

Keeping the workforce fit for purpose

This briefing summarises the key findings of a research review on ‘keeping the workforce fit for purpose’ undertaken by Julienne Meyer as part of the My Home Life programme. The briefing also provides examples of promising approaches for improving practice within this area.

The full review providing research references, further tools and examples of ‘best practice’ can be accessed at the My Home Life website (www.myhomelife.org.uk). The review is currently being updated.

Introduction

There is a lack of reliable information about the size and structure of the independent care home workforce. Estimates suggest 72,000 employed by the local authority and 390,000 in the independent sector (private and voluntary). Of the 390,000 staff (including support staff) working in the independent sector an estimated 47,000 are managers and supervisors, 288,000 are care workers and 36,000 are registered nurses.

The workforce is predominantly female, part-time working is common and settings for older people tend to employ older workers.

There is evidence that training enhances competence, self-confidence, job satisfaction, morale and teamwork, but low status, low pay and the low ratio of qualified to non-qualified staff, restricting opportunities for passing on skills, are key factors likely to influence care standards. Little is currently known about the education and training received by staff in care homes.

Improving workforce skills

The changing nature of the workforce in

- care homes needs to be closely scrutinised.
- Modernising the Social Care Workforce (TOPSS 2000) was the first comprehensive national training strategy to analyse the skill needs of people working in the social care sector in England. The strategy proposed an action plan to improve both the qualification base and the quality of training. Key themes included: improving workforce planning; modernising quality assurance of training outcomes; roles and responsibilities; and partnership.
- The social care workforce is under review by the Department of Health and the Department for Education and Skills. It is recognised that to ensure the ambition of dignity in care, joined-up care, and healthy ageing it is vital that the workforce is skilled, dedicated, valued and supported to do its best. Challenges, including a limited pool of workers, the highly gendered workforce, the care responsibilities of the care workforce, and ethnicity, indicate that a more strategic approach is required.
- There is no doubt that over time the role for care home staff has changed considerably and their level of skill has not kept up with the changing health and social care needs of their residents. The emphasis on ‘care at home’ and ‘care in the community’ has led to residents admitted to care homes being more frail (physically and mentally), at the later stages of life, often with multiple medical needs and having higher dependency levels. In addition, pressure on acute beds also led to an interest in care homes developing intermediate care services, requiring staff to develop new roles and re-skill through education and training.
- Trends towards integration of health and social care and blurring of roles across the interface

¹NCHR&D Forum (2007) ‘My Home Life: Quality of life in care homes. A review of the literature’, Help the Aged, London, available at: www.myhomelife.org.uk.

of primary and secondary care also led to a renewed interest in the care home sector. Further, the National Minimum Standards for Care Homes for Older People put the spotlight on the education needs of care home staff. More recently, government-funded initiatives, such as non-cancer palliative care in the community, have led to NHS staff working much more closely with private care home staff to raise overall standards, in this example with regard to end-of-life care.

Leadership and management

There is a strong body of evidence to support the strengthening of management and leadership skills in care homes (see Briefing No. 8). Research suggests that well-run care homes depend crucially on the skills and leadership attributes of the managers. Their role often combines that of lead clinician, operational manager, finance manager, marketing director, and advocate for residents and staff.

My Home Life recommends that a national, funded development programme is needed to produce a group of competent care home managers and proposes that development activity in care homes should not be isolated from the rest of health and social care services.

Supporting the emotional development of care staff

In addition to training, other forms of support may also be needed. The role of care home staff has become more demanding and complex, particularly if they are working therapeutically rather than simply acting as custodians. Person-centred care is different from task-orientated care; which can itself be seen as an individual and organisational psychological defence mechanism against anxiety. Person-centred care puts greater emphasis on emotional care, which is particularly needed for those working with people who have dementia, and allows connection, involvement and the promotion of emotional wellbeing. Providing space for

reflection and recognition offers staff ways of dealing with the difficulties they encounter. In one example of help given by practitioners a local chaplain supported staff through the more emotional aspects of the work.

Good environments for learning

Research suggests that a significant proportion of older people do not receive adequate pain treatment, including effective interventions for chronic pain. Pain can impair movement, sleep, appetite, bowel and bladder functioning, grooming and socialising. Support is needed for care homes in establishing written pain management policies and in making use of pain assessment tools, along with access to multi-disciplinary input and staff education, which together can considerably improve pain management.

Good environments for learning

Relationship-centred care provides not only a means for delivering quality of life for frail older people, but also for engaging positively with relatives and for supporting staff, both as workers and learners. Research suggests that enriched environments for learning are linked to helping practitioners and learners achieve a sense of security, continuity, belonging, purpose, fulfilment and significance. Managers play a key role in creating this environment. Learning is also important for older people. Research suggests that engagement with learning and similar activities enhances quality of life, lessens dependency and improves wellbeing. However, learning communities in care homes are underdeveloped and it is suggested that quality-monitoring systems should prominently feature intellectual stimulation. It is suggested that active and engaged residents might bring savings in medical and care costs.

A care home workforce fit for the future

In order to ensure that the country has a care home workforce fit for purpose in the future, research needs to track the education and

training needs of staff and to share the lessons learned from attempts to improve practice through education.

Successful creative learning initiatives need to be strategically developed and supported to become part of mainstream practice. Education and training need to be relationship-centred and concerned about ensuring that the whole workforce learns together at its place of work as part of an initiative to improve quality, rather than sending individuals on external courses designed to deliver a qualification and geared to specific areas of work.

Student nurse placements

The potential of care homes to provide good learning environments for staff and students must be recognised and, in order to develop knowledge and skills among staff, there need to be closer working links between local communities, institutes for higher education and the care home sector.

Practice placement appears to have had a positive effect on student learning and the subsequent desire of students to work with older people, compared with their classroom teaching. However, creating an enriched environment requires sufficient resources, solid leadership, continuity of staff, self-awareness and a passion for gerontological nursing to engender excitement and enthusiasm. Through encouraging increased financial investment, teaching care homes are an ideal for which to strive.

Better training means improved quality of life

The care home sector tends to employ part-time and untrained care assistants and while the great majority provide humane and empathetic care, the lack of training results in technical, attitudinal and coping deficiencies. The potential benefits of training in long-term care settings for both staff and residents were indicated by studies showing that after training,

- staff report increased competence, greater self-confidence, enhanced job satisfaction and morale and better teamwork. Other evidence shows that training helps to reduce injury among staff, minimise sickness and absenteeism, and improve
- recruitment and retention. Several tangible benefits are also apparent for residents, such as less use of sedation and restraint, more individualised care, and enhanced interactions between staff and residents.
- There is also other evidence of benefits to training including improved knowledge, assurance that care provision will be effective, improved practice and higher-quality care, and encouragement of problem-solving, reflection and motivation.
- Training needs to be embedded in a coherent programme of staff development and support. There is also firm evidence to suggest that training is most effective if combined with follow-up supervision 'on the job'. Furthermore, several studies have shown that regular supervision increases creativity and personal accomplishment, decreases tedium and burnout, allows for a more positive assessment of a patient's potential for rehabilitation, improves co-operation with colleagues and increases self confidence.
- **Learning as part of the care culture**
- Staff must recognise the need for training, believe that it will result in change, and see benefits for themselves. This is more likely if training is related to an identified need, involves staff in the design, content and delivery of the programme, and is valued by management.
- A number of creative learning initiatives have been developed for care homes, which are designed to be delivered either in the workplace or as part of a community development initiative. They range from implementation of small-scale teaching packages on single topics to comprehensive

educational programmes designed for all levels of staff working in a care home, in order to improve overall quality of care.

Central to the process of learning is the need for residents, relatives and staff to share their experiences of quality of life in care homes when living and working together.

This summary was written by Christine Moss in partnership with Julienne Meyer for **My Home Life**.

The **My Home Life programme** is a UK-wide programme of work aimed at promoting the quality of life for those who are living, dying, visiting or working in care homes for older people.

More information can be found on www.myhomelife.org.uk

