise at an estimated cost to the public sector of £1bn per year, as well as well-reported pressures on mental health services, there is an emerging consensus that collaborations between organisations to provide care and support in residential settings have the potential to improve patient outcomes while also relieving pressures on public finances.

A new briefing, produced in partnership with NHS Confederation Mental Health Network members, Lancashire Care NHS Foundation Trust, Look Ahead, Homegroup, One Housing, Camden and Islington NHS Foundation Trust and East London NHS Foundation Trust, contains four case studies on innovative support and care services delivered through collaborations between housing and healthcare providers.

Audley Group's first mid-market village

Audley Group has exchanged contracts with the Watford Riverwell Partnership on its first site for Mayfield Villages, a new offering designed to meet growing demand for modern, mainstream retirement accommodation.

The chosen site in Watford, Hertfordshire, will deliver a 25,824 sqm retirement village with 253 properties for the over 55s and is a major step forward in an ambitious five-year growth plan for the business.

Once complete, the village will form part of Watford Riverwell, a £400m mixed-use regeneration partnership between Watford Borough Council and Kier Property that is transforming the area around Watford General Hospital and delivering new homes, shops, community facilities and open spaces.

Mayfield Villages was launched following extensive research by Audley to determine the growth potential for attractive, contemporary retirement properties with care provision in the mid-market.

Years of success in the premium retirement property sector is allowing Audley to invest £400m in Mayfield Villages over the next five years, with a target of a further four locations in that period.

A selection of one- and two-bed properties will be available starting from £262,000.

Mixing Matters – the benefits of intergenerational sites

Mixing Matters, a new report on the benefits of intergenerational sites, says that shared sites which bring older and young people together can help tackle some of the big social ills facing Brexit Britain – from poor health and care to loneliness, ageism and division.

Britain is one of the most age-segregated countries in the world, particularly for the oldest and youngest generations, says the report in its analysis of recent research. Age segregation has been growing in recent decades, exacerbated by trends in housing, work and community life.

This has led to trust being halved between different age groups, growing loneliness amongst both young and old, and poorer physical and mental health. It has also been reflected in voting divisions between younger and older people in the 2016 EU referendum and 2017 General Election.

Mixing Matters, produced by United for All Ages, highlights the growth of shared sites in 2017 – from the first 'care home nursery' at Apples and Honey Nightingale in South-West London and the first eldercare day centre at a primary school in Essex, to increasing links between nurseries, parent and toddler groups and schools with older people's housing and care schemes.

The report calls for 500 shared sites to be developed by 2022 across the UK, where activities for older and young people take place alongside each other and together.

The impact of going digital

Surrey Care Association has released a special report for residential and domiciliary care providers on the impact of going digital in care, the challenges facing care providers, CQC's reaction to care going digital and a fundamental change in approach.

More information can be found in Straight Talk on page 50.

IN FOCUS

Directors' concerns for social care

WHAT'S THE STORY?

The Association of Directors of Adult Social Services (ADASS) has warned that social care could pass the point of no return in 2018, unless the Government orders emergency action to support the sector ahead of any reforms arising from its promised Green Paper.

Directors of adult social services are warning that tens of thousands more older and disabled people will go without the support they need next year – and many working adults will have to give up jobs to help care for their parents – if urgent steps are not taken to back the sector with special interim funding and a new national strategy to recruit and retain care workers and nurses for nursing homes.

Directors are reporting that providers continue to hand back contracts for homecare and refuse to accept admissions to care homes at rates councils can afford. In a growing number of areas in England, it says it is becoming extremely difficult to find providers willing to take on homecare work.

WHAT ABOUT EXISTING POLICY REFORMS?

ADASS is warning that the sector cannot wait until the reforms resulting from the Green Paper. The consultative document is not due until the summer and any decisions are unlikely to be implemented before 2019 at the earliest.

Ministers have already promised to produce an interim carers' action plan to support unpaid carers. Directors are calling on the Government to honour that speedily and build on it with additional interim packages for funding and workforce.

WHAT'S THE FUNDING SITUATION?

ADASS says that the one-off £2bn will do nothing to close the funding gap, which is estimated to reach £2.1bn by 2020. By the end of March 2018, councils in England will have made cumulative savings in adult social care of more than £6bn since 2010.

WHAT ABOUT THE WORKFORCE?

On workforce, a concerted initiative is needed to address the sector's turnover rate of almost 28% and the 90,000 job vacancies reported every day. Ministers need to give strong backing to Skills for Care which is consulting on ideas for a national recruitment strategy.

WHAT DO DIRECTORS SAY?

Margaret Willcox, Director of Adult Social Care in Gloucestershire, said, 'Directors are witnessing the human cost of a sector in crisis. One of our biggest concerns is the growing problem of social isolation of older people who in the past might have been eligible for some form of support.

Glen Garrod, ADASS' Vice-President and Executive Director of Adult Care and Community Wellbeing in Lincolnshire said some older people in parts of the county were having to go into short-stay residential care because of inability to recruit care workers to support them in their homes.

New boutique dementia group

European specialist dementia care operator, Martha Flora has joined forces with Castleoak and operating partner, Mike Parsons to create Martha Flora UK.

Amsterdam-based Martha Flora operates specialist boutique dementia care homes across the Netherlands with 13 homes currently open or under construction.

As part of the joint venture, Castleoak will provide specialist land finding and acquisition services, will manage the planning process, and design and build the high-quality specialist care homes. Mike Parsons and his team will commission and operate the new facilities and Martha Flora will provide the brand, intellectual property and operational support.

A new company, Martha Flora UK Limited, has been established and will be jointly-owned by the three parties. The new venture sees specialist development and construction partners, Castleoak taking a stake in a specialist dementia care business for the first time.

An initial programme of 10 specialist dementia care homes is planned across the South East. These will follow the tried-and-tested Dutch model, with two households of 12 suites and four or six two-bedroomed apartments for couples. A number of sites are under negotiation and Martha Flora UK hopes to start its first project in 2018.

Heathcoates' new service

Heathcotes Group has opened a specialist residential service in Flanshaw, near Wakefield, which supports adults with Prader-Willi Syndrome. The service provides eight en-suite bedrooms and 24-hour support from 16 full-time care staff.

Voyage's autism specialism

Voyage Care has launched an enhanced autism specialism. As part of the specialism, Voyage Care's unique partnership with the Autism Accreditation programme at the National Autistic Society (NAS) is being developed and will see them undertaking one of NAS' largest-ever accreditation evolvements. Three of the company's care homes and a day service are already NAS-accredited and another 33 are being supported towards accreditation.

Voyage Care's Autism Professionals Group has led the creation of a new one-stop-shop of autism-related content with blogs, case studies, advice and updates. This is a valuable online resource for anyone wanting to learn more about autism and the company's approach.

Voyage Care has invested in a specialist autism learning and development pathway, supported by innovative toolkits and resources. A comprehensive staff resource pack has also been created.

Financing for OSJCT

The Orders of St John Care Trust (OSJCT) has secured a £25m facility from Barclays.

OSJCT is one of the largest not-for-profit care providers in the UK and currently operates 71 care homes across Lincolnshire, Oxfordshire, Gloucestershire, Wiltshire, West Sussex and Suffolk.

The charity also offers a domiciliary care service in 14 extra care housing schemes and employs more than 4,000 people who provide support to more than 3,500 residents living in their homes and schemes.

The funding will assist OSJCT in its growth strategy, support the building of new care homes, and provide further job opportunities.

CQC local systems reviews

The Care Quality Commission (CQC) has been asked by the Secretaries of State for Health and Social Care and for Communities and Local Government to undertake local system reviews of health and social care in a further eight local authority areas.

This follows on from the previous 12 area reviews that CQC is already carrying out and has begun to report on.

These reviews, exercised under Section 48 powers, will look specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old.

They will ask how well people move through the health and social care system, and what improvements could be made. They include services such as: NHS hospitals, NHS community services, ambulance services, GP practices, care homes and residential care services.

To carry out this work, in each area CQC will listen to older people who use services, their families, carers and communities; listen to people who commission and provide health and social care for older people; and analyse data about the quality of care services and outcomes for people.

The further eight areas CQC has been asked to review are: Bradford, Cumbria, Hampshire, Liverpool, Northamptonshire, Sheffield, Stockport and Wiltshire.

Target Healthcare REIT acquisitions

Target Healthcare REIT has acquired three properties in Hertfordshire, York and Wirral for a total value of £31m.

The Hertfordshire care home opened in 2013 and comprises 64 well-appointed bedrooms each of which benefit from full en-suite wetroom facilities. The Hertfordshire home will continue to be run by the incumbent operator. The purchase price is approximately £20m. The investment yield for this property is lower than the portfolio average, reflecting the exceptional quality of the home, prime location and the strong trading performance.

The care home in York was opened in 2006 and comprises 81 bedrooms with market-standard en-suite bathrooms.

The home in Wirral is a purpose-built property which opened in 1999 and comprises 86 bedrooms, all of which include en-suite facilities.

The tenant for the York and Wirral properties is a subsidiary of Four Seasons Health Care. The Group will be stepping into the existing full repairing and insuring occupational leases.

Consultation on nursing associate fees

The Nursing and Midwifery Council (NMC) is seeking views on the proposed registration fees for nursing associates.

It's expected that nursing associates will be subject to the full suite of regulation, meaning that, broadly, the same regulatory processes that are in place for nurses and midwives will apply.

This includes the requirement to maintain their registration through a process of revalidation as well as having fitness to practise processes in place should nursing associates fall below NMC's standards.

The consultation is on the NMC website and runs until Monday 26th February 2018, after which NMC will consider the evidence carefully before making a final decision on the fees later in the year.

Implementing new models of care

The Health Foundation has published a report into implementing new models of care by capturing some of the experiences of those working on the vanguard sites of the new care models programme in England.

Some assembly required: implementing new models of care – Lessons from the new care models programme draws on the experiences of those leading the vanguard sites of the new care models programme, and sets out 10 lessons for those seeking to systematically make improvements across local health and care services for those patients who are in most need of joined-up care.

It is hoped that those involved in Sustainability and Transformation Partnerships and accountable care systems can benefit from the valuable learning of the vanguard sites of the new care models programme.

New investor for Regard

The Regard Group has secured a new investor to enable it to continue developing its services. Regard, which has 161 services and 1,186 beds across the country, has been acquired by specialist investment manager, AMP Capital. AMP Capital acquired it from The Montreux Healthcare Fund PLC and Macquarie Principal Finance.

AMP Capital has a strong heritage of social infrastructure investment and ownership in Australia and New Zealand and also owns two primary care centres in Ireland.

Benefits of aids and adaptations

A new report on the benefits of aids and adaptations finds that making small changes to older people's homes, such as installing handrails, ramps and level-access showers, alongside carrying out simple home repairs, could play a significant role in relieving pressure on the NHS and social care, and reduce costs by millions of pounds each year.

Room to improve: The role of home adaptations in improving later life by the Centre for Ageing Better and the University of West of England, Bristol also shows that minor home aids and adaptations can greatly improve quality of life for people who are losing mobility. Studies show that people's difficulties with 'Activities of Daily Living' can be reduced by 75%. Home aids and adaptations can also increase people's ability to perform everyday activities by 49%, and reduce depressive symptoms by 53%, the report shows.

Making these kinds of small changes to homes earlier, alongside repairs to homes, should be a greater priority for local services, and could help to avoid or delay use of NHS and social care, the Centre for Ageing Better argues.

Its report includes new analysis from the Building Research Establishment showing that installing home adaptations and undertaking home repairs in order to reduce falls on stairs, can lead to savings of £1.62 for every £1 spent, and a payback period of less than eight months. Installing minor home adaptations and making improvements to housing can lead to overall savings of at least £500m each year to the NHS and social care services in the UK through a 26% reduction in falls, which account for over four million hospital bed days each year in England alone.

Future workforce strategy

A report has been published on the future of the health and care workforce. *Facing the Facts, Shaping the Future*, *A health and care workforce strategy for England to 2027* is a whole national system consultation document, produced by Health Education England (HEE) with content from NHS England, NHS Improvement, Public Health England, the Care Quality Commission, National Institute for Health and Care Excellence and Department of Health and Social Care.

Although HEE does not have any formal responsibility for the social care workforce, the closer integration of health and social care is a long-term policy goal. The report, therefore, includes a section and a consultation question on the social care workforce, recognising that key social care issues are being considered across government.

The draft strategy looks at the major workforce plans for the Five Year Forward View priorities: cancer; mental health; maternity; primary and community care; and urgent and emergency care. The consultation runs until 23rd March 2018 and anyone can respond via the HEE consultation page.

Wales raises capital limit

The amount of money people in Wales can keep when in residential care will increase from £30,000 to £40,000 from April 2018, Social Care Minister, Huw Irranca-Davies has confirmed.

The move is part of the Welsh Government's Programme for Government commitment to increase the capital limit used by local authorities who charge for residential care from £24,000 to £50,000 during the current Assembly term.

The increase is being delivered in a phased approach, which commenced from April 2017 when the limit in relation to residential care was increased from £24,000 to £30,000.

Rapport Housing and Care

The Abbeyfield Society and The Abbeyfield Kent Society confirm that Abbeyfield Kent is to operate under the new name Rapport Housing and Care from January 2018. It will continue to provide care and support across the region as an independent organisation.

Abbeyfield Kent is recognised as an experienced provider of care and housing for older people across the region and has grown exponentially to provide a variety of care options for local older people. It currently operates 14 services accommodating over 400 residents.

With this growth, Abbeyfield Kent has increasingly taken on additional resources and is in a strong position to manage its local operations and take forward its own strategic plans for growth and development in the local region.

The Abbeyfield Society will continue to have a presence in the local area through both its centrally-managed schemes and neighbouring schemes operated by local independent Abbeyfield Member Societies.

Hallmark acquires Embrace care home

Hallmark Care Homes has acquired Ty Porth, a former Embrace Group care home. The new home becomes Hallmark's 17th.

The sale of Ty Porth, which provides care to 80 residents and has a compliant CSSIW rating, was handled by Christie & Co.

The **future** of care homes

Douglas Cooper summarises the final findings of the Competition and Markets Authority's review of the care home market.

The Competition and Markets Authority (CMA) has spent a year studying the 11,000 plus residential care and nursing homes that offer support to over 65s around the UK.

It was an in-depth examination of what it was like to both provide this service – by hearing from those of you who own and work in care homes – as well as what it's like to use the service, as a resident or family member of someone living in such a home.

We know the vast majority of you strive to do an excellent job, often in very challenging circumstances. We also know that your care homes provide vital services for thousands of older people, and often after they have reached a vulnerable point in their lives.

That's why this work was so very important.

MORE INVESTMENT NEEDED

Given the sector is crucial in supporting people in great need, it's vital the system is funded properly so that it can be sustained.

However, our extensive financial analysis found that on average, care homes catering largely for local authority-funded residents were making returns that, while covering operating costs, did not cover full costs (including the >

> cost of capital).

This does not provide an incentive to invest in modernising and expanding provision to the state-funded sector. Our analysis suggests that it will be increasingly difficult for local authorities to procure care home spaces in the future, and while they will continue to explore alternative means of care, against the growing needs of an ageing population this creates a substantial risk for meeting needs in the future.

Our analysis also found that where a local authority is not paying the true cost of what it takes to provide a person's care, this has led to homes charging more of people paying for their own care, to 'prop up' state-funded residents. We found average fee differentials within larger mixed homes of 41%. This is not only often seen as unfair by those paying for their own care, it's also not a sustainable financial model for such a vital sector, as homes will not continue to serve local authority-funded residents if fees are not covering costs.

If this situation were to continue, we expect increasing numbers of care homes primarily serving state-funded residents would close. We have estimated that an extra £1bn a year is needed from local authorities across the UK to pay for the full cost of caring for the people it funds, and to provide a full incentive to attract the private investment needed if the sector is going to be able to serve the predicted increase in the number of people needing care. At least £200m to £300m a year would be needed just to support the most at-risk homes with the greatest number of state-funded residents, which have the least opportunity to cross-subsidise.

BETTER PLANNING FOR THE FUTURE

We also found that the sector has to begin building the extra spaces needed to meet the predicted increase in state-funded residents soon, if it is to be ready in time. However, local authorities are often failing to plan appropriately and are not in a position to provide confidence to investors over future fee rates and resident numbers.

The CMA is now calling for an independent body to oversee and support planning at a local authority level in England and Northern Ireland. In Scotland and Wales, measures are already being introduced to improve planning and base fee rates on the full costs of care; these should be kept under close review.

BETTER INFORMATION AND SUPPORT FOR PEOPLE

People need care at a time when they are likely to be under great pressure – it can be a very emotional decision to go into a care home, and potentially an extremely expensive one. This can happen just when illness, accidents or bereavements leave prospective residents and their families least prepared and most vulnerable.

Therefore, it is very important that people get the support and information they need to make good choices. Unfortunately, we found that the information available to help people make these choices is often lacking – and often it's fundamental information, like how much someone could expect to pay for their care or whether they are eligible for support from their local authority.

We also found that, once living in a home, they don't always get the services they expect and find it hard to complain when they experience a problem.

We have, therefore, recommended that the national care regulators should take a greater role in protecting vulnerable people, helping to ensure that care homes meet their consumer law obligations, and ensuring there are effective systems in place for people to complain.

We also want people to be able to better plan for their care options, and to get the right kind of support in making these, often difficult, choices. We have, therefore, recommended to all nations' governments in the UK that they should work with the NHS, local authorities, care homes and charities to provide more support to prospective care home residents and their families.

On this point, we want local authorities to clearly set out how the care system works, what people's rights are, and the choices involved. This should be somewhere easily accessible online.

We have also explained that it is very important that care homes should provide better and clearer information on key factors. This is to help prospective residents and their families understand how the system works and the implications for them in advance of needing care, and also to help them in choosing the right type of care and the most suitable homes when they do need it.

We have made recommendations for specific rules requiring care homes to display indicative fees and their terms and conditions on their websites. We have also proposed new rules to safeguard deposits against the risk of insolvency, and to notify the sector regulator when they ask residents to leave or impose any ban on a visitor.

ENFORCEMENT ACTION

Finally, we uncovered evidence that led us to believe that some homes were not complying with consumer protection law when it came to their fees and contract terms.

We have already launched enforcement action against some homes. So far, this is focused on homes charging large upfront fees – typically several thousand pounds – that we think are not fair or transparent, and/or charging families for extended periods of up to four weeks after a resident has died.

NEXT STEPS

The CMA will be consulting on new guidance on fees charged after death, along with separate, wider guidance for care homes on the standards of behaviour they should be meeting to comply with consumer protection law. We would welcome your feedback when we do – it will be made available on the CMA's gov.uk pages.

It is important that all care home providers review and, where necessary, revise their existing contracts to ensure they are compliant with consumer law in light of our market study findings and the compliance guidance we will be publishing.

We stand ready to take further action should that be required. We will continue to monitor practices in the sector and will take enforcement action, where appropriate, on other issues of concern where we identify providers engaging in serious and harmful practices.

The CMA's recommendations are now being considered by the national governments and regulators in each nation. While it is for them to decide whether and how to take forward our recommendations, we do expect the market study's recommendations to be acted upon, in order to provide the reform this industry needs, and in particular to ensure that the care homes sector is able to grow and meet future needs, especially for state-funded residents.

Separately, the Government in England has already said it will publish its plans to improve the provision of care for the over 65s in the summer. We look forward to informing this work alongside the other experts appointed to help shape it. **CMM**

Douglas Cooper is Project Director of the Care Homes Market Study at the Competition and Markets Authority.
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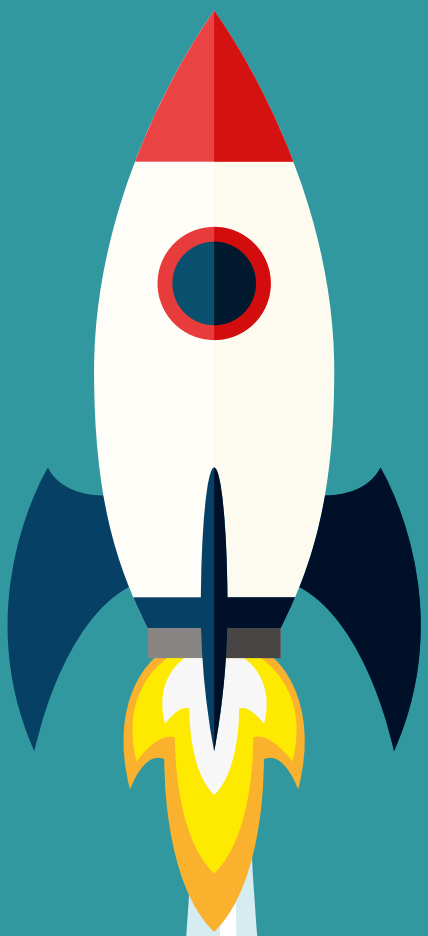
CMM subscribers can share their thoughts on this and access the full report at **www.caremanagementmatters.co.uk**

PROPOSALS TO REBOOT

ADULT CARE AND SUPPORT IN NORTHERN IRELAND

Des Kelly OBE and John Kennedy advised the Northern Ireland Government on how to reform adult care and support in the country. Here, they explore their report *Power to People: proposals to reboot adult care and support in NI*.



We spent a lot of time on the title of the report and concluded that *Power to People* really did sum up what we believe needs to happen to kick-start new ways of thinking and behaving around the provision of adult care and support.

Every day in Northern Ireland, tens of thousands of people rely on care and support services including domiciliary care, day provision, and care in residential and nursing home settings. Such services support people with the activities of daily living that many of us take for granted, and they can enable people to live more fulfilled and happier lives. Many thousands of people work >

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> to provide this care which is underpinned by the invaluable contribution of family carers.

There can be little doubt that the current system of adult care and support in Northern Ireland is beginning to falter and is not sustainable, just as in England, or elsewhere in the UK. That is why the former Minister for Health, Michelle O'Neill MLA commissioned the authors of this article to form an Expert Advisory Panel on Adult Care and Support, and tasked us with identifying priority areas for reform. With the publication of our report *Power to People: proposals to reboot adult care and support in NI* in December 2017, this analysis is complete.

During our time in Northern Ireland, it has been clear that there are positives to be recognised: an appetite for change, an enthused workforce, examples of innovative services and family carers dedicated to the welfare of their loved ones. It was also clear, however, that much of this exists in spite of the system and not because of it, and if we are to build on the positives, fundamental change is necessary.

THE FOCUS OF FUTURE REFORM

The report outlines those areas we think should be the focus of future reform. We believe fundamentally that citizens should be at the heart of care and support, with the choice and control to determine how best their own needs are met. We also believe that there is room for much improved joined-up working, not just within and across health and social care, but also with housing and community planning.

"We were encouraged often to be radical in our proposals. The challenges are great and arguably the solutions have been resisted for some decades. There is now no choice but to be radical."

Underpinning everything, the building blocks of the system need to be revisited: how best to support family carers without whose contribution the system would collapse; how the key role played by the social care workforce is reflected in its terms, conditions and reward; how we know that we are paying sufficient rates to ensure quality care; and crucially, how we contribute to the costs of care and support to ensure it is sustainable in the long term.

In our view, this requires not only a new way of doing things, but a radical new culture; one which can only be delivered with a new Concordat. A new agreement between citizens, families, carers, communities, providers and government about our respective roles, rights and responsibilities within a reformed system. No major change is easy, and we recognise that some of our proposals are particularly challenging.

The report is part of the wider *Reform of Adult Care and Support* project in Northern Ireland. Our terms of reference covered care and support for all adults: older people, people with physical, sensory or learning disabilities, and those experiencing mental distress – a considerable task, particularly in a limited timescale of only six months. Of course, we recognise that there are significant differences between the needs of people who receive adult care and support services and the specialist provision designed to support them. For example, a young person with a learning disability experiencing the transition to adult services, a person with mental ill-health moving from a long-stay hospital setting to supported living, and someone living with dementia in a care home will have very different needs and receive different services under the care and support umbrella. But, we also firmly believe that our need for care and support should not define us.

We are all different as individuals, more than we are different because of our age, abilities or care and health needs. We are ourselves because of who we are and we argue in our report that who we are as people should be the starting point for a transformed adult care and support system. One that recognises, and celebrates, our ambitions and contribution. One that values who we are regardless of our age, gender, ability, sexuality or ethnicity and our individual unique value and human rights.

It is important that the report is considered within the wider Department of Health reform programme emerging from *Health and Wellbeing 2026: Delivering Together.* We set out clearly the principles that we believe should both underpin and guide the transformation process to reform adult care and support services in Northern Ireland. It is our view that, as the full force of continued public spending constraints combine with changing demographics and rising demand and expectations, the context for adult care and support will be forced to change.

AN UNASSAILABLE CASE FOR REFORM

We were encouraged often to be radical in our proposals. The challenges are great and arguably the solutions have been resisted for some decades. There is now no choice but to be radical. A mixture of incremental adjustments is no longer sufficient to keep an unsustainable system working. This requires both leadership and ownership across the whole system of care and support.

Furthermore, we argue within the report that a 'pick and mix' approach to the proposals is not appropriate. Systematic reform of the whole system of adult care and support is necessary to achieve the ambitious commitment in *Delivering Together* to tackle the pressing issues facing the social care and health system in Northern Ireland. Of course, Northern Ireland is not alone in these challenges. The same pressures and the pressing need for reform are true for most developed countries.

The scale and scope of the review, and the time available to complete it, meant that our proposals could not be fine-grained and detailed. Substantial further work will be necessary, particularly for the proposals to be developed into actions. We argue that the proposals we make should be seen as part of a potential package of measures designed to bring about a transformation in adult care and support. Furthermore, the proposals >

> are not intended to stand alone. The policy consultation from the Department of Health that will follow our report, together with the public response, engagement and discussions obviously need to be a part of shaping the proposals into steps for action that fundamentally change the way that services are operated and delivered.

During the review, we met with a range of stakeholders and visited innovative services around Northern Ireland. We were impressed by everyone we met, by their willingness to engage, their hospitality and their readiness for change. The conversations we had, the people we met and the services we visited, played a significant part in shaping our thinking.

THE STRUCTURE OF THE REPORT

We believe that the principles are relevant to all adult groups receiving care and support, although we are mindful that specific policy will need to be agreed to ensure that individuals receive services that are appropriate to their specific needs, for which more detail will be necessary.

The value of social care
The nature and importance of adult care and support and the contribution it makes to personal wellbeing, health services, society and the economy is outlined. Why we believe social care needs to be elevated to a far higher status in both government priorities and in the minds of citizens, families and communities is also discussed.

The citizen at the heart
We set out our thinking in relation to a human rights approach to care and support. Putting people, rather than structures and systems, at the centre of our interests. We explore ways in which self-directed support could become the organising norm for adult care and support services.

Family carers – vital partners for social care
This section acknowledges the significant contribution made by family, friends and other informal carers to the health, wellbeing and human rights of adults with support needs. They may be seen as the bedrock of care as their contribution is the principle way that most people experience care. It is vital that they are treated as partners.

Building resilient communities
People live in homes and communities, not in social care systems. Here, we consider how an asset-based community approach could be fundamental in underpinning the structure of a transformed approach to care and support with a crucial role for social workers.

The professional workforce in social care
Whilst we believe that adult social care is, and should be, much more than 'paid' and formalised services, these will always be required. The people who care for us may be doing it for a living but they are people too. We outline how the workforce should be supported and valued.

The 'market' for care and support
Much was said and reported to us in relation to the inadequacies and dysfunction of the social care 'market'. It doesn't function in the way we need it to. We set out what might be done so that an effective and responsive market can be sustained and thrive.

"We believe that the principles are relevant to all adult groups receiving care and support, although we are mindful that specific policy will need to be agreed to ensure that individuals receive services that are appropriate to their specific needs, for which more detail will be necessary."

System alignment – making integration meaningful
The fragmented arrangements that are a common feature of adult social care services as it relates to health, housing and other disciplines have long been seen as problematic. Policy exhortations to bring about a joined-up response and partnership working have pointed to the benefits of achieving more integrated working. There is a clear need for the various systems relevant to adult care and support to be properly aligned.

A new Concordat
The final section sets out the underpinning principles of a new Concordat. This is envisaged as a new settlement between individuals and the State with a recognition that rights are balanced by risks and responsibilities on both sides.

It is our sincere hope that *Power to People* will not be read as 'just another report', but that it will help to encourage the radical rethink or 'reboot' we believe is necessary to challenge the current approaches, attitudes and established ways of delivering adult care and support. In this way, we hope it can embolden a genuine public movement for change and transformation in the way adult care and support in Northern Ireland is organised, delivered and funded – a real shift in 'power to people'. **CMM**

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With special thanks to Dean Looney, Reform of Adult Care and Support at the Department of Health in Northern Ireland, who led the team supporting the Expert Advisory Panel, for his assistance with this article.

What are your thoughts on this report about the future of care and support in Northern Ireland? Are there proposals that could be emulated in England? Share your thoughts on the CMM website **www.caremanagementmatters.co.uk** Subscription required.

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John Kennedy, Independent Social Care Consultant

The New Assessment Framework – Evolution not Revolution
Amanda Stride, Head of Inspection – CQC

Leadership, CQC and the Importance of 'Well-Led'
Ed Watkinson, Director of Care Quality – QCS

Using Values in Recruitment and Retention to Increase Quality
Sophie Coulthard, Principal Consultant – Judgement Index

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DIVERSIFICATION IN HOSPICE CARE – CREATING NEW PATHWAYS

St Margaret's Hospice has diversified its business to offer funerals as 'a natural extension' of the services it provides to the community in Somerset. It is intended to become a franchise offering for wider roll-out.

St Margaret's Hospice based in Somerset delivers high-quality, responsive and compassionate care to patients and their families facing a life-limiting illness.

Like any provider, the pressure of an ageing population and ongoing funding cuts have impacted on St Margaret's. As a result, over the last two years it has undertaken a review of the organisation and how it services its communities in order to ensure its services and model are fit for the future.

This has led to the hospice's team joining forces with funeral service provider, Low Cost Funeral Ltd to establish Hospice Funerals LLP.

Described as the first hospice funeral service, Hospice Funerals LLP's first funeral home will be opened by St. Margaret's in Taunton in January 2018. The business will be run as a franchise and services will be offered through funeral shops on the High Street.

Not only is this venture unique for the hospice industry, it is also described as one of the biggest developments in the funeral market. It is part of Low Cost Funeral Ltd's parent company, Memoria Group's commitment to changing the funeral market to ensure the cost of funerals are more transparent and to introduce more affordable, fixed price packages.

FUNERAL SERVICES

The new funeral franchise, Hospice Funerals LLP will provide quality, caring, transparent and personal funerals at affordable prices. It is currently only open to hospices, but the plan is to establish a franchisee network that can offer a national service. It is intended that franchisees will be able to offer a range of funeral services through hospices across the country, from unattended direct cremation to a personalised funeral.

Hospice Funerals LLP will also offer pre-arranged, guaranteed fixed cost funeral plans. Prices for funerals start at £1,295 which is some 66% (£2,500) lower in cost than an average traditional funeral. The service will be available to everyone in the community, irrespective of whether they have been a hospice patient or not.

DIVERSIFYING THE BUSINESS

The idea to enter the funeral market was the brainchild of Ann Lee, Chief Executive of St. Margaret's Hospice when she was introduced to Howard Hodgson, Chief Executive of Low Cost Funeral Ltd.

Upon meeting to discuss the opportunity, Howard came up with the idea of a joint venture and since then the two parties have been working together to develop the new business model.

Ann explained, 'We wanted to provide people who need end of life care either in their hospice or at home, a modern, transparent, personal and affordable funeral service.

'This is a natural extension of the care we provide our patients so that their final time, be it years, months or weeks, is free from worry about the practicalities of a funeral. It also offers patients and their families more choice, whether under our care or not.

'The initiative emerged from a major public consultation carried out by St. Margaret's looking at innovative new models of support to ensure sustainability of its services in the face of a growing elderly population and a reduction in government funding – a challenge faced by the hospice movement and other care organisations across the country. We also sought the views of the general public to our plans and there was a resoundingly positive response.'

HOSPICE FUNERALS

Hospice Funerals believes that there will be strong demand for a hospice-based funeral service that will offer both affordability and continuity of care in the later stages of a patient's life, so that it is free from the worry of the costs and practicalities of a funeral.

Hospice providers that become franchisees will operate exclusively within a defined area or number of areas.

Hospice Funerals will provide support to the hospice providers in their dealings with preferred suppliers (eg funeral shopfitters) but will not financially gain from these suppliers. Hospice Funerals will also select, train and manage staff and provide all administrative support, as well as providing a bespoke software system for making funeral arrangements.

The profits generated from funeral services operated by the hospices will be re-invested into their local communities to enhance the care and support they provide to people with life-limiting illnesses and widen provision in areas such as bereavement services.

THE FUTURE

The current focus is to get hospices signed up, with interested hospices already meeting with Hospice Funerals. Beyond that, there may be an opportunity for the wider care sector to be involved.

Ann continued, 'We are extremely confident that it will be a significant success given the interest levels amongst hospices since we launched the venture and the communities we have engaged with as part of our consultation process.

'Ultimately within the next two years, we want to be in a position to offer a truly national funeral service so that we are not only providing choice, affordability and continuity of care to local people across the country, but are also able to reinvest the profits generated to sustain and extend our end of life care for those with life-limiting illnesses.

'That will be a major achievement for a sector that needs to think innovatively in the face of a growing ageing population and reduced government funding and one which will hopefully stimulate new approaches across the wider care industry, which has the same challenges as the hospice movement. **CMM**

OVER TO THE EXPERTS...

What are your thoughts on this development to the hospice and funeral markets? Does it have potential to shape the market? Is it a way to future-proof the hospice model? Could it also be an opportunity for social care providers?

AN INTERESTING INITIATIVE BUT NOT WITHOUT RISK

Hospices are well-respected by the public. They are considered a trusted 'brand' and one which is very much supported in each local community where they are located.

Funding-raising has always been a large component of what hospices have done to maximise their income generation in order to achieve the best outcomes for the people they serve.

Bearing that in mind, this proposition by St Margaret's Hospice in Somerset, to establish the Hospice Funerals franchise with a funeral service provider, is an interesting initiative both as a new income stream for the hospice to ensure its sustainability and also as a way of extending a service to people which is clearly needed.

The fact that hospices are trusted by the general public in the way they are could be seen as a benefit for this initiative...but it is not without risk and may play with people's perceptions of hospices if they are offering funeral services too.

I feel that the public will welcome the opportunity to plan ahead for the future and for funeral wishes. I'm sure they will also be attracted by the affordability and transparency that this franchise, offered by St Margaret's Hospice, brings.

I do not believe this initiative alone will futureproof the funding requirements of the hospice model, though. However, I think it is a 'watch this space' initiative that could mark the start of change and innovation.

As for transferability to the wider care sector, I believe society's views of care is very different to that of hospices. The image of social care, whilst improving, still has a significant way to go to be held in the trusted esteem of the public in the way that hospices are.

Sharon Blackburn CBE RGN RMN Policy and Communications Director, NCF

THE LOGIC IS DIFFICULT TO CHALLENGE

The country is facing a massive increase in the elderly population. This increase is likely to carry through until the thirties or even forties.

With that in mind, it is important to consider how we, as a society, are going to cope with the naturally increased death rate. Added to this is the question of whether the population can afford the costs of a funeral. It is usually the relatives who have to organise this, and many finish up paying for it too.

When looking at this new funeral franchise by St Margaret's Hospice and Low Cost Funerals LLP, I must say that my initial reaction was to suck my teeth a little.

However, I reflected on this for a while and finally concluded that the St Margaret's proposal seems to work well; the cost of funerals is much reduced, the delivery franchise makes a profit and provided the hospice benefits in order to reinvest in its excellent services to the community, everyone wins. I would not be supporting this proposal if this is not the case.

Ok, so the proposal is coming from a commercial organisation and they will benefit from it, but let's face it there are more people in commercial care homes, hospices and being cared for in their own homes by commercial agencies, even those at the end of their lives, than in the public sector.

The naysayers seem to be against it almost entirely because it smacks of commercialisation.

Once the baby boomer bulge has worked through the population, the country will continue to be faced with people living longer, so my question is, why not?

Roger Wharton Independent Care Consultant

THIS IS NEITHER NECESSARY NOR DESIRABLE

As independent observers and commentators on the funeral industry, *The Good Funeral Guide* has extremely strong reservations about the introduction of a franchise funeral scheme such as this proposal by Hospice Funerals LLP. We have written to trustees of all UK hospices to express our concerns.

The set-up costs of £100,000 per branch plus annual franchise fees of £10,000 will need to come from hospice central funds, a mix of NHS money and donations and funds raised by the public to fund the hospice's work.

We feel that venturing into direct competition with existing providers of funeral services is not good use of money that has been raised to help hospices care for people at the end of life. Far from future-proofing the hospice model, we believe it carries with it an unacceptable level of risk.

Figures supplied by Hospice Funerals LLP are based on 100 funerals per branch in year one, rising to 200 in year three. We contend that this is wildly optimistic when current providers are already catering for all funerals required.

The funeral market, by admission of one of the directors of Hospice Funerals LLP, is already 'saturated', with around 5,000 funeral directors currently operating. Most of these are small, family-run businesses with owners and staff who are devoted to their work and who provide a modern, transparent, personal and affordable funeral service.

This is an arms-length, turnkey operation, under the branding of the local hospice, backed by a large crematorium operator. It is neither necessary nor desirable, and we would counsel providers to heed our warnings before getting involved.

Fran Hall Chief Executive, The Good Funeral Guide

3rd Sector Care Awards **2017**

On 6th December, 250 people convened in Central London to celebrate the finalists and hear the winners of the 3rd Sector Care Awards 2017.

Vic Rayner, Executive Director of the National Care Forum opened the Awards, honouring all the fantastic finalists and the high standard of work taking place across the sector.

Vic then handed over to Dame Esther Rantzen to run the proceedings. With her wonderful warmth and interviewing technique that puts even the most nervous finalist at ease, she announced the winners of the 12 categories and encouraged the audience to share the fantastic goodwill and celebrate the deserving winners' achievements.

Attendees were able to hear about some truly innovative work, which has the potential to change service delivery, improve lives, join-up systems and save money.

When the ceremony was complete, the audience was treated to a live music performance from The Beathovens, the only band in the UK whose members are all on the autism spectrum and are living in full-time care.

Their front-man, AJ Cool made many fans within the audience and the rock/reggae mix of songs certainly got everyone clapping along and cheering.

The 3rd Sector Care Awards 2017 winners are:

Compassion Award
Pav Hughes, Service Manager, Outlook Care.

Community Engagement Award
Claire Thomas, Alzheimer's Support.

Leadership Award
Caroline Betts, Matron St Raphael's Hospice.

Citizenship Award
Quality of Life Reviewers, CVT.

Creative Arts Award
Creative Arts, Autism Together.

Collaboration (Integration) Award
Bristol Community Rehabilitation Service, Second Step.

Innovative Quality Outcomes Award
Safe Families for Children.

Beyond Governance Award
Anne Fowlie, Bluebell Wood Children's Hospice and Melba Wilson OBE, Advance Housing and Support.

Contribution to Sector Development Award
Widnes Vikings, The Vikings Sport Foundation.

Technology Award
Supported Loving, Choice Support.

End of Life Care Award
Chaplaincy Team, MHA.

Making a Difference Award
Susan Moore, Trustee and Chief Executive of Hunts Community Cancer Network.

CMM is proud to organise the 3rd Sector Care Awards. Congratulations to all the winners and finalists and thanks to the event's wonderful supporters and sponsors.

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THE 3RD SECTOR CARE AWARDS 2017

A VIEW FROM THE TOP

RICHARD **HAWES**

Richard Hawes is Chief Executive of Elizabeth Finn Homes Ltd

REFLECTIONS ON THE LAST DECADE

When I qualified as a registered nurse in the late 80s, there was much discussion about the demographic timebomb. Fast forward to 2003, when I was completing my MBA, and the same discussions were being had.

Looking to just the last 10 years, we have seen review after review of health and social care, none of which have come up with a solution. The King's Fund identified that between 2010 and 2016, there were 26% fewer people getting help and over this time, the eligibility criteria have increased to such an extent that only the most poorly get any help.

The Care Act was designed to establish national criteria for access to care services, put safeguarding into law and provide for advocacy and carers' rights. It also proposed a cap on care costs, a more generous means-test and other financial measures, which has now been scrapped and will be consulted on this year. That consultation is another Green Paper, to be published by the summer; although it feels like the most fundamental issues from the last one are yet to be addressed.

PROJECTIONS FOR THE NEXT DECADE

For over 100 years, Elizabeth Finn has had the reputation for supporting people in innovative ways. Our staff, of whom we are enormously proud, are warm and friendly; we take great care to ensure that residents have plenty in common, so that dining or socialising is a pleasure.

We believe that residents should retain as much of their independence as possible. Independence, choice and dignity are values which we ensure those who work at Elizabeth Finn understand are the absolute right of all individuals.

Into the next decade, these principles will become ever more important with the continuing challenge from the costs of providing excellent care and the increasing opportunity to use more technology in care delivery, potentially risking a less personalised service.

Some future technologies will provide added value; but we should make sure that the basics of excellent care and personalised interaction are not lost in the process, and ideally in the evolution of technologies, engage with residents in their development and design. The challenge with all the talk of caps on care costs is how high-end providers will be able to continue to provide such care, if individuals are restricted from purchasing additional services and not free to make purchasing choices.

INSIGHT

I am sure most chief executives will agree; our potential for success is in being part of a collaborative team, working alongside our executive and non-executive directors to ensure we achieve our goals, and facilitate innovation and development. I am fortunate to have joined a team of executives who share a common set of values, and who are not afraid to challenge each other. It is one of our best strengths as a team.

INFLUENCES

The first inspirational person I met was one of my tutors whilst training as a nurse. She was grounded and held good basic care as a mantra to set the quality agenda for all that followed. Some 10 years later, she encouraged me into the care home sector, where I met another inspirational individual who had a vision to take what was, at the time, a relatively small care home business to a leading national operator. That was Mike Parsons from Barchester Healthcare, he achieved that vision and always had quality at the heart of the business.

LESSONS

We have two ears and one mouth; we should use them in the same ratio. Often people can forget to listen in this busy world we operate in and risk reducing the value of spending time with others.

ADVICE

My advice is to make sure that we listen to those people who come into our services, to ensure we enable individuals to live fulfilled lives in surroundings of the highest quality, which suit their wants and desires. This needs to be combined with having a careful eye on the financial model that is needed to ensure commercial success.

The best managers and leaders I have worked with have all made sure they invest in relationships with colleagues, residents and families; in this way they understand what the opportunities and challenges really are. **CMM**

Read about Richard's typical day on the CMM website **www.caremanagementmatters.co.uk** Subscription required.

RISING **STARS**

Daniel Cole is Area Support Manager for Borough Care Ltd.

CAREER HISTORY

I joined Borough Care at the age of 16 as a casual care assistant. Shortly after that, I was offered a permanent role as a care assistant, working additional shifts as a domestic and a night care assistant, and gaining an NVQ Level 2 in Care.

In 2001, I decided to take on a GNVQ in catering and took an additional job role as a cook, whilst still completing care work part-time.

At the age of 21, I was promoted to full-time Care Supervisor. Being in this supervisory role was when I first realised I could start to make a bigger difference to people's lives, as well as building a good career path and focused on developing my skills and knowledge to further myself.

During this period, I completed an NVQ Level 3 and a degree in Health and Social Care.

When I was 25, I was promoted to the role of Deputy Manager, working in three of the homes across the organisation over a five-year period.

At 30, I was promoted to Home Manager and successfully managed the home for four years, during which time, we achieved Outstanding in Well-Led in the Care Quality Commission's Key Lines of Enquiry. More recently, I have been promoted to Area Support Manager, where I now have responsibility for the operational management of six homes.

YOUR ORGANISATION

Borough Care is an Industrial and Provident Society with charitable status, and manages 11 homes across the borough of Stockport. The homes offer a number of services, providing dementia care, high-dependency care, short-stay, day care, intermediate care and end of life care.

The governing body is the Board of Directors. Members of the Board are mainly local people who have experience of business or the health and social care sector. The Board meets monthly and also carries out regular visits to the homes.

Borough Care is a fantastic company to work for; I find them very supportive and open to new ideas. They offer excellent career development for staff and a comprehensive training package which all staff are offered. They hold regular consultations with employees through an employee focus group where they can put forward their views and wishes. I like the way that Borough Care recognises its staff and is happy to promote internally. I, along with some other managers, started with the company as care assistants.

CURRENT ROLE

I have been Area Support Manager for just a month. However, for the last four years, I was the Registered Manager of Wellcroft, which is one of the homes within Borough Care. I had been in post since May 2013 and really enjoyed the challenges and variety in my job.

I would say I wanted to become a manager simply to have a platform to support the staff, by leading them to aspire to make a difference to the residents, their loved ones and their colleagues.

As Area Support Manager, I do have a lot of responsibility on my shoulders and this makes for interesting times. It is very hard to describe a typical day as there are so many different parts to my work, but I see my role as leading and supporting the managers to ensure that high-quality care is delivered on a consistent basis.

One day, I can go from taking part in discussions with GPs, social workers and other professionals in the sector, to ensuring the excellent care that is delivered in our services is consistently maintained, and to enable us to retain good occupancy levels.

I have to ensure the marketing of the homes is continually being monitored and devise new and innovative ideas to promote the business, as well as ensuring the homes' financial budgets are being managed effectively.

I can even be found getting out the vacuum cleaner every now and then or unblocking a toilet. I really do believe in the motto 'Don't ask someone to do something you're not willing to do yourself'.

I would say the hardest part of being a home manager is the expectation to be an expert in every field. It's about knowing your limitations and ensuring you have great people surrounding you to work together as a team.

Although my day can be very busy and varied, I wouldn't change a thing. Seeing the residents happy in their home environment is a reminder to me how much I love my job.

RISING STARS

It was a surprise when I found out that I'd been nominated for the Rising Star programme and that I'd been nominated by our Chief Executive, Ingrid Smillie.

When I found out I'd actually been chosen, I felt extremely privileged to be one of 10 in the country to be recognised.

From the initiative, I am hoping to further develop my

leadership skills and build on my knowledge to become even more effective. I am looking forward to working with the other 9 candidates, having that support network available and gaining new skills.

THE FUTURE

In my new role as Area Support Manager, I want to be able to help move each home forward and excel in the service that they deliver, and inspire people to do the best they can.

It is a privilege to be in a role that allows me to lead, influence, improve and grow the service as well as contribute towards changing our culture, so that we can be the best quality care service.

Being on the Rising Stars initiative, I am hoping the insight, expertise and knowledge I can gain from others will allow me to achieve success for Borough Care.

ADVICE

My advice is to never forget where you started and where you have come from. As you move up the ladder and progress, yes, the job role may change, but you must never forget the hard work and dedication that our care workers put into their jobs day in, day out.

I have been fortunate to work for and alongside some very inspirational people throughout my career so far, and have learnt some very valuable skills which have taught me well. **CMM**

Daniel is part of the first ever cohort of Rising Stars. This innovative programme, developed by National Care Forum and supported by Carterwood, is designed to identify leading lights within organisations who will shape and form the care sector in the future.

More information about the programme, the candidates and future opportunities can be found at **www.nationalcareforum.org.uk**

THE NEW KEY LINES OF ENQUIRY

DO YOU KNOW WHAT'S CHANGED?

Jonathan Papworth runs through the main changes in the Care Quality Commission's updated Key Lines of Enquiry.

The Care Quality Commission's (CQC's) updated Key Lines of Enquiry (KLOEs) and prompts came into force for adult social care in November 2017. They are the result of feedback from a consultation about the original KLOEs, which were published in 2015.

The new KLOEs and prompts reduce duplication and simplify the process for organisations that provide more than one type of service.

CQC says in the *Key lines of enquiry, prompts and ratings characteristics for adult social care services* document, 'The changes to KLOEs and prompts are the result of feedback following our Next Phase consultation. We have merged the two previous versions for

residential and community care, added new content to strengthen specific areas and reflect current practice, and made some changes to the wording to improve and simplify the language to aid understanding.

'We have also aligned, as much as possible, the wording of KLOEs and prompts between the two assessment frameworks for healthcare services and adult social care services.'

I believe that these updated KLOEs give some indication of the strategic direction that CQC appears to be taking with its approach to inspection as there are key themes running through them.

CHANGING KLOES

The changes to the KLOEs cover all five key questions: Safe, Effective, Caring, Responsive and Well-led, with substantial changes to Safe and Effective. Although, all areas have new questions and substantive changes to wording. >

> SAFE

The Safe category has the greatest number of new KLOEs and prompts, which may be due to fewer than 0.5% of providers being rated Outstanding in this area. The first KLOE is reworded and asks, 'How do systems, processes and practices safeguard people from abuse?' with a new prompt, S1.1 which simply asks how safeguarding systems, processes and practices are developed, implemented and communicated to staff.

There are also changes focused on discrimination, with a specific mention of the Equality Act. All workplaces legally must be safe and free from harassment, so employers would normally meet these requirements, although there will be a need to document how these are met, and ensure that both service users and staff are protected.

There are changes in a few areas of section 2, and the S2 KLOE now says 'How are risks to people assessed and their safety monitored and managed, so they are supported to stay safe and their freedom is respected?' It is interesting to note that freedom is mentioned, and risks are there to be managed, not to reduce freedom.

There is a new prompt, S2.3 which requires records to be legible, up-to-date and stored securely – as well as being available to the relevant staff. Where records are handwritten on paper this will be a challenge, whilst the need to be stored securely is to bring data storage in line with General Data Protection Regulation (GDPR) which comes into force in May 2018.

KLOE 4 refers to medication, which is an area CQC has been focusing on for a long time. There are changes to ensure storage and administration of medications are properly managed as well as two new prompts.

Prompt S4.7 is new and relates to reviewing medicines at appropriate intervals, which might be to reduce long-term dependency on medication to control behaviour.

Prompt S4.8 is also new and relates to medication and information about medicines when people move between care settings. This points to joining-up care and could reduce the costs and risks involved with medication being lost or thrown away when people transfer between settings.

KLOE 5 focuses on infection control, with new prompt S5.4 asking how external agencies are alerted, where necessary, to concerns that affect health and wellbeing. S5.5 is also new and looks at staff training and procedures for food hygiene.

KLOE 6 is entirely new and focuses on learning from mistakes. It has been added, at least in part, to ensure social care is aligned with health. It seems to be pointing toward transparency; mistakes happen but it is important that they are communicated, lessons learned and improvements made as a result.

There appears to be a major focus in the Safe category on systems and processes, and the link to accessibility, security and legibility makes electronic systems important. Other aspects of the changes appear to be to conform to employment legislation, meet the needs of GDPR, have rock-solid medication processes, and to work effectively with third parties.

KLOE 3 focuses on nutrition: supporting people to maintain a balanced diet, freedom of choice and managing risks, with each prompt having had a substantive change following the consultation response. KLOE 5 also relates to healthy lifestyles.

In between is KLOE 4 with a single prompt E4.1. This looks specifically at working across multiple services and ensuring people's care is consistent and co-ordinated. It has moved from Responsive to Effective.

KLOE 6's main question has been amended and there is a change to one of the prompts too, which relates to the environment being suitable to meet needs and promote independence.

"The changes to the KLOEs cover all five key questions: Safe, Effective, Caring, Responsive and Well-led, with substantial changes to Safe and Effective. Although, all areas have new questions and substantive changes to wording. "

EFFECTIVE

In the Effective category, there are changes to KLOE 1, these include managing differing needs from a holistic perspective in line with legislation, standards and evidence-based guidance to reach effective outcomes, and avoid discrimination, with reference again to the Equality Act.

A new prompt is E1.3 which specifically asks how technology and equipment are used to enhance care.

KLOE 2 relates to staff being trained and have appropriate skills and knowledge to deliver effective care and support. An effective training process would be useful in ensuring this is met and e-learning is fast becoming the most time and cost-effective way to ensure everyone is trained and can be evidenced as such.

KLOE 7 relates to consent to care, and has been moved within Effective with a large number of changes to the prompts, particularly relating to mental capacity, promoting best interests and meeting national legislation/ guidance. These changes came from the consultation and could be a reflection of issues around mental capacity and deprivation of liberty.

CARING

The Caring category has several new questions, despite 95% of homes inspected having achieved Good or Outstanding in this area.

KLOE 1 deals with treating people with kindness, respect and compassion, with new prompts, C1.3 which again refers to the Equality Act and C1.6 which relates to the behaviour of the staff team.

There are several changes in KLOE 2, which deals with people being involved in decisions about their care as much as possible, and ensuring staff are trained to understand people's needs and involve support and social networks.

The new prompt C2.1, which came from the consultation, asks how >

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"We have been overwhelmed by the kindness shown to us. When you are disabled and not working you feel as though you have slipped into obscurity, as if you have become invisible. Now we know we ARE seen, we matter and that is priceless."
Caroline and Brendan, Social Services

"Things have never been the same since the arrival of the children's bunk beds and accessories. Our baby now thinks her little bed is her 'own bedroom' as she sleeps longer both day time nap and at night. The older children now see bedtime as happy time."
Pete, Community Integrated Care

"I did some fundraising for The Care Workers Charity…I never thought the shoe would be on the other foot. When it became our time of need, I approached the charity with my plea and they warmly supported my daughter's needs."
Claire, Shaw Healthcare Group

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> staff recognise and facilitate people receiving support from other parties, such as carers and advocates. C2.2 relates to advising people of organisations that can provide independent supporting and advice and support use of such services. C2.3 is an interesting new prompt in that it specifically asks about staff having time, training and support to provide care and support in a compassionate and personal way.

KLOE 3 relates to people's privacy, with prompt C3.3 directly referencing the Data Protection Act, which will be superseded by GDPR. Other aspects of KLOE 3 refer to the Equality Act again and deal with supporting people to be independent, look at preferences, needs and more when scheduling staff. The final new prompt in this section, 3.7, relates to young adults' choice and flexibility over privacy about parental involvement in their care and support after moving into services.

"The effects of these changes on the sector will only be known in due course, but the future of adult social care looks like it will have more transparency, innovation, personalisation and technology."

The main areas of change in the Caring category relate to individual choice, transparency and involving third parties, whilst ensuring that information is managed correctly.

RESPONSIVE

The Responsive category starts by asking about how people receive personalised care that is responsive to their needs.

New prompt, R1.6 specifically asks again about technology's role in supporting people and how easy that technology is to use.

KLOE 2 refers to complaints, and contains themes of making the complaints process accessible, learning from mistakes, working transparently and supporting people to complain. There is one new prompt, R2.4, which involves protecting people from discrimination when complaining.

KLOE 3 refers to end of life. It has moved to Responsive from Caring and has changes to all questions plus three new questions. The changed questions relate to personal choice, involving families and other carers, and pain and symptom management.

R3.4 is a new prompt and looks at identifying when people are reaching their last days and ensuring that changing care needs are dealt with rapidly.

R3.5 is also new and relates to how families, other clients and staff are supported when someone dies.

The final new prompt in this section, R3.6 asks about arrangements for the body of the person who has died, taking into account cultural sensitivity and dignity.

Key aspects of these changes are personalisation, choice and sharing. Meeting these will either require a focus on record keeping, or looking at some of the electronic systems that provide more responsive care records without increasing the burden on administration. Sharing can be achieved very easily with electronic records, although it is important to ensure they conform to GDPR.

WELL-LED

The final category is Well-led and it starts with a KLOE around having a strategy for high-quality, person-centred and inclusive care. It has six new prompts: W1.2, W1.3, W1.4, W1.5, W1.9 and W1.10.

W1.2 asks 'How does the service promote and support fairness, transparency and an open culture for staff?'. This came from the consultation and has a clear focus on transparency again.

W1.3 looks at how managers support their staff, and whether they are motivated, caring and open.

W1.4 explores honesty and transparency following an incident, which again points towards transparency and learning from mistakes.

Finally, W1.5 asks whether leaders are suitable, with a specific mention of having integrity.

The remaining new prompts, W1.9 and W1.10 focus on workforce inclusion and equality, along with supportive and collaborative working relationships.

KLOE 2 focuses on governance and the new question, W2.8 specifically relates to security and sharing of confidential data, which again points towards GDPR, but also transparency.

KLOE 3 is about engaging and involving service users, the public and staff. New prompt, W3.5 is aimed at gathering people's views to shape the service.

KLOE 4 involves learning and innovating for sustainability, with new prompt W4.6 specifically addressing technology, and how this can be used to monitor and improve the quality of care.

Finally, KLOE 5 involves working with other agencies, with the new prompt W5.2 asking about sharing information and assessments with other agencies, and specifically mentioning that this should be 'for the benefit of people who use the service.'

THE NEW KLOES

It is clear that there are themes running through the new KLOEs. There is a focus on using innovative technology with an expectation that this will help to achieve responsive and personalised record keeping, and managing and sharing information securely.

There are other areas which might require a change in approach or attitude for some, for example freedom of choice, openness and engaging more with people's families and friends. However, for a service that is aspiring to be Good or Outstanding, these should be a given.

The effects of these changes on the sector will only be known in due course, but the future of adult social care looks like it will have more transparency, innovation, personalisation and technology. **CMM**

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Are you up-to-date on the new KLOEs? Access the link to the revised KLOEs on the CMM website **www.caremanagementmatters.co.uk** Subscription required. More information is also available at **www.personcentredsoftware.com/cqc18**

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BEST PRACTICE
in care home development

Ben Hartley discusses what you need to know if looking to develop a new care home.

Although, given a choice, the majority of older people would prefer to remain living in their own home, there will always be a need for care home provision. While the care home population remains relatively stable, at around 3% of over 65s according to the Office of National Statistics, the increasing longevity and complexity of needs, such as a diagnosis of dementia in the oldest old, means the demand for good quality care is >

> outstripping supply.

As a result, the need to develop new care homes has never been more urgent. The well-publicised study by *The Lancet* in August 2017 predicts that more than 70,000 care home places will be needed by 2025. Analysis by Which? published in October 2017 found that, at current levels of placement, 87% of councils across England responsible for providing social care may not have enough care home places by 2022 to meet potential demand.

When it comes to care home development, there is also strong appetite from investors who want to see high grade assets, supported by good quality care operators, developed in sustainable locations. So, if we need care homes, and investors want to invest in the right assets, what factors do you need to consider when developing a new care home?

DEMAND

The demand for care in any location is one of the most important considerations. While a shortfall of care bed spaces is expected across the country, there are regional differences in demand, driven by demographics.

The age profile of the location's population can have a big impact on local demand. Somerset, for example, has one of the highest numbers of older people per head of population, although ironically it is not well-served by dementia care homes and has the lowest proportion of specialist dementia beds anywhere in the UK.

Rural areas tend to have a higher proportion of older people, although absolute numbers will be higher in urban areas simply because the population is denser.

COMPETITION

Understanding the competition in your target location is as important as understanding the local demographics. Not only is it important to identify the total registered care home capacity in an area, it's also important to assess the quality of that registered capacity.

Research by Knight Frank has found that some 85% of care homes are over 50 years old, and given that many don't have en-suite or wetroom facilities, they may not pose a competitive threat to a new care home development. If the supply of en-suite wetrooms is low, demand for a new 'market standard' care home could be high. This means that careful analysis and inspection of the competition, including planned supply, is essential.

SHORTFALL OF PLACES

Once you have analysed the demand for care home places, and assessed how much of the competition is offering market standard accommodation, you can work out if there is a shortfall of care home places in the locality.

A shortfall means there is unsatisfied demand for care that your new development could meet. If there is no shortfall...move on.

LOCATION

Location, location, location. People are ageing in every corner of the country, but there is considerable regional variation in the demand for private care, influenced by housing wealth.

It's crucial to determine whether the underlying wealth profile of the area will support the fee rates you are trying to achieve. It may be that the local authority is seeking to make care home placements, so for some operators a block contract with local commissioners could be part of the business plan.

The location of the scheme will also help or hinder staff recruitment, so don't forget to assess transport links, bus stops and employment levels in your chosen location. You want to encourage your staff to work for you, so in practice you need to think about car parking for nurses, who we know travel an average of 2.7 miles to get to work, and bus stops for care staff, who are less likely to drive.

AVAILABILITY OF STAFF

Our research shows that care homes have a defined catchment area when it comes to staffing. Knowing whether there will be a sufficient pool of care assistants and registered nurses living within the locality to staff your care home is essential. When you consider that staff shortages mean you could incur unexpected agency fees, or even have to limit your operational capacity, the cost of choosing the wrong location can be very high.

"It's crucial to determine whether the underlying wealth profile of the area will support the fee rates you are trying to achieve."

CARE HOME DESIGN

Once you've identified a great site in a location that meets the criteria above, you will need to assess how the design of your care home will assist or hinder your operational efficiency. Are you going for the 'wow' factor? Will you be offering a household design for small group living? Will you have a dedicated dementia unit?

You will need to analyse factors such as gross internal floor area, proportion of communal space to bed space, number and size of bedrooms, number of storeys and the number of bedrooms per floor. Of course, if you engage with the vendor or architect from an early stage, you'll be able to put your stamp on an initial design.

METICULOUS PLANNING

The total size of the older population along with existing and future planned care home supply can have a huge bearing on fee and fill rates for a new development. Likewise, knowing the availability of staff can help mitigate the risk of investing millions of pounds into a new care facility, only to discover you are unable to recruit sufficient staff to run it properly. This all points to best practice in care home development requiring meticulous planning and market intelligence from the start. **CMM**

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Are you looking to develop a new home in 2018? Let us know at **www.caremanagementmatters.co.uk** Subscription required.

SOCIAL CARE CO-OPERATIVES:

Revolution or Revelation?

Mervyn Eastman explores the role of co-operatives in social care.

The current social care debate is well-known within the sector. However, it is in such times of difficulty that innovation and different models can prosper. That is exactly what's happening with co-operatives, which are becoming more prominent in social care.

To understand the role of co-operatives and any advantage they may have in the provision of care and support, it is important to reflect on the context in which social care is presently perceived, commissioned and provided.

Firstly, social care has become primarily known for its funding issue, which is creating a crisis of supply and demand as well as impacting on >

> the health service through delayed transfers of care, amongst other things. Additionally, the growing costs of care, its non-affordability and the demands of an ageing population also dominate current narratives. The Care Quality Commission in its report *The State of Care (2017)* talked of the sector being at a 'tipping point'.

Media portrayal of the sector is focused on these issues as well as reporting that providers are handing back their contracts to commissioners, and also focusing on poor care. Unsurprisingly, it does not report on the Good or Outstanding regulated care that is happening across the country.

The consequence of this is that the public are nervous about the sector. They do not fully understand it, they have concerns about care quality and the demographic challenges of the ageing population, conflating it with the current economic and austerity reality, a shrinking state (through privatisation), and reporting of a rather 'production line' approach to personal care services.

"Any growth or development in social care co-operatives must not compromise the values and principles of that co-operation."

With councils having now, in the main, moved away from service provision, it is also important to note that public service trade unions view any externalisation or spin-outs of local authority or NHS care, even to co-operative models, as privatisation.

With all this building to create a negative view of social care, and given that the co-operative sector is increasingly interested in the promotion and growth of the social care economy, those of us who support the co-operative approach need to be clearer about exactly what is on offer in a crowded market.

WHAT ARE CO-OPERATIVES?

Now we have a picture of the market in which co-operatives are establishing themselves, it's important to explore what they are and what they can offer the general public and the social care market.

Recently, the iCare Coops Consortium published a toolkit to support the creation and development of care co-operatives (*Foundation Guide 2017*). It provides a useful summary.

'Co-operatives are autonomous associations of persons who voluntarily co-operate for their mutual, social, economic and cultural benefit. They include non-profit community organisations and businesses that are owned and managed by the people who use its services (a consumer co-operative), or by the people who work there (a worker co-operative), or by the people who live there (a housing co-operative).

'They bring together civil society and local actors to deliver community needs. Co-operatives are typically based on the co-operative values of self-help, self-responsibility, democracy and equality, equity, and solidarity...' – International Co-operative Alliance, 2015, quote in *Foundation Guide*, p.4

Supporting this are seven key principles, which underpin all co-operatives, regardless of the model.

1. Voluntary and open membership.
2. Democratic member control.
3. Member economic participation.
4. Autonomy and independence.
5. Training and education.
6. Co-operatives supporting co-operatives.
7. Concern for community.

It is important to examine some of these in the context of social care provision – particularly the first four.

VOLUNTARY AND OPEN MEMBERSHIP

A co-operative service or business must be open to all persons able to use the service, but who are willing to accept responsibility of their membership.

In terms of an employee-owned social care service, the workers, from managers to care and support staff, are equal in their membership.

For those using a service in membership, they become equal to the workers.

In these situations, I would suggest that the very term 'service users' should be more appropriately considered as 'member users'. This also creates a balance between workers and clients, shifting away from 'them and us' which can occur between those receiving the service and those directly providing it.

A co-operative model that is gaining traction in the context of membership is that of the multi-stakeholder co-operative which includes member users, workers, families and local communities.

DEMOCRATIC MEMBER CONTROL

Under this principle, active members of a co-operative control the organisation. It means that they are not merely co-producers, but co-governors of the business and services, participating in all aspects of policy and decision-making.

In terms of governance, those elected members, be they users, staff, family, or community representatives, all become accountable to the total membership. They also all have equal voting rights: one member, one vote.

MEMBER ECONOMIC PARTICIPATION

In traditional co-operatives, this principle allows members to contribute equitably and democratically to control the capital of their co-operative.

A care home or homecare service presents some interesting possibilities in this regard. Member users (such as residents or clients) together with the staff, families and local communities fundamentally determine the organisation's priorities and operational policy, evaluate the care provided and support the wider stakeholders.

AUTONOMY AND INDEPENDENCE

Taking principles one to four together, a co-operative is ultimately an autonomous, self-help organisation that is controlled by its members.

However, that doesn't mean it can't expand or take on contracts like any other social care business, it just needs to keep the co-operative principles at the heart of the business as it grows.

James Scott in *Taking Care: A Co-operative Vision for Social Care in England* expands on this by saying that if co-operatives 'enter into agreements with other organisations, including governments, or raise capital from external sources, they do so on terms that ensure democratic control by their members, and maintain their co-operative autonomy'.

CONCERN FOR COMMUNITY

Skipping now to principle seven, concern for the community it focuses on working to develop sustainable communities. If this includes community development, then it has a profound impact when applied to social care provision which has the community at its heart. If co-operative social care is to become revolutionary, then it needs to embrace this crucial principle.

SOCIAL CARE CO-OPERATIVES

The range of services provided across the social care landscape is broad and they all are open to the co-operative model.

James Scott's report referred to above concluded that, 'the application of co-operative values and principles...to the care sector, will result in co-operative growth via a number of pathways'.

These pathways include contracting, externalisation, partnership, social venture and new starts. 'Applying these [co-operative] values and principles', Scott went on to state, 'within these pathways would necessitate the creation of a care sector very different to the one we have today'.

It 'would mean the growth of non-profit care providers established as multi-stakeholder co-operatives, whose adherence to a high standard of pay and conditions for the workers would be rewarded by a system of collaborative commission'. Change AGEnts, a multi-stakeholder co-operative, coined the term 'FairCare' for this approach.

The Cooperative Care Forum (England), which is a forum for co-operative approaches in care 'believes that mutual self-help, solidarity and fairness in co-operative enterprises, has a lot to offer those working toward such an approach' (Wright, 2017).

In addition, the Forum argued that when operating in social care, co-operatives:

- Enable citizens and qualified carers to work collaboratively to optimise financial resources and maximise good outcomes.
- Locate mutual community-based care in a wider context, which takes us out of the focus of 'dependency, deficit and sickness', to the broader World Health Organisation determinants of health and wellbeing.
- Engage those accessing care by providing it informally and professionally, and also the local community, by owning the responsibility for meeting care needs within that community.
- Address disempowerment and isolation through the organisation's approach to care.
- Recast the role of care workers, enhance career prospects and improve public perspective and appreciation of care workers.
- Innovate through community-based collaboration, rather than by top-down reorganisation or competition.

ARE CO-OPERATIVES THE ANSWER?

Current care provision is based on price, competition and profit: the market is failing and public trust is fragile.

The sector has to face some uncomfortable truths – namely challenging how it thinks of 'service users', or even 'member users', in the context of deficit, dependency and sickness.

However, co-operative approaches are not a Holy Grail to addressing this situation. There is work for the sector to do and co-operatives, if they are to flourish in social care, also have a role to play in addressing and overcoming the issues.

Above all, however, any growth or development in social care co-operatives must not compromise the values and principles of that co-operation. It must also avoid capture by stakeholders and, most importantly, must ensure all members own, control and benefit from their care experience. **CMM**

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What are your thoughts on social care co-operatives? Share them at **www.caremanagementmatters.co.uk** Subscription required.

CMM INSIGHT DORSET CARE CONFERENCE 2018

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8th February, Poole

CMM Insight returns to Dorset in February for the 2nd CMM Insight Dorset Care Conference. At a new venue for 2018, The Lighthouse in Poole, the agenda has been developed in association with the Bournemouth, Dorset and Poole Care Providers Federation.

KEYNOTE

Delivering the keynote presentation *Setting the Scene – Current Policy and its Impact on Service Delivery* is John Kennedy an independent care consultant who, in 2014 carried out an inquiry to discover how to address the crisis in the UK's care homes, and to find out what makes a good care home.

INSPECTION AND COMPLIANCE

Also speaking on the day is Amanda Stride, Head of Inspection at the Care Quality Commission (CQC) who will be discussing the inspectorate's new assessment framework. Following Amanda, will be Ed Watkinson of Quality Compliance Systems who will delve into leadership, CQC and the importance of Well-led in running a care business.

John, Amanda and Ed will then take to the panel to enable delegates to engage with them on the presentations and other matters.

WORKSHOPS

Following the panel discussion will be a selection of workshops including delivering quality care from Tom Owen, Co-Director of My Home Life, plus Nourish Care's exploration of the benefits of technology for care businesses.

OPERATIONAL ISSUES

The afternoon main stage speakers focus on more practical, operational topics.

Adrian Poole, Partner and Head of Care Sector at Porter Dodson will deliver an employment law update as well as hosting a question and answer session.

Anyone in attendance can ask a question of Adrian which can be submitted in advance if of a more confidential or sensitive nature.

Sophie Coulthard, Principal Consultant at Judgement Index will then close the day with an important presentation on recruitment and specifically, using values in recruitment and retention to increase quality.

EXHIBITION

The day will bring a lot of useful information and networking opportunities to delegates from the South West. There will also be a packed exhibition of carefully selected products and services to help providers in the running of their business.

The CMM Insight Dorset Care Conference 2018 is sponsored by Quality Compliance Systems, Judgement Index and Nourish Care. It is supported by Care Choices.

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Date/Location: 5th February, London
Contact: Healthcare Conferences UK, Tel: 01932 429933

Event: Our Care Together – Share Together Conference 2018
Date/Location: 19th February, York
Contact: NHS England, Tel: 0113 825 5363

Event: Health and Care Explained: How the System Works and How it is Changing
Date/Location: 7th March, London
Contact: The King's Fund, Tel: 0207 307 2409

Event: Care Showcase 2018 – Making Connections
Date/Location: 14th March, Brighton
Contact: Surrey Care Association, West Sussex County Council, East Sussex County Council, Brighton and Hove City Council, Web: www.careshowcase.org.uk

Event: Naidex
Date/Location: 25th-26th April, Birmingham
Contact: Naidex, Web: www.naidex.co.uk

Event: Delivering the Future of Health and Care
Date/Location: 27th-28th June 2018, London
Contact: Health + Care, Web: www.healthpluscare.co.uk

Event: Digital Health and Care Congress 2018
Date/Location: 10th-11th July, London
Contact: The King's Fund, Tel: 0207 307 2409

Event: NAPA Annual Conference London: Getting activity right for everyone
Date/Location: 11th July, London
Contact: NAPA, Tel: 0207 078 9375

CMM EVENTS

Event: CMM Insight – Dorset Care Conference 2018
Date/Location: 8th February, Poole
Contact: Care Choices, Tel: 01223 207770

Event: CMM Insight – Learning Disability and Mental Health Services
Date/Location: 1st March, Manchester
Contact: Care Choices, Tel: 01223 207770

Event: The Transition Event Midlands
Date/Location: 17th May, Coventry
Contact: Care Choices, Tel: 01223 207770

Event: BAPS – SEND Blogging Awards
Date/Location: 17th May, Coventry
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Please mention CMM when booking your place.

STRAIGHT TALK

Abu Omar sets out details of the Surrey Care Association round table discussions on the sector and how the sector needs to go digital.

During my 20 years' experience in creating and developing software applications, I have seen many organisations that are fearful of technology. The lack of IT education and knowledge seems to scare some industries, and this seems especially so when it comes to social care.

It is no secret that social care has a plethora of needs to address and overcome. We all know that staff recruitment and retention is an issue and the potential detrimental impact of Brexit on this looms large on the horizon. Funding and investment in social care has progressively become an issue meaning employers typically pay little more than the minimum hourly wage at age 25 or over. This can make care workers reluctant to apply for roles.

In January 2017, a McKinsey & Company study found that about 30% of tasks in 60% of occupations could be computerised and, in 2015, the Bank of England's chief economist said that 15m UK jobs might be taken over by robots. With such statements, it is hardly surprising that some people fear technology.

However, care work is protected to a degree, as no machine can care in quite the same way as a human – but does that make care future-proof? Allied to this is the constant drive for greater productivity. The sector needs to attract and retain the right people.

Technology is now rapidly moving towards Artificial Intelligence (AI) and this will revolutionise the world. Thinking hypothetically about care – AI, for example, could be used to produce predictive analysis to aid falls prevention. It could have a huge impact on care delivery and care management as we know it.

It was this potential impact of technology which I wanted to discuss as part of a round table with Surrey Care Association (SCA). Erica Lockhart, Chief Executive at SCA reached out to senior members who had varying degrees of digital uptake in their organisations across a range of provision: learning disabilities, dementia, homecare, residential and nursing.

When we met, we discussed achievable solutions to the prominent issues facing providers and explored best practice in supporting staff to do what they do best, care.

The discussions took three main routes: the challenges facing care providers today, the Care Quality Commission's (CQC's) reaction to care going digital and a fundamental change in provision of care.

Interestingly, the discussions highlighted an inconsistent approach from CQC towards technology. It was widely reported that CQC's response to the adoption of technology during an inspection is down to the particular inspector's personal preferences.

It led us to ask whether care providers are ahead of CQC with their thinking and technological evolution. Do perceptions need to be changed across the board?

We also found that in companies where technology is in place, between 5% and 15% of their care staff's time is apportioned to administrative tasks. Companies not using technology typically spend between 20% and 25% of care staff time chasing paperwork. Surely this is a clear case for reform, if ever there was one.

The support from Erica Lockhart and the round table participants was a helpful starting point, but we need to do more to get everyone on board, working together in an open, honest discussion – governing bodies, public sector, private sector and voluntary sector.

We need to share issues and common problems and how they can be overcome. IT providers need to be open and work together so that the technology that is developed is fit-for-purpose. Universally, we also need to establish a language that is the same across all parts of health and social care and a language the people delivering and receiving care can understand.

To advance health and social care practices, we also need a connected network. All systems across the NHS, pharmaceutical, residential and domiciliary care need to have the capacity to speak to one another and share data as a mandatory requirement.

We cannot afford to rest on our laurels; we need to be transformational. How about using technology to support people to care for themselves?

It's time to move forward and embrace technology across social care and the wider systems. Technology needs to be three clicks simple. **CMM**

Abu Omar is Founder of Cura Systems. Email: **abu.omar@cura.systems** Twitter: **@CuraSys**

The Surrey Care Association and Cura White Paper can be downloaded at **www.surreycare.org.uk/news/white-papers-2017**

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