

The Voice of Excellence in Social Care

care talk

Let's talk
social care!

Issue 36

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Focus on
end of life

PLUS: Dealing with the crisis facing terminally ill people and their families

Undateable? Not me ● Up Close with Marie Curie's Dr Jane Collins ● How to be a good care home manager



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- Development and Training
- Putting People First
- Guest editor - Training services
- Breast Cancer Awareness Month

Contributors

Thank you to everyone who has contributed to this magazine. Do keep your articles, news and views coming.



Sharon Allen
Chief executive officer
Skills for Care and
National Skills
Academy for Social
Care



Paul Patarou
Divisional director
of health and social
care
Access Group



Kate Brackley
Administrator
BILD



Dawn Roberts
Clinical director
Specsavers
Healthcall



Dr Jane Collins
Chief executive
Marie Curie



Steph Storer
Gold Standard
Framework
facilitator
St Christopher's
Hospice, Sydenham



Samantha Cox
Trainee solicitor
Ridouts



Ben Troke
Partner
Browne Jacobson
LLP



Janet Crampton
Consultant
2020 commissioning



Des Kelly OBE
Executive director
National Care Forum



Julie O'Connor
Head of mobile
products
Advanced Health

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Care Talk is a trading name
of Care Comm LLP.

21 Regent Street
Nottingham NG1 5BS
T: 0115 959 6134
F: 0115 959 6148

Care Talk contacts

Editorial: Lisa Carr editorial@caretalk.co.uk
Advertising: Kim Simpson advertising@caretalk.co.uk
Graphic Designer: Tanya Goldthorpe
General: info@caretalk.co.uk
Journalists: Vicky Burman, Julie Griffiths, Debra Mehta

Tell us your news,
views and
suggestions!

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Editor's Note



Regular contributor Des Kelly explores the comfortable clichés around difficult topics such as end of life care. His article *Learning from the Day of the Dead* on page 18 looks at why thinking and talking about death and dying is one of

our taboo subjects.

On a lighter note we are delighted to announce that *Care Talk* is once again hosting the National Learning Disabilities and Autism Show and Awards in association with the British Institute of Learning Disabilities (BILD). The two events take place on 15 May in

Birmingham and will celebrate excellence in this specialist area of social care and pay tribute to those who work in the sector. Nominations will be open shortly. Watch this space for further details!

Do keep your views and suggestions coming in.

We hope you enjoy this issue.

Lisa

Welcome to the October issue of *Care Talk*. As I write this, I am currently on the train returning home from a Great British Care Awards judging day. Having had the honour of judging at these events for some years now, I never cease to feel humbled to meet the finalists – all of whom go that extra mile in providing quality care and support for the most vulnerable people in our communities – and hearing their incredible stories.

As many of us are unwittingly dragged in to watch yet another series of *Strictly Come Dancing* and *X Factor* I look forward to another far more laudable series throughout October and November – the 2014 Regional Great British Care Awards, where we celebrate real celebrities; the stars of the social care workforce.

The focus of this month's issue is end of life care. Every minute, someone in Britain dies, but while some people are able to benefit from exemplary care and support when they are dying and get their choices met, far too many people aren't. Our guest editor Claire Henry of the National Council for Palliative Care looks at how to deal with the crisis facing terminally ill people and their families. See her article on page 5.

6 October marks the start of Hospice Care Week. Are you under the impression that hospice care is only available in a hospice building? If that is the case, you are not alone, as this is a common misconception. Our Awareness article on page 7 tells us why.

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Claire Henry, Chief executive, National Council for Palliative Care

Guest Editor



How to deal with the crisis facing terminally ill people and their families

Every minute someone in Britain dies, but while some people are able to benefit from exemplary care and support when they are dying and get their choices met, far too many people aren't.

A series of hard-hitting reports, including the Francis Inquiry, Baroness Neuberger's review into the Liverpool Care Pathway, the National Care of the Dying Audit for Hospitals and the National Survey of Bereaved People (VOICES), have powerfully shown what has been going wrong – and right – in end of life care.

“It costs more for the NHS to keep terminally ill people in hospitals than it does to care for them in the community ... over 50% of people in the UK currently die in hospital.”

Moreover, the shortcomings identified in these reports need to be set in the context of even greater challenges on the horizon, with the number of people dying each year expected to rise by 17% by 2030 and people living for longer with increased frailty and illness – which will inevitably lead to greater pressure on already stretched health and care services.

Concern about this looming crisis spurred the National Council for Palliative Care to combine forces with Cicely Saunders

International, Help the Hospices, Macmillan Cancer Support, Marie Curie Cancer Care, MND Association and Sue Ryder to develop a manifesto briefing to politicians of all main parties ahead of next year's election.

One of the central calls in the briefing is for urgent action to shift care for terminally ill people into the community. Although it costs more for the NHS to keep terminally ill people in hospitals than it does to care for them in the community, over 50% of people in the UK currently die in hospital – yet less than 5% of people say this is where they want to die.

That's why, along with our charity coalition partners, we are calling for action, including through a commitment to introduce 24/7 care, advice and support for terminally ill people and their families, wherever they are, free social care for terminally ill people and improved coordination of information between services.

During the next Parliament alone some 3m people are expected to die – of whom 1.5m, under current trends, will die in hospital, often against their wishes.

This mismatch between where people are dying and where they want to die is just one of the reasons why I didn't hesitate to take up the opportunity to chair an independent programme board that the Department of Health set up earlier this year to carry out a review into choice at the end of life.

Far too many people don't currently have proper opportunities for their choices about how, when and where they receive end of

life care to be identified, discussed or met, which is why the review is so important. Reporting to the Government in February 2015, we're looking at a variety of different aspects, including what people want, the support they need and the services required to make choice a reality.

“Too many people don't have proper opportunities for their choices about how, when and where they receive end of life care to be identified, discussed or met.”

With recent changes to the NHS and major challenges ahead, including those outlined in the recent independent Commission on the Future of Health and Social Care in England, I believe we're at a real crossroads in end of life care, especially if we are to improve coordination of services and support. That's why it's more important than ever that we act collaboratively, so that all those who need care and support at the end of life are able to access the services that are right for them.

Claire Henry

Chief executive
National Council for Palliative Care

To become a subscriber to the National Council for Palliative Care, visit www.ncpc.org.uk/subscribe

Marvellous, 25 September, BBC2



CAUGHT ON CAMERA



First of all I have to admit to some bias – not only is this film largely about my beloved Stoke City and my local area, but I was an extra in some of the (football related) scenes and went to the Stoke-on-Trent premiere (there was one in London too) a couple of weeks before it was shown on TV.

Even without my personal prejudice, this is still a cracking story, wonderfully written and beautifully acted – all the more powerful because it is true. And judging from the massive outpouring of comments – top of the 'trending on Twitter' lists for some time – and pretty much 100% positive reviews that followed its showing, other people think so too.

“The film plays homage to a man who epitomises the idea that we should be defined by how we behave to others and what we can do, not what we cannot.”

Neil 'Nello' Baldwin was written off as a youngster because of his learning difficulties. But he has had the most marvellous (to use Neil's favourite phrase) life. The film plays homage to a man who epitomises the idea that we should be defined by how we behave to others and what we can do, not what we cannot.

Neil has been a circus clown (known as Nello), a lay preacher, student adviser and kitman at Stoke City Football Club. He can count among his “very good friends” archbishops, politicians, football stars, ringmasters, comedians, university lecturers and many, many other people drawn to his eccentric, charming personality and the ultimate 'can do' attitude. He “always wanted to be happy”, so he “decided to be”.

His Christian faith and the good manners and kindness instilled in him by his mother Mary stand him in good stead, able to brush off the occasional carelessly cruel jibes that come his way. In one of the film's most effective twists on the usual TV drama format, 'real Neil' chats to 'pretend Neil' (actor Toby Jones), who asks whether he thought some of the Stoke players picked on him because of his 'difficulties'. “What difficulties?” asks Neil.

Underlying much of Neil's story is his mother's mix of pride in his achievements and her concerns about how he will manage when she is gone, having brought him up on her own. There is gentle humour in her attempts to make him eat more healthily – “fruit pastilles don't count as part of your five a day” – and how he makes his new flat (two doors down from his mum) his own, surrounded by caged birds, boxes of biscuits and Stoke City and circus posters.

Independence has its pitfalls and can come at a cost – literally, in Neil's case, when he clocks up an £800 electricity bill (the price of providing 24-hour heating for his beloved canaries) not covered, as he thought, by regularly buying £5 payment stamps.

When Mary has a heart attack, we see Neil struggling to understand that she may not be coming home – fortunately the top hospital cardio consultant is one of his wide circle of friends, of course, so at least she gets the best care!

Having been discharged to a care home, Mary tries to keep an eye on him still – but when he arrives to visit (in full clown costume and make-up, because he promised to entertain the residents) the home manager has to break the news that she has died in her sleep.

The film does not shy away from his terrible feelings of grief and loss, but Neil gradually gets back to his old self with the support of his wide circle of friends, and understands how proud

Mary would have been to see him living his life so well.

The heartwarming underlying messages of *Marvellous* about finding joy in everyday experiences and appreciating what everyone has to offer are reflected in every aspect of the production. For instance, the Neil Baldwin Choir and Ukulele Band act as a narrative and guide through the film – with a mix of music that includes both Stoke City's 'anthem' *Delilah* and Neil's favourite hymn – and combine Neil's church choir with members of M.Y. Inter-Theatre Stoke's choir of disabled people and their carers and families.

“Independence has its pitfalls and can come at a cost – literally, in Neil's case, when he clocks up an £800 electricity bill.”

And *Marvellous* hits all the right notes with groups like Mencap, which were very much involved. Mencap campaigns assistants Josie and Ciara, who have learning disabilities, looked over the script while the film was in production and were invited to the London premiere.

As Ciara says on the Mencap website: “I live independently and it's sometimes hard with things like bills – in the film Neil struggles with things like that too, but I think the film showed the importance of relying on yourself and being your own person and being independent and getting the right support if you need it. People need to learn it's OK to be different; you don't have to be like anyone else.”

Vicky Burman

Hospice care is everywhere



Are you under the impression that hospice care is only available in a hospice building? If that is the case, you are not alone, as this is often a common misperception.

In fact, hospice care is not only provided in hospices themselves, but is available in a wide range of other settings, including people's own homes.

Furthermore, hospice teams play an important role in supporting and educating staff working in other settings, such as care homes and hospitals.

Hospice care is personalised, comprehensive care for adults and children with terminal or life-limiting conditions that supports their physical, emotional, social, practical and spiritual needs and also supports their families and carers. It is provided by a diverse team of professionals ranging from doctors to reflexologists.

The hospice care sector is also supported by around 125,000 volunteers, who play an important part in promoting the distinctive ethos and highly personalised approach of hospice care, helping extend this beyond the walls of hospices to other care settings.

We are aiming to raise awareness about the many different ways in which hospice care is delivered through our annual awareness-raising week – Hospice Care Week (6-12 October). This year the central theme is: Hospice care, everywhere.

We will be highlighting different examples to demonstrate the diversity of hospice care and show that it is flexible care that it is not confined to a hospice building.

These examples include hospice nurses working with frontline staff in hospitals to support people approaching the end of life and 'a mobile hospice' that provides information and advice on all aspects of hospice care.

Hospices value the contribution of carers in supporting terminally ill people. The role of carers was highlighted in a report by the Commission into the Future of Hospice Care, which looked at the challenges facing hospices over the next 10-15 years.

The report included several key recommendations, including for hospices to explore opportunities for greater involvement of volunteers in providing direct support to family carers in a range of settings, including in their homes and in hospices.

Many hospices are already embracing this through new schemes aimed at providing 'a lifeline' for carers. For example, providing trained volunteers to sit with someone they care for, so they can have some time off from their caring responsibilities.

Hospices also run a range of support services for carers, including carers support groups, such as providing staff to cover at night so they can have a break and offering complementary therapies to help ease stress and anxiety.

The Commission also called for more planning and development of services to support carers of family members with dementia. Many hospices are engaged in this and running services aimed at enhancing the care available to people with dementia towards the end of life. They include specialist palliative care advice and support to individuals who are identified as at risk of experiencing difficulties as they approach the end of life with dementia, as well as education and support for their carers.

As part of our Hospice Care Week campaign, we are asking people to share their experiences of hospice care beyond hospice buildings on Twitter and Facebook during the week, using #HospiceCareWeek. We would be delighted if readers of *Care Talk* could join in and share their personal stories and photos.

Through our campaign we hope to highlight the breadth of hospice care and the strong culture of compassionate care among hospice staff and volunteers, which focuses on the dignity and wellbeing of each individual, wherever they are cared for.

For more information about Hospice Care Week visit www.hospicecareweek.org.uk

To find out about Hospice Care Week events taking place at your local hospice, please contact the hospice directly. You can find your local hospice using our online directory

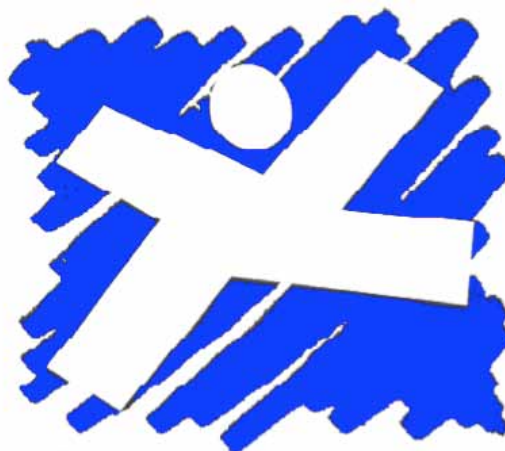
More to dyspraxia than just motor skills

Dyspraxia Awareness Week – 12-18 October

Who? Dyspraxia Foundation – the only national charity promoting awareness of dyspraxia in the UK

What? Nationwide awareness campaign set to “target teens”

When? 12th - 18th October 2014



Frequently falling over, difficulty walking up and down stairs, poor hand to eye coordination, short-term memory, lack of spatial awareness, illegible handwriting, difficulty getting dressed and applying make-up – these are just some of the familiar physical symptoms for people affected by dyspraxia, whatever their age.

But according to the Dyspraxia Foundation – the only charity in the UK dedicated to raising awareness of the condition – it's the emotional aspects that hit teenagers and young adults most hard, especially when trying to navigate the already tricky aspects of growing up, such as the transition to secondary school, friendships, potential bullying, leaving home and generally learning to fend for yourself.

That's why the Dyspraxia Foundation will be focusing on teenagers for its 2014 Awareness Week this month.

Previously cruelly labelled 'clumsy child syndrome', developmental dyspraxia is a misunderstood condition, yet it has very real complications for the many people living with it.

And, thanks to a substantial, three-year

grant from the Big Lottery Fund, the charity has recently reinvigorated its key support services and awareness packages and resources for people living with dyspraxia, as well as their families and the professionals involved with their wellbeing.

Following the launch of a new website and full-time information officer, this year the Dyspraxia Foundation is appointing a new teenage information officer, who will be available to advise young people experiencing any difficulties associated with dyspraxia, particularly offering advice via social media networks.

Overall, the campaign and awareness week will provide a strong media package to help educate the public, potential employers, health and education professionals about the signs and symptoms of dyspraxia and the support available to those affected by the condition.

The Dyspraxia Foundation can provide:

- Results of new research – carried out among teenagers themselves and their parents
- Powerful facts and figures

- Practical new resources for teachers, parents and employers
- Case studies of children and adults living with dyspraxia
- Advice and opinion from the charity's neurological, psychological and education experts.

The charity will also be urging the nation to be bright and bold for its first ever 'Funky Friday' on 17 October, towards the end of Dyspraxia Awareness Week. Why not get involved with this great initiative and show your support by simply wearing your most colourful or funky item of clothing to work or school?

The charity's existing and well supported social media platforms will also play a key role in helping to promote this part of the campaign. Send in your pics of funky fashions to our Facebook page at <https://www.facebook.com/dyspraxiafoundation>.

For more information about dyspraxia and the work of the Dyspraxia Foundation, visit <http://www.dyspraxiafoundation.org.uk/>

Marie Curie works to improve palliative care for BAME communities

A report released by Marie Curie Cancer Care has found that its palliative care services in Wales are underused by the Black, Asian and Minority Ethnic (BAME) communities.

This was particularly true of the Marie Curie Hospice, Cardiff and the Vale, which has the highest proportion of minority ethnic groups in Wales, accounting for over 15% of the city population. Marie Curie has launched a BAME scheme to combat the barriers minority ethnic communities face when a family member is diagnosed with a terminal illness.

Research carried out by Marie Curie with local communities in Wales found that minority ethnic communities are less likely to choose to use the charity's hospice service because of concerns about language, facilities for religious worship and dietary requirements. The report also revealed that despite being aware of hospices, communities felt GPs can also be reluctant to suggest palliative care options to ethnic minorities.

The Marie Curie Hospice, Cardiff and the Vale, has already taken steps to ensure that people from the wider ethnic minority community know about the hospice, and the services offered to make them feel comfortable during their care.

Shameem Nawaz, a Marie Curie community development officer, is responsible for creating links with minority ethnic communities across Cardiff and the Vale. She explains: "I think it's a common misconception that people from other cultures care for sick and elderly relatives at home. Things have changed. People don't always live in the same city – or even the same country – as their close relatives. People are also facing the same economic pressures as the majority communities in Wales.

"My role was created because very few people from ethnic minorities were using the hospice's services. The main theme coming back from discussion groups was a lack of knowledge of palliative care services. We've

been trying to overcome barriers identified to enable equal access to our services and offer patient support."

Shameem adds: "For example, in order to make everyone in the community feel more at home, Marie Curie has set up a quiet room at the hospice that has been adorned with religious artefacts that have been donated from the community. This room will serve as a communal prayer room for people of every faith. The hospice also has its own chef, so catering for different dietary needs, such as Halal food, isn't a problem."

Welsh Assembly Member for Cardiff South and Penarth Vaughan Gething says: "I represent the largest and most culturally diverse constituency in Wales by population size. This mixing of cultures and people from across the globe is part of our collective

history and our shared future. Despite the widespread acceptance and celebration of the diversity of modern Wales, there are still barriers to access end of life care to those in the Black, Asian and Ethnic Minority communities.

"If left unaddressed, this inequality can cause significant problems for people throughout their lives. It should come as no surprise that these same challenges need to be addressed to ensure that high-quality, end of life care services are available for all of our communities."

▼ Shameem Nawaz and Vaughan Gething



Help people have a 'good death' at home

As a care worker, you can make a real difference to the people you support at the end of their lives, and help them have a 'good death' at home.

The title of the recent report by the Leadership Alliance for the Care of Dying People sums it up well; we have *One chance to get it right* and certain things are necessary for that to happen.

How and where we die is a major worry for most of us. In 2013 Age UK published an *End of Life Evidence Review* quoting a Dying Matters opinion poll into people's biggest fears. Dying in pain topped the list (83% of those surveyed), followed by dying alone (67%), being told they are dying (62%) and dying in hospital (59%).

You can help address those fears through how you communicate, the practical help you provide and the way you work with other health and care professionals.

Age UK points out that although most people say they want to die at home, viewing it as comfortable, familiar and peaceful place where they will be surrounded by family and friends and treated with dignity and respect, in reality the experience may be quite different.

“The challenge is to see death as a life event, not a medical one.”

Older people may live alone or with an elderly partner who acts as their carer but has their own health problems. Their property may not be suited to end of life care at home; it may be small, poorly maintained or heated, and require changes such as turning the living room into a bedroom.

In the latter stages of their life people may worry about being a burden on their family, the impact on loved ones of their dying at home, being increasingly dependent on others for intimate care and their home becoming a 'mini hospital' with lots of equipment and frequent visits from specialists.

Not being able to access the right services and medication to relieve pain and other symptoms is a worry. The most recent National Survey of Bereaved People (VOICES) found that, of the various settings where people died, pain was relieved least effectively at home.

Again, these are all issues that homecare workers can help to address.

Keep providing quality care

As Skills for Care points out, caring for people approaching the end of their life is likely to be the most challenging area of care work you will face – but it can also be the most rewarding.

Traditionally end of life care has been viewed as a specialist area of work, but is really an extension of the high quality, person-centred care you should always aspire to deliver.

In its 2013 report *The end of life care strategy: New ambitions* the National Council for Palliative Care (NCPCC) points out that: “Death has been over medicalised ... part of the challenge now is to see death as a life event, not a medical one; which means we all need to change how we think and prepare for death.

“Care and support must be truly personalised and coordinated around the needs of the person and their family. The issue of choice and control – a fundamental tenet of personalised social care – is simply not working for some people at the end of life.”

Obviously you want to feel confident in dealing with someone's final days, especially if this is the first time you have been in such a situation. There is specialist end of life training available, and e-learning in this area has been available free to all health and social care staff since 2010, as part of the national end of life care strategy.

To further help you develop appropriate knowledge and behaviours, Skills for Care and Skills for Health have drawn up core principles and underlying competences that are crucial to helping a person have a 'good death'. Perhaps the most important of these is communication – and that includes never talking down to, or over, someone who is dying, even if they appear to be unconscious.

Explain clearly, listen carefully

You need to make time to talk to people at the end of their lives on a regular basis – and be proactive, don't wait for them, or their carers, to ask questions. At the same time, you need to communicate in a sensitive and respectful way, and take into account what they want or feel able to discuss at any particular point in time. The right training and support will help you hold difficult conversations about withholding and



withdrawing treatment, for instance.

One chance to get it right says: “Open and honest communication between staff and the person who is dying, and those identified as important to them, is critically important to good care.”

Speak or write clearly and plainly, and make sure the person understands what you mean. This may involve explaining about what is likely to happen during the dying process. If you can't answer their questions, be prepared to seek further information or signpost them to someone who can.

“Open and honest communication between staff and the person who is dying ... is critically important.”

It is important that the dying person and their carers know whether they're actually being consulted about something, involved in making a decision or simply being informed. Make sure they are aware of options and resources available to them, and any potential risks or benefits.

Check what they want

A plan for end of life care and treatment is a must, ideally put in place as far in advance, and involving them, as much as possible. It needs to be well documented so that consistent information about their needs and wishes is always available to the appropriate people involved in their care, at the right time.

Plans should pay particular attention to the person's physical, emotional, psychological, spiritual, cultural and religious needs. They may contain advance statements of wishes (such as

preferred place of death) and advance decisions to refuse treatment (such as instructions about resuscitation).

Any shift in someone's condition, circumstances or wishes – and they have every right to change their mind – should be a trigger to review their care plan.

Focus on comfort

The end of someone's life should be as comfortable as possible. The NCPC says: "If more people are to be cared for outside hospital, and to die in community settings, access to pain and symptom control at any time of day or night is essential."

This does not mean medication should be given as a matter of course – it should be targeted at specific symptoms, be regularly reviewed and adjusted as required. And the reason for any medical intervention must be explained – ideally beforehand – to the dying person and the people important to them. They should also be told about likely side effects so they can make an informed decision – they may decide to refuse something that makes them sleepy, for instance, and affects the quality of their time with loved ones.

You should support a dying person to carry on as normal as much as possible, in accordance with their wishes. For instance, *One chance to get it right* advises that health and care staff should continue to offer, and help people with, food and drink, unless this goes against clinical advice.

There may already be assistive devices and equipment in the person's home, but you need to consider what else might be particularly helpful during end of life care, such as oxygen supplies, hoists, commodes and beds with pressure relief mattresses. Think about how things are arranged – is there enough room around the bed for medical care (and a nearby electric socket) and visitors, for instance?

Coordinate services

In *Dying well at home: the case for integrated working*, the Social Care Institute for Excellence (SCIE) highlights the need for health and social care professionals to all work together and share their knowledge, with an emphasis on flexibility and responsiveness so that people who wish to die at home have rapid access to the most appropriate care and support at any time.

Part of your role can be ensuring that the person and their carers have useful contact information to hand – like local night nursing services and out-of-hours GPs – and being ready to seek expert advice when you are not in a position to help. For instance, an occupational therapist will be able to assess the need for different equipment.

"Establish how much a carer wants to take on ... and build that into support plans."

Keeping a note of what you do and say is always important, but particularly in end of life care, where your records – especially of conversations with an individual and their carer – are critical to continuity. You possibly know the person in your care far better, and talk to them more often and openly, than the specialists who may only really get involved towards the end, so you have a key role in sharing information about their condition, wishes and needs.

The Partnership for Excellence in Palliative Support in Bedfordshire is an example of how it can be done. It provides 24-hour support, with one single point of contact – a coordination centre hosted by Sue Ryder at St John's Hospice – to provide a seamless service for patients, carers and care professionals across the county when they need expert advice and support, including out of hours, to enable people to be cared for at home in the last months of their life.

Support carers

'Think family', advises SCIE, not just in involving them in decisions where appropriate, but ensuring they know how to get help, including advice on financial and other issues and an assessment of their own needs as carers.

A key message that emerged from the National Council for Palliative Care 2013 conference, *Who Cares? Support for carers of people approaching the end of life*, was that: "It is the responsibility of everyone who comes into contact with carers to do what they can to make sure the carer has the skills, resources and strength to care. Professionals should also establish how much a carer wants to take on, and what they don't want to do, and build that into support plans."

You may need to help resolve conflicts between the person and those close to them about the individual's end of life choices, including what's in their advance care plan. It may be necessary to bring in mediation or advocacy services in highly complex situations.

Above all, you should recognise and respond to the concerns, fears and anxieties of the person nearing the end of life and their family and friends. Be aware of the impact the person's death will have on those closest to them – especially if they have been in a caring role for some time – and be prepared to offer appropriate advice, information and support during bereavement.

We are the champions

There are over 600 health and care staff, working across all settings, in the End of Life Care Facilitators and Social Care Champions Network. Together they support innovation, share good practice and build connections between different services and organisations. The aim is to promote integrated approaches and ensure everyone receives the best possible end of life care when they need it. Visit <http://www2.hull.ac.uk/fass/eolc.aspx> to find out how to join.





newsround

CARE PROVIDERS

Scarborough care home highlighted in major national launch

St Cecilia's care home in Stepney Road, Scarborough, features in a major national report calling for an overhaul of the residential care sector in England. The way the home uses new technology to help it look after residents is highlighted in the Commission on Residential Care study *A vision for care fit for the twenty-first century*, published by think tank Demos.

Working in partnership with North Yorkshire County Council, St Cecilia's uses a number of electronic monitoring aids in rooms and communal areas throughout the care home. The technology monitors residents' movements around the building and also checks for things like incontinence, falls and residents getting out of bed during the night.

In the Demos report, the home's use of telecare equipment is given as an example of how new technology can be used to help provide modern care.

For more information, visit <http://www.stcecilias.co.uk/news.html> and <http://www.demos.co.uk/publications/corc>

NHS

Report shares learning on personalisation (Source: Social Care Institute for Excellence)

A new programme promises a "step change in ambition for actively involving people, carers, families and partners in their care". The Integrated Personal Commissioning (IPC) programme starts in April 2015; it will enable people with complex needs, for the first time, to have a say about how they use joint funding.

A recently published report by Think Local Act Personal, which is hosted by the Social Care Institute for Excellence (SCIE), explains the context for these reforms. *Getting serious about personalisation in the NHS* also explains the story so far, by sharing learning about what personal budgets are and their proven and anticipated benefits. The report describes the broader implications of personalisation for the health and social care system, drawing on evidence of what works.

For more information, visit: <http://www.thinklocalactpersonal.org.uk/News/PersonalisationNewsItem/?catalogueContentID=10261>

Spencer House donates essential equipment to hospital

Avery Healthcare has just opened Spencer House, sister home to the company's highly rated and successful Cliftonville care home in Northampton. The purpose-built Spencer House aims to deliver the same caring excellence in residential, dementia, nursing and respite care as Cliftonville.

To mark the occasion, Avery Healthcare has donated vital specialist diagnostic equipment to the neighbouring Northampton General Hospital.

Spencer House home manager Marius Feeney approached Northampton General Hospital staff to discuss what would be most useful to them.

Nurses on the hospital's Brampton Ward, a multi-disciplinary, short-stay elderly ward, decided that they would most welcome, and make best use of, a moveable bladder scanner.

Along with a piece of specialist moving and handling equipment, a return rotary stand, the donation is worth over £7,000.

For more information, visit <http://www.averyhealthcare.co.uk/news/2014-10/northampton-based-avery-healthcare-donates-bladder-scanner-opening-spencer-house-care>

DEMENTIA

Brutally honest film shows true picture of dementia (Source: Social Care Institute for Excellence)

The Social Care Institute for Excellence (SCIE) has produced a new brutally honest film that reminds viewers that although dementia causes the loss of some abilities, people's feelings remain intact.

The film, entitled *Living with dementia*, features four people with dementia talking about their emotions: fear, guilt, embarrassment, isolation, powerlessness. The film also shows the difference a supportive, empathetic relationship can make. It emphasises the importance of getting to know a person with advancing dementia as an individual and supporting them to maintain their own identity.

Living with dementia was launched in September as part of World Alzheimer's Month.

For more information, visit <http://www.scie.org.uk/publications/dementia/resources/video-player>.

SECTOR BODIES

CQC welcomes proposals for ratings to be displayed (Source: Care Quality Commission)

The Department of Health has launched a consultation on plans to ensure that all providers given ratings by the Care Quality Commission (CQC) display those ratings to help the public see how providers are performing and enable people to make more informed choices about their care.

The consultation suggests that CQC ratings must be clearly visible, such as in waiting rooms or entrances, and must be published on the provider's website with a link to the inspection report.

CQC will test public awareness of the ratings as part of its inspection programme by asking patients if they know the CQC rating of their provider.

The consultation can be found on the gov.uk website.

For more information, visit <http://www.cqc.org.uk/content/cqc-welcomes-proposals-ratings-be-displayed>

Carers pushed to breaking point (Source: Carers UK)

Carers across the UK are being pushed to the brink – suffering exhaustion, physical and mental breakdown as they struggle to care for older or disabled loved ones.

Carers UK's *Carers at breaking point* research – based on a survey of over 5,000 carers – shows that:

- 6 in 10 people who care for an older, disabled or seriously ill loved one have reached breaking point
- a quarter have needed medical treatment as a result
- 63% have suffered depression and 79% report anxiety.

Carers UK chief executive Hélène Herklots says: "For millions of families, caring for older or disabled loved ones means a daily battle with exhaustion, stress and anxiety. Carers reported exhaustion, suffering physical injury and collapsing from stress and anxiety as they struggled to care for ageing parents with conditions like dementia, severely disabled children or seriously ill partners. A fifth of carers were receiving no practical help at all – leaving them unable to take a break from caring or even get a good night's sleep.

The report, published last month, also revealed that:

- in the case of one in nine carers who suffered a breakdown, the person cared for had to be rushed to hospital or needed emergency social care while the carer recovered
- 46% of carers in crisis had fallen ill but had no choice but to carry on caring – unable to access additional help from social care services or the NHS.

Carers UK has warned that even greater numbers of carers face crisis, as social care services in England are cut by £3.5bn and carers' benefits by £1bn.

Carers UK is calling on all political parties to take urgent action to:

- deliver urgent new funding for social care services
- place a duty on NHS bodies to identify and support carers
- end cuts to carers' benefits and take urgent action to alleviate carers' financial hardship
- implement a right to paid 'care leave' for those combining work and care.

For more information, visit <http://www.carersuk.org/for-professionals/policy/policy-library/carers-at-breaking-point-report>

New report highlights 'care choice gap' (Source: The Patients Association)

A new report commissioned by Consultus Care & Nursing, *The Care Choice Gap*, has called on individuals, commissioners and the Government to take greater responsibility with respect to elderly care funding to help avoid a care crisis.

This move is backed by champion of the elderly, Esther Rantzen, Katherine Murphy, chief executive of the Patients Association, and Ros Altman, the Government's older workers' business champion and financial investment tsar.

Katherine Murphy said on behalf of the Patients Association: "Over the last century we have seen considerable advancements in healthcare and innovative healthcare technologies. In the UK this has resulted in the average life

expectancy rising from under 70 to over 80 years since the 1950s.

"However, with these successes have come challenges in the form of increased longevity; the UK now has a considerable ageing population. Many older people suffer from complex conditions and need frequent and specialist care.

"The vast majority of older people want to be cared for in their own homes, and we must ensure that we invest properly to make this a reality. It is essential that we care for older people with dignity, respect and compassion, and this can only be achieved through proper funding and resourcing of our health and social care system. We have frequently spoken out about the lack of integration between the various agencies involved in care, and we continue to urge the Government to place a focus on joined-up thinking."

For more information, visit <http://www.consultuscare.com/care-choice-report> and <http://www.patientsassociation.com/default.aspx?tabid=80&id=1192>

LEARNING DISABILITIES

Progress on reducing premature deaths (Source: Gov.uk)

The Department of Health has published a report, *Premature deaths of people with learning disabilities: Progress update*, on the impact of actions taken to improve the experience of people with learning disabilities in hospital and reduce premature deaths.

It shows what local and national progress has been made against 18 recommendations from the Confidential Inquiry into premature deaths of people with learning disabilities.

The report highlights areas where more needs to be done, including providing named care coordinators.

For more information, visit <https://www.gov.uk/government/publications/progress-on-premature-deaths-of-people-with-learning-disabilities>

MENTAL HEALTH

Major inquiry looks at understanding of dementia symptoms (Source: Mental Health Foundation)

The Mental Health Foundation has launched an 18-month inquiry to investigate ways of reframing understanding of some of the most challenging and distressing symptoms of dementia – different realities that are usually described as

extreme confusion, hallucinations, or delusions.

The inquiry is due to report in the summer of 2015. It is funded by the Joseph Rowntree Foundation as part of its programme of work, *Reframing dementia in the 21st Century: challenging thinking and stimulating debate*.

Part of the report will be based on the results of a survey; if you are interested in the issue of dementia and would like to give your views, join the survey at <https://www.surveymonkey.com/s/DementiaInquiry>.

For more information, visit <http://www.mentalhealth.org.uk/our-news/news-archive/2014/2014-09-16-dementia-truth-inquiry/>

Housing and care come together for a person-centred partnership



A major new project has been launched to inspire better relationships between care and housing providers, and the people they support, by getting them all on the 'same page'.

Sitra, the national membership organisation for providers of housing with healthcare and support, has been working closely with national social care charity Community Integrated Care and personalisation pioneers Helen Sanderson Associates to champion the use of one-page profiles in the housing sector. So, what does this entail?

Helen Sanderson explains: "A one-page profile captures who someone is in one page. Whether it is someone who uses the service or a staff member, a one-page profile is a quick way to describe what people appreciate about the person, what is important to them, and how to support them well. This insight provides a great starting point for developing better, more productive relationships."

"A one-page profile is a quick way to describe what people appreciate about the person, what is important to them, and how to support them well."

She continues: "One-page profiles are used in health, social care and education. Innovative care providers are taking a lead to make sure that their services are genuinely built around the people they support. Excitingly, Sitra has seen the benefits for the supported housing sector too – recognising that they can help bring housing providers, tenants and the care providers they work alongside closer together."

Sitra is striving to create a better, more joined-up

care and supported housing sector, and they see one-page profiles as a key tool to support this ambitious aim.

Chief executive Vic Rayner says: "Achieving greater integration of care services is a major focus for the Government and the care sector at the moment – however, this can only be achieved if we all work together. Because one-page profiles are so simple to understand, and widely used among care providers, they can really contribute to this goal."

Earlier this year, Sitra challenged as many supported housing providers as possible to learn about and adopt one-page profiles by the start of the summer, offering its members special training and online resources to help them on their way.

To properly bring the project to life, Sitra wanted to partner with a care provider, who could share experiences of using one-page profiles and give its perspective on how they could be used to build closer links between care and housing providers.

Sitra invited Community Integrated Care to support it on this initiative, as a large national social care charity that is supporting every member of staff and person it cares for to have their own one-page profile.

Community Integrated Care deputy chief executive Cath Murray Howard says: "Our charity is aiming to support everyone in our organisation, 10,000 people in total, to have a one-page profile by 1 April 2015. We were excited to learn that Sitra is on a similar journey to us, so by forming this partnership we have been able to share our experience and help push each other forward."

At the start of July, the two organisations held a celebratory event for Sitra members who had supported the one-page profile campaign, as well as those wanting to find out more. At the event, attendees received free training from Helen Sanderson Associates and were offered insight from Community Integrated Care's own ambitious personalisation journey.

Cath says: "Everyone at the event recognised that by collectively using one-page profiles we could develop a shared understanding of the people we support and work together more effectively. It's really exciting to think that we now have a platform where we will be able to create better relationships between colleagues from different organisations, and also clearly understand what the people we support want and expect from us."

"This project is only the start of a journey to inspire greater personalisation in housing support and more joined-up services."

The event inspired real action, with many housing providers making their own serious commitments, with the likes of Blackpool-based housing provider Bay Housing pledging to introduce one-page profiles across their organisation.

Sitra's ambitious vision has started to become a reality. Vic says: "This project is only the start of a journey to inspire greater personalisation in housing support and more joined-up services, but we are already delighted by the results. It's really shown the best of the housing and care sectors – collaboration, new ideas, ambitious work and a focus on improving the lives of the people we support."

Find out more

- Helen Sanderson Associates and one-page profiles <http://www.helensandersonassociates.co.uk/>
- Sitra's Personalisation campaign <http://www.sitra.org/policy-good-practice/personalisation/>
- Community Integrated Care's Personalisation Project and 10,000 one-page profiles <http://bit.ly/cic-1pp>

A new way to find quality care

One of the most important decisions many of us will face is choosing the right care home, whether for ourselves or a loved one. It can also be one of the most stressful, time-consuming and difficult decisions.

Faced with making such an important decision and with little access to clear information on which to base it, it can be hard to know where to start. Decisions are often made with limited experience and assistance, and many people find the process to be isolating.

“Top ranked is Shropshire, where 94% of care homes meet all CQC standards.”

However, this is set to change with the launch of a new infographic website that makes information about quality of care easy to access and understand. The interactive infographic, developed by Caring Homes in partnership with digital agency RocketMill, presents a map of England which is colour coded to rank quality of care in each county.

Using data from the Care Quality Commission (CQC), the infographic

identifies for the first time the English counties with highest compliance levels for quality of care in care homes, whether run by local authorities or independent providers.

Top ranked is Shropshire, where 94% of care homes meet all CQC standards, closely followed by the East Riding of Yorkshire with 92%. The infographic also includes Office for National Statistics income and life expectancy data, and demonstrates there is no correlation between wealth and quality of care. In fact, some of the best care can be found in some of the least affluent counties.

The infographic helps people to be better equipped to choose the right care home. Information is presented in an intuitive and user-friendly fashion and is easily accessed with a zoomable map. Clicking on a specific area brings up clear vital statistics, including the number of care homes matching CQC standards and the county's overall rank.

It will also assist frontline care workers, nurses and care home managers looking to change roles, enabling them to rapidly check the standard of care in other areas where they may be applying for a new job.

This new resource also offers significant insight for care providers, commissioners and regulators to maintain quality of care while encouraging transparency – both of which are vital. With the data presented in graph and table form for detailed information and quick side-by-side comparisons, it is easy to view where standards are high and where they may require additional resource.

“It will assist frontline care workers to check the standard of care in other areas where they may be applying for a new job.”

The infographic has been designed with two clear aims. Firstly, it seeks to empower the industry to start making data-led decisions about improving quality. Secondly, for people looking for care and their families, this straightforward but powerful tool for assessing the quality of care in their area will help them choose the right home. If you would like to learn more, the infographic can be viewed by visiting <http://www.caringhomes.org/quality-of-care/>.



Law and ethics at the end of life

Decisions about medical treatment and care at the end of life are among the most difficult, emotional and controversial. It is not surprising that they often give rise to disputes, and occasionally end up in court in high profile cases, as these examples show.

Assisting suicide – acts and omissions

A patient with capacity can, of course, refuse treatment or care, even if it will cause their death. Indeed, without their consent, it would be unlawful to impose treatment on them. However, there is a legal and ethical distinction between acts and omissions, and a patient cannot demand treatment that will kill them.

“A patient with capacity can, of course, refuse treatment or care even if it will cause their death.”

In the footsteps of Diane Pretty and Debbie Purdy, Tony Nicklinson sought a court order that a doctor would not be prosecuted for assisting his suicide. He starved himself to death when he was unsuccessful, and the legal battle was continued by his widow on appeal up to the Supreme Court.

The Court held it is up to Parliament to change the law on assisting suicide, but recognised that there is an argument that the law currently discriminates against people with disabilities who need help to commit suicide, and gave an indication that the Supreme Court may be willing to challenge this if Parliament does not consider changing it.

See <http://www.bailii.org/uk/cases/UKSC/2014/38.html> for more details.

There is a private member's bill that is dealing with this in Parliament at the moment, which will no doubt attract more controversy as it progresses.

See <http://www.publications.parliament.uk/pa/bills/lbill/2014-2015/0006/15006.pdf> for more details.

For now, assisting suicide remains a criminal

offence, subject only to the guidance of the Director of Public Prosecutions as to when an offence will be pursued.

See http://www.cps.gov.uk/publications/prosecution/assisted_suicide_policy.html for more details.

DNAR, demanding treatment and futility

There has also been lots of recent coverage on 'do not attempt resuscitation' orders (DNARs), whereby clinicians decide that it is not appropriate to attempt resuscitation, prompted by a Court of Appeal case in *Tracey v Addenbrooke's Hospital*.

See <http://www.judiciary.gov.uk/wp-content/uploads/2014/06/tracey-approved.pdf> for more details.

As so often, the dispute about the decision-making on clinical appropriateness/best interests arose where there was not good communication and trust between the professionals, patient and family or others involved.

The Court of Appeal reinforced that clinicians must involve the patient in decision-making around DNARs, as they should with all other decisions (“no decision about me without me”, as the Department of Health puts it), unless there are ‘convincing reasons’ not to; for example, that it would cause real harm to the patient. Where appropriate, the same obligation applies to involving the family or others caring for the patient or interested in their welfare.

“It is important to remember that resuscitation, like any other form of treatment, is not something a patient can demand from a doctor if it is not clinically indicated.”

However, it is important to remember that resuscitation, like any other form of treatment, is not something a patient can demand from a doctor if it is not clinically indicated, or would be ‘futile’. If treatment is offered, a patient can either accept or reject it, or choose among available options. (If a patient doesn't have capacity



then a decision must be made in their best interests, but lack of capacity does not entitle a patient to any more treatment options than would be offered if the patient had capacity).

The Supreme Court reaffirmed this recently in another landmark case – *James v Aintree* – in which a family wanted a hospital to continue active treatment that the clinicians thought would be futile. It is important that the view taken of ‘futility’ is not too narrow, and takes account of the kind of life that is valued by the patient personally, just as ‘best interests’ should not be assessed solely by regard to medical benefit but must include wider social and emotional aspects.

See https://www.supremecourt.uk/decided-cases/docs/UKSC_2013_0134_Judgment.pdf for more details.

Fundamentally, however, the decision on what treatment to offer is for the clinicians to make, even at the end of life. But good practice, and the best chance of avoiding disputes that might end up in court, is to make those decisions openly, appropriately involving others and with good communication.

Ben Troke

Partner

Browne Jacobson LLP

Why single patient notes are necessary to drive more joined-up service

Why is it that care providers don't get to see patient notes when they come out of hospital? It's a question that I've pondered a number of times in the past and I was reminded of it again when I recently attended the House of Commons for a Great British Care Awards (GBCA) lunch hosted by Lillian Greenwood MP.

It would seem logical that they should be able to access this information whether their client is returning to their own home, assisted living, care home or nursing home. After all, this would allow the care provider to tailor the support to the individual's precise needs.

What's clear is that there is a real need to unify patient records so that there is a smooth transfer from one service provider to another. In fact, it's crucial, as this is where problems can often start to occur. There's no doubt that individually each care provider does a great job, but the gap in information could mean a patient doesn't receive the care and support they need to ensure they don't end up back in hospital again.

“There is a real need to unify patient records so that there is a smooth transfer from one service provider to another.”

The process needs to be joined up in the same way that the funding payment system is remarkably seamless. There is no reason we cannot apply the same rigour to single patient notes. Being able to access the relevant patient information securely will provide a complete picture at the point of care. This improves communication between care providers and allows them to better prepare, plan and look after the care receiver. After all, they cannot do this if they are not kept fully informed.

I believe the risks of implementing such a system would be minimal, and access should be limited to those who have a duty to care for the patient's wellbeing. Taking such a unified approach will have clear benefits for everyone involved in the care process. Interoperable records would

mean that care providers can share this information and a more holistic approach can be taken – one of providing a truly patient-centred approach. It means that any member of the care team can update themselves on the care provision required, particularly where the original carer or health professional is not available.

“Interoperable records would mean that care providers can share this information and a more holistic approach can be taken.”

Coordinated care has to be made a priority, providing the mechanism by which care providers can be kept up to date without having to make unnecessary phone calls, experience communication breakdowns and the inevitable delays in care provision. It will also help to reduce the incidences where the patient has to return to hospital, encourage a speedier recovery and hopefully have a positive impact on the care receiver's health and comfort. Their family

will also have peace of mind that there is consistency in the care their loved one is receiving.

As for the service providers, it will create greater efficiency, place less stress on their resources and decrease paperwork and duplication, as well as create an opportunity to provide more cost effective and efficient care. It's about providing the right level of intervention at exactly the right time. It also ensures more accurate tracking of longer term healthcare and the management of both chronic and acute illness.

What strikes me is that there is a good argument for secure single patient notes that allow for the seamless transition of the patient from one service provider to another. This will allow the necessary support to be delivered at a time when it counts the most – and this can only help to lead to better quality care.

Paul Patarou

Divisional manager, health and social care division

Access Group



Learning from the Day of the Dead



▲ Des Kelly, executive director, National Care Forum

It is so easy to slip into comfortable clichés around difficult topics such as end of life care. I think that one of the reasons for this is that thinking and talking about death and dying is one of our taboo subjects.

It still seems to be the case that most people would rather not think about end of life care ... and certainly not for themselves! It remains a conversation that many people avoid. Maybe it's because people don't want to say to others what they haven't yet considered fully for themselves.

“Being able to talk to people about death and dying to people receiving care and their families is an essential skill.”

But care settings are not the same as other workplaces are they? Being able to talk to people about death and dying to people receiving care and their families is an essential skill. It is a skill that requires training. A skill that requires reflection and will undoubtedly be enhanced by thinking about our own feelings in such situations. Think about how you want to die – what would improve the quality of experience for you at the end of your life?

Help is at hand. The Dying Matters Coalition is a broad based alliance set up by the

National Council for Palliative Care in 2009 and supported by the Department of Health. The coalition has a mission to help people talk more openly about dying, death and bereavement and to make plans for end of life.

Did you know that 500,000 people die in England every year (and about 800,000 are born)? One in six people will die in a care home. The coalition has developed a huge range of practical resources for those who work in care and health and for the public. These materials are freely available and can be accessed through the website www.dyingmatters.org

In the excellent *One Last Thing – talking about dying* leaflet, for example, there are some really good practical tips on talking about dying, including how to start a conversation and why it really matters to encourage people to talk. For care workers there is also helpful guidance on policies and procedures on death, dying, loss and bereavement.

The Dying Matters Coalition was established with the purpose of encouraging people to talk about dying, death and bereavement and to make a ‘good death’ the norm. We know that in the UK around 70% of people would prefer to die at home but that around 60% die in hospital. In other societies there is more open discussion about end of life. In Latin America there is a tradition, dating back perhaps 3,000 years to Aztec culture, where they celebrate the ‘Day of the Dead’.

The Day of the Dead is particularly recognised in Mexico, where it is a holiday. The day is used to remember and honour family members and friends; 1 November to celebrate children and 2 November to celebrate adults who have died.

“The Day of the Dead is an amazingly colourful festival, especially the sugar skull tradition.”

The Day of the Dead is an amazingly colourful festival, especially the sugar skull tradition. Sugar art, it seems, was brought to the New World by Italian missionaries in the 17th century. Today, hand-moulded chocolate sugar skulls are sold by the thousands at the Sugar Skull Fair, with makers working for months to have enough stock. Sugar skulls are sometimes eaten, but their main function is to adorn altars and tombs with a sugary delight for the visiting spirits! You can also buy moulded sugar coffins with a smiling skeleton that pops out of its coffin! What a contrast to our reserve about matters of death and dying.

Des Kelly

Executive director
National Care Forum

The Hertfordshire horse whisperers



A friend recently recommended the bestselling classic, *How to Win Friends and Influence People*, by the famous self-improvement guru Dale Carnegie.

I skipped a lot, but his recipe for success rang in my ears when I heard about Hasca Ltd's new and radically different approach to leadership and teambuilding: Horses Lead Courses, comprising a team of three women and two horses and using equine-led learning at Bayford Hall Farm in Hertfordshire.

"I'm not big into horses and couldn't see how these aloof, majestic beasts could appraise and develop my communication skills."

Dale's recipe? Flaming enthusiasm, backed up by 'horse sense' and persistence, is the quality that most frequently makes for success.

Too good to be true, I took the train to see for myself, with more than a little trepidation as I'm not big into horses: they're huge, potentially dangerous, and until I read the literature I couldn't see how these aloof, majestic beasts could appraise and develop my communication skills.

On the drive to the farm, facilitator and Hasca Ltd director Lynda Tarpey explained a little more. "When we're in a position of leadership, there are textbooks to help and good examples to follow, but putting knowledge into practice can be tricky. Getting clear, honest, helpful and immediate feedback from people about how they experience our skills can also



be a challenge."

And this is where the horses come in; they don't read textbooks and aren't diplomatic in the slightest. In essence, their responses are honest and real. Scary!

After meeting the rest of the team – Lynda's daughter Emma Tarpey and Tina Guinan – I was keen to head over to the indoor arena to meet with Merlin. With sessions tailored to organisations' individual requirements, I was encouraged to think of something in my life I'd like to work on. I chose the communication breakdown every night of the week when it's my son's bedtime.

All stood in the middle of the huge arena, I was asked to convince Merlin to go for a walk with me around the perimeter. Easy, you might think: just pull him round by the reins or entice him with carrots. Wrong. No reins or carrots – just your naked ability to communicate effectively. And of course, fancy words can't help.

For a while, everything I tried failed and I could feel myself getting cross inside and certainly frustrated. What was the point? Might as well give up, right? And yes, it completely mirrored the spiral of emotion every night at home, come 10pm. What surprised me was that I could see this happening with a level of cool detachment I found impossible with my son. I was observed a lot and in turn observed both Lynda and Emma undertaking the task.

"For a while, everything I tried failed and I could feel myself getting cross inside and certainly frustrated."



"You learn a lot also from observing," Emma explained. "In fact, feedback shows that people have learnt even more from watching because it's very powerful."

And while Lynda and Emma are leading the session, Tina is the watcher and guardian. "I don't stand back," she said, as I tried once more to go for a walk with Merlin, "but safety is my big thing. Before the session we plan what exercises we are going to do, so I'm very much the horse side of things."

Merlin did go for a walk with me – a walk of his own free will, which is a bizarrely emotional and powerful experience. He came with me for no other reason than that I was communicating to him that it would be good for both of us. No blackmail or threat – just truth.

Back in the office, we debriefed and I realised I had a lot to process about myself from that brief non-personal connection with a horse.

Emma read out some of the feedback from recent sessions including one I could especially relate to: ". . . when I'm in this situation at work now, I don't just scream at them because I can, I think of Merlin and I try to engage them".

I would not have believed it if I hadn't experienced it for myself. Lynda and her team quite literally embody Dale Carnegie's recipe for success.

And wobbles aside, bedtime is better – truly.

Debra Mehta

For more information about Horses Lead Courses go to www.horsesleadcourses.co.uk, call Lynda Tarpey on 07803 206 939 or email emma@horsesleadcourses.co.uk



Celebrating the good care behind Great Britain

Good Care Week 27 April 2015

Good Care Week 2015 takes place from 27 April next year. Care providers and individuals from the sector are already demonstrating their commitment towards Good Care Week with some fantastic examples of raising the profile of social care within their wider community and beyond.

The UK-wide annual awareness campaign, in association with *Care Talk* magazine, saw a range of local initiatives in 2014; some are highlighted here.

Get involved and champion good care

Be a part of this groundbreaking initiative to raise awareness of social care and ensure that this sector gets the respect and appreciation it merits.

- Get your colleagues involved; care workers, managers and providers. What could you do collectively to raise the profile of social care in your local community? Open days, encouraging volunteers and visits from local schoolchildren are just some simple yet effective initiatives.
- Get your service users and their families involved. Ask them to support the campaign by providing testimonials about their care provision.
- Write to your local MP about Good Care Week. Ask them to help you raise the status of social care in your community and formally support the campaign.
- Share your ideas with us for raising the profile of social care locally so that colleagues throughout the sector can emulate this in their own communities. We will feature your examples, stories, comments and suggestions on the Good Care Week website and in *Care Talk* magazine.

Sector demonstrates principles of Good Care Week

Sport inspires Belong Wigan international event



Apartment tenants, household residents and Experience Day customers from Belong Wigan community village, in Platt Bridge, celebrated a summer of sport with their families and members of staff in an internationally themed barbecue at the community care village.

Inspired by the Commonwealth Games and the fun had in the village watching the World Cup, everybody at Belong dressed in costumes based on national dress from countries around the world.

Residents enjoyed glorious sunshine in the garden as they decorated their pagoda with national flags, ate burgers and danced to music by local singer Jodie Kate.

Experience coordinator Marie Calderbank says: "Everybody living in Belong Wigan likes a party, and sport is something that we can all come together to enjoy regardless of age. As one lady from the village pointed out, some of our customers are old enough to remember the first Commonwealth Games, though I'm not sure anybody here expected to still be watching England compete 84 years later."

/Sector support

Supported by





Celebrating the good care behind Great Britain

Care home welcomes school for cupcake bake-off



A Middlesbrough Hill Care home has hosted its very own Great British Bake Off by inviting local schoolchildren to take part in a cookery competition to celebrate National Cupcake Week.

Residents and staff at The Gables welcomed 25 young bakers from years 3 and 4 at Breckon Hill Primary School, also in Middlesbrough.

The pupils arrived with tons of treats that they had spent the morning baking and decorating in recognition of National Cupcake Week, which ran from 15-21 September.

Crowds formed to watch as the delightful delicacies were judged by a sweet-toothed panel made up of care home manager Jacqueline Pallister, Hill Care's customer relations officer Liz Jones and a number of residents.

The winner of the tastiest treats title received a children's baking kit and £10 voucher while the runners-up were awarded a £5 voucher for their cupcakes. Every child was presented with a certificate to recognise their brilliant baking.

After the judging ended, the children handed out their culinary creations to residents around the home.

The Gables manager Jacqueline Pallister said:

"This was a wonderful event

that brought people of all ages together to celebrate the joys of baking and enjoy a tasty treat or two.

"The children were all fantastic and had made a wonderful effort – it was very difficult to judge the cakes as each one was eye-catching and delicious!"

The home's activities coordinator Naaila Rehman added: "We are always thinking of ways to engage with the local community and this competition was a great way to do it.

"The children said they really enjoyed making and displaying their cakes and the residents had a lovely afternoon speaking to the children about what they had made."



Wanted – Good News Stories from the Frontline

At *Care Talk* we love shouting about what is good in social care, challenging negative media perceptions and raising the profile of our sector through good news stories and examples of excellence.

It's time to blow your own trumpet!



Many of the articles we receive are sent in by colleagues, managers, care home and domiciliary care providers, service users, friends and relatives ... but so often the amazing stories of examples of excellence and innovation are not told by those who have carried them out ... YOU!

We at *Care Talk* want to encourage and motivate the frontline workforce (this includes the gardener, the cook, the housekeeper ...) to raise the profile of the sector by writing about your own examples of good practice.

- How have you improved quality of life for a service user?

- How do you help colleagues to improve their good practice?
- How do you involve relatives in your care home?
- Have you involved the local community in any way?
- Have you had an idea that your company has taken on board to improve services?

Through *Care Talk* we can share your examples of good practice with your colleagues in the sector – a great way to initiate joint working.

Each month *Care Talk* readers will be invited to submit an article that highlights particular areas of innovation and good practice. *Care Talk* will choose a winner every quarter to receive a two-night stay in a luxury hotel, including an evening meal, courtesy of PJ Care and Specsavers.

Winners and photos of them enjoying their prize treat will be featured in *Care Talk*.

**So don't delay, get writing today!
Email us at editorial@caretalk.co.uk**

Sponsored by



Rules of competition

- Articles must be written by the individual who features in the article demonstrating good practice and innovation.
- Word count is 600 words, plus photos and an image of the contributor.
- Copy deadline is the first day of the month prior to publication; e.g. the copy deadline for October's issue would be 1 September.
- Winners will be chosen by a panel of judges and announced quarterly.
- Winners will have a choice of UK 'home' or 'away' destination for their weekend hotel stay.
- The prize must be used within 12 months of winning.
- There is no cash alternative.



How can we work in partnership with other professionals to ensure good end of life care?



End of life care, or palliative care as it is sometimes known, is one of the most important roles that care workers undertake. Working effectively with other professionals and people's families is essential for care workers to deliver quality care at the end of a person's life. We asked six care professionals, 'How can we work in partnership with other professionals to ensure good end of life care?'

The Government - Glen Mason, director of people, communities and local government, Department of Health

Good end of life care requires a team approach because the vast majority of people in this country want to end their lives in their own home; they don't want to die in hospital. We don't have a good track record of that, so it's about inter-agency teams coming together around the needs of the individual and respecting what is wanted and putting the package in place that delivers what the individual wants.



The specialist care provider - Anna Lesniak, practice development lead, PJ Care

In PJ Care we specialise in end of life care because we look after residents with progressive neurological disorders. End of life is extremely important and working with other professionals is crucial because a lot of people do not understand end of life care, and so working with GPs and nurses is very helpful. We try to improve professionals' knowledge of end of life care because all we want is for the resident to have the best care till the end. You never get used to losing a resident but you need to be there for the staff also, and support them throughout. You need to be a strong individual.



The senior carer - Tracy Sutheran, senior carer, Community Integrated Care

At Charlotte Grange we do an end of life palliative care course at Middlesbrough University and we're very much in touch with Macmillan nurses and GPs. District nurses come in every day and we know our residents. It's important to work with others because anything that helps end of life is essential. Anything we can do to make end of life better and pain-free is vital to us.



The care manager - Herculano Castro, operations manager, Mentaur Ltd

It's important to have multi-disciplinary teams in place working together because I think it's the only way to ensure a holistic approach to an individual's good planning for end of life. So, family involvement alongside health professionals is essential.



The care provider - Karen Rogers, managing director, Herefordshire Care Homes

We need to understand what we actually mean by good end of life care. Part of the culture in all care environments is to make sure people are kept pain-free and that people communicate well within organisations whether with the clinical commissioning group (CCG), or care providers, or families, and they're all working towards the same goal. The goal has to be a plan that's made well before someone actually needs the service. Currently it's not an integrated system but it depends on the service. Hospital discharges need to improve enormously and I'm currently doing some work with CCGs in this area. There's certainly potential to be moving in the right direction.



The care worker - Trina Steer, care worker, Carebase Ltd

There's a lot of talk and work needed because it isn't currently working. There's a lack of resources, lack of understanding, lack of beds depending on the situation people are being referred from, lack of training – lack of everything! We need more joined-up working. I'm especially thinking here mostly of hospital discharges. I feel quite negative about it at present. I've been working with a hospice to develop a five-day diploma for seeing dementia as a palliative illness and it's now starting to be recognised. Someone with cancer has an entirely different palliative treatment to someone who has dementia because they're seen as 'just getting old'.



Conclusion

- Working as a team to put in place a care package
- Family involvement
- Multi-disciplinary approach
- Effective training
- Flexible care plan to reflect changing needs of service user
- Ensure the care plan reflects the needs of people with dementia
- Smooth transition for hospital discharge

PLANET JANET



We're all aware of end of life care and the press coverage there has been about the Liverpool Care Pathway and other models for palliative and other forms of care for those nearing death. Today, rather than write about what is happening nationally, I'd like to give you a personal reflection of some circumstances of my own.

Good end of life care helps people to die with dignity and even to live as well as possible until the very end, and it also includes help and support for their families, who share this final journey.

Palliative care is enormously comforting to families who do not want to see their relatives suffer and, of course, it makes the final days of the person distressed by pain or other conditions just that little bit more bearable. Really good palliative care includes a spiritual, psychological and social element in addition to pain and stress relief, and considers the person as a whole rather than just a set of symptoms that each has its own 'solution'.

Part of the psychological support is helping people become easy in their

minds as their death approaches. While they are still aware of the need to 'get affairs in order', practical guidance is available to help with legal issues such as creating a lasting power of attorney (LPA).

In my own experience, getting an LPA, and subsequently registering it with the Office of the Public Guardian, was relatively straightforward. Many people choose to do this through a solicitor, but you can do it all yourself. Achieving that legal status, the ability to make financial, legal and other arrangements as the attorney for your relative, can smooth things well, but I have hit two snags that you might like to hear about.

Getting an LPA registered with the Office of the Public Guardian is necessary as soon as you know that your relative no longer has the mental capacity to make decisions for themselves. Getting some of the banks and utilities to be able to deal with any actions you need to take is a whole different matter. For instance, it was easy to get my mother's premium bonds assigned to me (some of them had to be cashed to pay nursing home fees), but getting her occupational pensions

paid into an appointee account in my name appeared to confound the pension companies ... and yet surely this sort of thing must happen all the time.

I wish, with the benefit of hindsight, that I had asked my mother when she did have mental capacity, and when we set up the LPA initially, to get her bank to add me on to her bank account to make a joint account on which my signature alone was enough, because it's been a nightmare dealing with the rigmarole I had of changing her account into my name (and thus triggering a whole new set of correspondence with her pension company and all the other organisations I had to deal with). Every day this sort of situation arises all over the country.

I understand that the Court of Protection is set up to protect vulnerable people but they really could make it easier to manage the affairs of someone nearing the end of their time. These headaches become a distraction. I would much rather have had the freedom to spend quality time with Mum than to have been dealing with all the bureaucracy.

UP CLOSE AND PERSONAL WITH...

Dr Jane Collins, chief executive, Marie Curie

Dr Jane Collins is the chief executive of Marie Curie, the charity that provides care across the UK through its hospices and a home nursing service, and is a leading research and campaigning organisation for people with terminal illness and their families. *Care Talk* spoke to her about the current challenges for the sector and how the Government can better promote and support end of life care.

“One of the next big crises the NHS will face will be more terminally ill people caught in hospital beds, with no desire to be there.”



Around the time I first joined Marie Curie, the palliative and end of life care sector in England was experiencing a quiet revolution. The Government had just published the findings of the VOICES National Survey of Bereaved People.

For the first time, we had a large amount of data about terminally ill people, their families, and carers' experience of care across all settings. We knew the situation wasn't good for terminally ill people because around 50% of people in England die in hospital – despite less than 5% of people saying they wanted to be there and often with no clinical need for hospital care – but VOICES gave us much more detail.

What VOICES showed was that large numbers of people weren't getting a chance to express a preference for where they would like to be cared for. Even when people were dying at home, very few (17%) were getting comprehensive pain control. In hospital, patients and their families were not being treated with dignity and respect by doctors and nurses.

Hospices, while they provided an excellent service for terminally ill people with cancer, were not much better than hospitals in terms of care quality for people without a cancer diagnosis.

VOICES was a wake-up call. Along with

demographic projections of the number of deaths increasing by 17% by 2030 and the likelihood that most of us will have multiple conditions by the time we are 65, VOICES provided a sure sign that one of the next big crises that the NHS will face will be more terminally ill people caught in hospital beds, with no desire to be there and potentially delaying curative treatment for those who need it.

“The health and social care system needs to move away from a crisis management approach to terminal illness and towards good planning.”

At Marie Curie, it has spurred us to take a whole-person approach to terminal illness. In our new strategy we are committed to ensuring that we make sure all terminally ill people and families, regardless of their diagnosis or personal circumstances, get the help and support that they need to live well and stay in their preferred place of care. We are also launching an information and support service for people who are terminally ill and for those affected by terminal illness.

The Government plays a huge role in making this a reality. We are pushing

them to take much more of a public health approach to terminal illness. Early intervention and support is what will keep terminally people out of hospital. The health and social care system as a whole needs to move away from a crisis management approach to terminal illness and towards good planning, integrated service provision and good information sharing.

This is one of the reasons we have championed the findings of the Barker Commission on the future of health and social care. The situation facing terminally ill people and their families and carers is just one example of why we need whole system reform. When you see terminally ill people waiting months for social care that could have prevented them being hospitalised and being given benefits with no guidance on how to spend that money to achieve the best quality of life, it really does make the case that, currently, we are doing things the wrong way.

The next five years are crucial. We all have to change the way we approach terminal illness. Support needs to get to people earlier to help them live well and avoid hospital. Otherwise, the NHS could soon be facing a crisis that could impact on everyone's health and wellbeing. Marie Curie is leading the way in making this change a reality.

Care creatures

Thanks to Christine Evans from White Rose House in Holmfirth for sending through these pictures of the care home's pets.

Thumper the rabbit with Margaret Norton and Isabel Speake, Buster the dog with Charles Grilles and Salem the cat as part of our Christmas display.



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- Demonstrates your high standards to regulators.

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This is Your Life

Ione's story: My life at The Dynes

Ione Cruickshank-Marson has lived in an Abbeyfield Kent home near Sevenoaks for just over a year. Here she tells us about her life at The Dynes.

I moved into The Dynes when my husband passed away. I found myself living alone in a large detached house and I'm very much a people person so I didn't want to be by myself.

I chose The Dynes as it was local to where I lived. The atmosphere is warm and homely so I settled in very quickly.

I've never enjoyed cooking so it's wonderful to have home cooked meals prepared for me; the food is great and we always have lovely puddings!

I'm definitely more relaxed now I live here and much happier overall. Although I'm living in a care home I feel independent, I can do what I want, when I want, as I have so much free time. The days are never long as I join in with activities, chat with other residents or watch the news in my room. I like that I can be around other people if I choose to but when I want to be by myself, I can go to my room and listen to the radio.

If I feel like getting involved, there is always something going on here and sometimes we take day trips out too. We have recently visited the local garden centre and been to Knole Park for a walk and picnic.

I cannot praise the staff here enough; they are just wonderful. They are never overwhelming and we chat to each other naturally, just like friends do. We are a bit like one big family really and I'm glad to be a part of it.





What management skills are important to successfully develop your service?

A good manager is essential for quality care provision and a motivated and highly trained workforce. We asked a group of managers, 'What management skills are important to successfully develop your service?'

Debra Mehta



Angela Davey
MiHomecare

I think it's important to start at the bottom. I started as a care worker and worked my way up so I know what the carers are going through and what it's all about. I go out there and talk about the service we can deliver – liaising with local authorities.



Marie Cavanagh Home Instead Senior Care

You have to be a people person and do this job with passion, really caring about the clients and your staff, because without them you haven't got anything. My belief is a good standard of care, training staff well and having a good relationship with clients, their families and staff. I like to be personal with all of them. If they have problems they can speak with me whether at work or in private, and if a care worker breaks down I'll go and pick them up – I'd never leave them out in the dark on their own. Clients can contact me any time day and night on my mobile if they're worried about anything.



Fay Howell
MiHomecare

It's about caring and passion and obviously you must be a people person to be able to deliver a good service. The skill of motivating staff is very important and letting people know we provide a tailored service to our clients because one size doesn't fit all.



Navanitta Dhar
Home Care Preferred

It's very important not just to 'manage' the business but to know everyone in person – having the personal touch. A process where

suggestions are openly approached and taken into consideration is very important. Being hands-on and not just behind the desk is important also. These are all skills because they're ways of managing the business better and at the end of the day it's all about people. If your people skills are not great then I don't think you can be a good manager.

Conclusion

- Frontline experience
- A people person
- Effective communication
- Passionate about delivering quality care
- Be prepared to deliver care
- Lead by example



Residential care delivery goes mobile

Advanced Health & Care have launched a mobile working solution designed specifically to support care workers within residential care homes that allows data recording **at the point of care.**

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Mrs MACBLOG

Did I tell you I'm now 92? I had my birthday on the same day Joe Grundy from *The Archers* was 93!

I still listen to *The Archers*. The radio is a great source of comfort. I sometimes can't be bothered by all the noise and the affected brightness of television. I like to listen to music and to a good old-fashioned drama. And I like the daily episode of *The Archers*.

Recently, Peggy lost Jack. He'd had Alzheimer's, you know, and in the end he had to go to be cared for in a nursing home because Peggy couldn't manage any longer. It was sad because they'd been married a long time, but she used to visit frequently and got to know the staff and knew they looked after Jack well. Towards the end of his life, he didn't know them any more but still they gave him thoughtful and tender care.

Of course, that's just a story; it's not always like that. The staff here are very good. I remember when old Mrs Jackson died, they sat with her round the clock. But on another occasion, they said there was no funding to provide the cover when Margaret Jones needed their care.

Her daughters came in shifts, but then, at the end, she went into hospital and died there. We were all a bit upset about that because we knew she was afraid of hospitals. She always used to shudder and say, "You never get out of those places alive!" – and how right she proved to be, in her case. Apparently her daughters made a complaint about how impersonal and undignified the care was.



And I'm remembering one lady who died who was Jewish and there was a whole load of fuss about the training the staff needed to ensure she was looked after up until and even after her death; it all had to be sensitive to her religion and way of life.

That seems reasonable to me. After all, at the end of your days you want things to be just how YOU want them, don't you think?

Mrs MacBlog

Mrs Mac is now 92 years old. She has lived in extra care accommodation for seven years and she has been widowed for 12 years. She gets four calls a day.



Challenge for care workers – discuss the following issues.

1. Verona sounds a little bit worried that the care you get in hospital at the end of your life might not be as warm and kind-hearted as it might be. What's your experience?
2. Have you had any training in end of life care? If you have, what was the most interesting part?
3. Have you been given any training dealing with specific cultures and how to manage end of life and palliative care, and death itself?

AND THE WINNER IS...



The Home Care Employer Award, Eternity Care

Eternity Care was the proud winner of The Home Care Employer Award at the national finals of the Great British Home Care Awards.

What the winner said...

"We have always wanted to be different. We set out to personalise our service so that it was closely aligned to the needs and aspirations of our clients: and to employ and support staff best suited to meeting those needs.

What the judges said...

"Eternity Care showed a different approach to providing bespoke care and support. Some great examples included organising a shark snorkelling trip and fundraising for a client's holiday. They truly believe their staff are key to success!"



▲ Host Patrick Monaghan with winners Eternity Care and sponsor Graham Talwyn from The Royal Bank of Scotland

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Top names join new care awards assurance panel

The Great British Care Awards are now entering their sixth year and continue to be a significant platform for raising the profile of social care and celebrating excellence in the sector. They continue to strive to maintain the very highest standards and demonstrate, above all, probity in the judging process.



In order to further strengthen the judging process, the Great British Care Awards have invited key sector people to be members of a new judging assurance panel.

The purpose of this will be to oversee the judging process of the Great British Care Awards and other subsidiary events. This will also include:

- Endorsement of judges to form an agreed list of judges
- Guidance on the composition of judging panels
- Nomination process
- Judging process
- Complaints regarding the conduct of any elements of the nomination and/or judging process.

The panel will convene at least once per

year and will consider proposals from the executive of the Great British Care Awards as to the nomination process, endorsement of judges, guidance on the composition of judging panels and the judging process.

The panel will either agree the proposals of the executive or refer back any issue they consider requires further consideration; these may be reconsidered by the panel reconvening or via correspondence.

In the event of any complaints regarding the nomination and/or judging process the panel will convene to consider the complaint, any investigation that may be necessary, the conduct of any necessary investigation and the outcome and any action necessary to improve the conduct of the awards.

Confirmed members are Anchor chief executive Jane Ashcroft, Care England chief executive Martin Green, Social Care Institute for Excellence (SCIE) chief executive Tony Hunter and Dr Glen Mason, the Department of Health's director of people, communities and local government.

The panel is due to convene for the first time at the Department of Health in Whitehall.



Jane Ashcroft, Anchor chief executive, says: "The Great British Care Awards have become a hugely important way to recognise the excellent care that takes place day in, day out.

They are key dates in the calendar and I'm very honoured to have a role in throwing

the spotlight on great care."



SCIE chief executive Tony Hunter comments: "Top quality social care makes a real difference to the lives of people in need of care and support services. All too often the heroes and heroines remain unsung, so I am

proud to be associated with the Great British Care Awards aimed at giving them hugely deserved recognition."



The Department of Health's Glen Mason says: "I am delighted to see the formation of the Great British Care Awards judging assurance panel. This is a significant step in ensuring that the highest standards

of governance are maintained at all times with these fabulous awards that recognise excellence in the frontline of social care."

Commenting on the new panel, Lisa Carr, director of The Great British Care Awards, says: "Now in their sixth year, the awards continue to go from strength to strength. The number of high quality nominations increases year on year and shortlisting and judging becomes an ever difficult task. The judges assurance panel has been set up to ensure that the rigorous shortlisting process remains consistent. We are delighted and honoured to have some very prestigious figures from the sector as part of the panel to ensure that we continue to recognise the very best in social care."

Exciting new venue for Great British Care Awards finals



Supported by



“The ICC will also allow for the awards ceremonies to be even more special and significant and have the capacity to allow for future growth. We are also pleased to announce that prices for tables at the regional awards will remain the same.”

Due to the overwhelming number of nominations and the need for extra capacity, The National Learning Disabilities Awards, which took place at Edgbaston Stadium in May this year, will also be moving to the ICC for the 2015 event.

As the Great British Care Awards continue to grow we are delighted to announce a new and easily accessible venue for the national finals of this year’s regional awards for both care home and home care. These will take place at the renowned International Convention Centre (ICC) in the heart of Birmingham in May and June 2015 respectively.

Lisa Carr, director of the Great British Care Awards, says: “The Great British Care Awards are now in their sixth year and are continuing to go from strength to strength. In order to provide a long-term platform for growth, we have taken the decision to move to Birmingham’s ICC. We have also listened to feedback from national finalists.

The Great British Care Awards are a series of nine regional awards that take place in the autumn of each year, culminating in national finals the following spring. The purpose of the awards is to promote best practice within both the home care and care home sectors, and pay tribute to those individuals who have demonstrated outstanding excellence within their field of work. The awards offer a unique opportunity to celebrate the successes of individuals, teams and businesses throughout the UK who really do make a positive impact on people’s lives.

To nominate for any of the categories at for the 2014 Great British Care Awards please visit www.care-awards.co.uk

“The ICC is a highly regarded venue and the central location will allow easier accessibility for all the regional winners. The venue, local accommodation and travel will be significantly better value for money.

Thanks to all our regional award sponsors and supporters.



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2014 Regional Great British Care Awards Judging days so far....

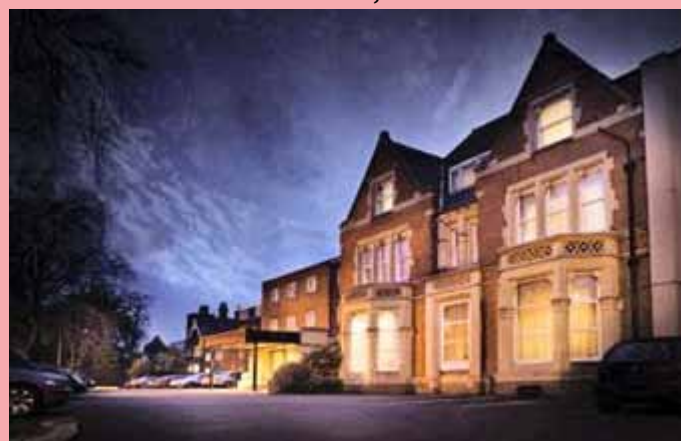
GREAT SOUTH WEST CARE AWARDS

17th September, Hilton
Hotel, Bristol



GREAT WEST MIDLANDS CARE AWARDS

29th September, St
Johns Hotel, Solihull



GREAT SOUTH EAST CARE AWARDS

1st October, Hilton
Hotel, Brighton



GREAT YORKSHIRE AND HUMBERSIDE CARE AWARDS

3rd October, Holiday
Inn, York



See back page for dates and venues of all 9 regional awards

See more highlights of the judging days and the awards in next month's Care Talk!

To nominate or for table bookings visit www.care-awards.co.uk



Care Talk on the road

Care Talk has a packed agenda of conferences and seminars ahead. We are proud to be media partners and supporters for some fantastic events, listed right.

Coming up

Care Association Alliance: Local Care Association Network meeting

Department of Health, Whitehall, London

9 October 2014

BILD Annual Conference

Conference Aston, Aston University, Birmingham

17 October 2014

National Children and Adult Services Conference 2014

Manchester Central

29-31 October 2014

Care England, Better Together: The Road to Integrated

Church House Conference Centre, London

13 November 2014

My challenge was nutrition

“If the CQC inspected us today, I could tell them the exact nutritional content of every single meal we serve”

Paul Swithenbank

Founder Chairman and Chief Executive,
The Willows, Blackpool

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Different perspectives on residential care commission findings



Leading figures from across the social care spectrum met to debate key elements in the recent report from the Burstow Commission on Residential Care, *A vision for care fit for the twenty-first century*, at a discussion event hosted by the Good Governance Institute and Care England last month.

Focus centred on innovation and technology in care homes.

Martin Green, chief executive of Care England, opened the discussion with an overview of the report and praise for how commission chair and former care minister Paul Burstow MP has always acknowledged the contribution residential care has made to the lives of very vulnerable people.

“This report is very much the start of the debate. What has come out strongly is the integration agenda.”

Martin Green said: “He talks about how we change the perception of residential care – renaming it ‘housing with care’ – and that it should be available to people in communities as well as to people who live in those services. I’m particularly pleased that innovation and technology features so highly in this report.”

Discussion chair Andrew Corbett-Nolan, chief executive of the Good Governance

Institute, introduced four perspectives from delegates with an insight into the importance of innovation.

Having sat on the commission for a year, Simon Arnold, managing director of Tunstall Healthcare (UK) Ltd, spoke from an industry angle. “We’re at a defining point around care provision for the UK and this report is very much the start of the debate. What has come out strongly is the integration agenda. It’s not just the housing sector that plays a part in provision for housing with care, but many sectors, and they all need to work together.

“The technology question was a difficult conversation at times due to cultural and economic issues. However, how people expect to live their lives is changing and the role of technology within it is changing.”

As a care home entrepreneur, Syd Coombes, chief executive of Active Pathways, explained: “We have to move at a stronger pace than before regarding technology. It’s about adoption and getting people to take a risk. We’re operating in an environment where we’re not paying people enough, from the cleaner, to the carer, to the operations director. Changing that will help the innovation cycle.”

Following on, Zoe Wyrko, a consultant in older age medicine at University Hospitals Birmingham NHS Foundation Trust, gave the clinician’s perspective. “I’m enthusiastic about incorporating the technology that we, as younger people, take for granted, into

health, social care and housing. Technology is not designed to replace people. What it does do is give a really good opportunity to ease the care burden of many relatives and friends and in that way enhance quality time with relatives.”

“We’re not paying people enough, from the cleaner, to the carer, to the operations director.”

Giving the system analyst’s viewpoint, Good Governance Institute partner David Goldberg said: “The only time you get innovation is when the incentives are aligned, and the incentives in this system are tremendously misaligned. The model I have found most effective for innovation is capitation – putting the provider at risk for the care, financially. And I mean with no downside protection.”

Further discussion and analysis continued until Martin Green ended with thanks to GGI for hosting the day’s symposium. He concluded: “This report is an extremely good start point. Our challenge now is to take it from rhetoric to reality. I think today was absolutely fantastic because what we got were some really clear and strategic ways in which technology could be used to deliver the vision of the Burstow Commission.”

Debra Mehta

For toileting in a care environment

One of the main regulatory criteria for nursing and care homes, and a basic human right, is to ensure the dignity, privacy and independence of their residents, particularly with regard to personal care and using the toilet. This is where Clos-o-Mat's shower toilets come in.

Clos-o-Mat's Palma Vita is an automatic wash/dry toilet that, via a retractable douche, allows the toilet user to independently clean themselves after toileting. The system puts the toilet user in complete control of their own toileting routine.



Clos-o-Mat's Care Package delivers...



- restored dignity and independence for toilet users
- little or no reliance on carers to assist
- consistency of care and cleanliness when toileting
- enhanced hygiene and feeling of wellbeing for users
- accessories available to make the Palma Vita useable by most people
- full after sales and servicing options available

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A good death is a right

The only things certain in life are that we are born and we die; and for care workers, one of the biggest challenges can be how they sensitively support people they work with in their final days and moments. A 'good death' is not only a positive thing for the individual but has a lasting impact for the family and those left behind.

Care workers not only support the person they are working with, but also families and friends who are often struggling to come to terms with the passing of their loved one. It might be someone dying in their own home, or in a care setting, because wherever that person chooses to die, the guiding principle has to be dignity.

"A key element to dignified end of life care is ensuring the different agencies and people involved in that process can work together."

Dying is not a subject many of us are entirely comfortable with, but it is a key part of quality care and support so a dignified death with the maximum choice and control is, in my view, a basic human right.

My own experience running a major social care provider tells me that on the whole we manage end of life care well. Given the sensitivities around this issue though, we can't ever assume that is an easy part of the job, or everyone just instinctively knows how to support someone in their final days and hours.

For instance, it might be a younger member of staff who has never seen anyone die, and it is worth considering that even for more experienced workers losing someone who they have built up a close working and personal relationship with can be very difficult. Factor this in with supporting a grieving family, plus the legal requirements associated when someone dies, and we can see how complex end of life care is.

It also needs to be remembered that end of life care is not necessarily just around the last days of life. Advanced care planning and the discussions around that are key to good end of life care. Social care workers are fundamental to this planning process.

Part of our job as the sector skills council is working with employers and other partners to create underpinning principles that care managers and workers can use to help teams think about effective end of life care.

We recently refreshed the common core principles and competences for social care and health workers working with adults at the end of life. People nearing the end of life often need specialist care and support but increasingly, people working in social and health care who are not specialists find themselves working with people who are dying.

This guide, developed in partnership with Skills for Health, is aimed at those non specialist workers, and their managers, setting out the principles for working with adults at the end of their life. It describes the underpinning competences, knowledge and values they need.

Another key element to dignified end of life care is ensuring the different agencies and people involved in that process can work together. Wherever someone chooses to die, it is almost inevitable that social care and health workers will be involved, but it would be naïve to assume that is always a seamless process.

"My own experience running a major social care provider tells me that on the whole we manage end of life care well."

That's why working with colleagues in Skills for Health and the National Council for Palliative Care we produced *Working Together: Improving end of life care through better integration*. This document has key messages that care and support is coordinated round the needs of the person, their family and their carers.

It was created after a series of discussions between carers and practitioners from different social care and health settings so the messages are rooted in real experiences. The messages are designed to be flexible enough to suit individual circumstances. What is fundamental in what can be a highly charged situation, is listening and valuing the experience and voices of everyone involved and using straightforward language.

To contextualise all that thinking we've produced a training pack called *Working together: Improving end of life care through better integration* to increase awareness and understanding of the importance of working together to support people at the end of their lives.

The pack includes a film called *It helps to talk* which, although fictitious, is based

on the experiences of people that we spoke to at a series of workshops held about end of life care. It tells the story of a person with Motor Neurone Disease who conveys her end of life wishes to her son and sister. It depicts how lack of communication between front line workers can cause unnecessary stress and upset to everyone involved with guidance on how to ensure this does not happen.

All of us hope we will end our lives in a dignified way where our families and carers are in some part comforted by the knowledge that care staff did everything they could. These support tools are an important part of helping make sure that a person's dignity is never compromised as they end their lives.

To download the pack go to www.skillsforcare.org.uk/endoflifecare, or DVD version will be available by emailing marketing@skillsforcare.org.uk

Sharon Allen

Chief executive officer

Skills for Care and National Skills Academy for Social Care



How to be a good...



CARE HOME MANAGER

Anne Maas, care home manager of Broadlands in Suffolk, believes that staff development is crucial to ensuring good care. Of her 14 senior team members, 11 are qualified to NVQ level 4, with the other three waiting to begin studying. None of them need that level of NVQ for the job that they do, but everyone gains from their additional training.

"They gain knowledge and the home benefits from the new skills they learn," says Anne.

The push to staff improvement began about six years ago. During supervision, some staff mentioned that they had enjoyed working on NVQ level 3 and would like to continue their development. Anne says the care home welcomed this attitude.

"Care is a changing world," she says. "It is good to keep up to date with learning."

"Some staff needed persuasion at first that extra qualifications would be a good idea."

There is a stable workforce at Broadlands with a very low turnover; many members of the team having been there more than a decade. Anne has been there for 20 years and has worked with the majority of the senior team for 15 years.

However, some staff needed persuasion at first that extra qualifications would be a good idea.

"It tended to be the older generation who thought they were too old. But they did it, and when they completed it, it gave them a lot of confidence at their achievement," she says.

The culture of the care home is supportive, with staff members helping one another along. Anne says that it has meant staff see NVQs as achievable whereas they otherwise

might have thought differently.

"They think, if everyone else can do it, then why not me? Now, of the 50 or so care staff that we have, there are only a handful who are not interested in development."

"The care home offered voluntary experience to school pupils who were hoping to take medicine at university."

The quest for development and further study was helped by the care home offering voluntary experience to school pupils who were hoping to take medicine at university. And, at holiday time, university students would work at the care home. Anne says it helped to bridge the gap between work and study by having colleagues who were already doing it.

"The students came from a background of studying so it wasn't a big deal to them but if people have not been developed then they can be reluctant to do it," she explains.

As a result of studying, staff have a greater awareness of the wider team. Anne believes that they have discovered the reasoning behind some parts of their job.

"They understand the importance of good record keeping. They know that it's not just paperwork for the sake of it, there is a need for it. It has also helped us work as a team because they have a better awareness of management responsibilities and tasks. We all have different types of job but it is not always apparent what other people's work



involves," she says.

Next on the learning horizon for senior staff is an NVQ level 5 on end of life care. Six staff members will be starting that this year, with the others beginning next year.

All the development work has obvious benefits to the residents. A well-trained team of staff who are motivated and supportive to one another makes for better quality of care, says Anne.

"At every level, someone will help, whether it is a resident or another member of staff," she says. "We are a good team."

Julie Griffiths

A good care manager means:

- having done the carers' job yourself, so you have hands-on experience
- working as a team with the other staff members – staff are as good as the manager and the manager is as good as the staff
- being open and honest with staff
- treating people well – they will do the same in return.

Taking the stigma out of assistive technology

Imagine a world where mobile phones existed but few people owned one, they were not advertised in the popular media or on sale in high street shops, and information on what they did – and what use it might be to you – was hard to come by.

That's the scenario Richard Haynes presents in his efforts to 'normalise' technology designed to help older and disabled people live independently and do the activities they want to. He believes individuals are missing out on practical tools that would make a big difference to them, and wants to bring products to consumers so they can see for themselves what is available, try things and compare different features to find technology that meets their needs.

"If we are trying to create interest, awareness and, in effect, new demand for telecare and 'life enhancing technologies', we cannot keep doing the same thing, which is to focus on the supply side and management of existing demand," he says.

Increasing demand is in line with Richard's view that the established definition of

assistive technology "desperately needs updating" to reflect its many forms and the fact that we all use a range of products every day, for various reasons, including to save time and money and to simply have fun.

"How many of us buy mobile phones, or any product for that matter, simply and only for this one reason of safety and being functional and independent (the outcomes suggested by the accepted definition of assistive technology)?"

"Seeing products in a 'normal' environment will destigmatise them more than any amount of inclusive design."

What it should be about, says Richard, is enabling people to be fully engaged citizens who can access a full range of employment, education and leisure activities. At the moment, he adds, too many occupational therapists and other care

professionals spend time encouraging people to use aids to daily living that end up gathering dust because they're a source of embarrassment or not what the individual really wants.

To test his theory that seeing products in a 'normal' environment will destigmatise them more than any amount of inclusive design, last year Richard introduced the Gadget Hub, an experimental pop-up shop, to a mainstream audience.

He entered the national Retail Factor competition, run by the Mall Fund, which operates six shopping centres across the UK that together attract 1.4m visitors every week. To get the funding and prime location he needed meant competing with finalists from established retail businesses selling familiar items like mobile phone covers and manicures.

"By contrast my business was based on a product range very few people had heard of," says Richard. Generally the price of the items he was selling was much higher – one lesson he learned from the experiment was to focus on generating interest to follow up later rather than the outcome of a pop-up



Retail Factor competition finalist 'Gadget Hub pop up shop' by The Community Gateway CIC taken by Richard Haynes is under licence by Creative Commons 2.0



shop being customers buying there and then.

The challenge was to have an operating retail business ready within three weeks. Luckily Richard has a retail background, and he was able to pull together all the elements on which the competition was being judged – such as a branding and promotions strategy, inventory controls and electronic point of sale systems (a way of receiving payment).

He also had to consider pricing, means of supply and how to recruit and train volunteer salespeople to make sure they gave potential customers accurate, ethical and appropriate information or could signpost someone to expert advice.

“I wanted it to look professional,” says Richard, who drove around the country to talk to technology manufacturers, many of whom were able to lend him products to stock the Gadget Hub shop. West Midlands Police, Dudley Council Telecare Service, Stonham Mental Health and the Our Place Community Hub Community Interest Company all helped him set up and run the kiosk during its two weeks of trading at The Mall Sutton Coldfield last spring. Pivotell, Easylink, The Carephone, Just Checking and Generation Boomer all kindly lent sale and return products.

“I believed what I was doing was right,” says Richard. “Hearing ‘telecare is too specialist and niche’ and ‘there is no consumer market’ just spurred me on.”

What became clear when Gadget Hub was up and running was that it had a broad appeal, and that the familiar kiosk format and central location encouraged all sorts of people to talk about their needs and the products they might find useful.

“Potential customers quickly struck up a rapport with our ‘shop assistants’ and were happy to share quite personal information.”

“It amazed me how many potential customers quickly struck up a rapport with our ‘shop assistants’ and were happy to share quite personal information. By having an accessible, physical presence we started to have conversations that enabled us to tailor messages about technology to each individual.

“These conversations went beyond specific labels of disability and instead focused on solving particular problems, like increasing safety for people walking their dog or on a night out. We talked to gadget buffs

who wanted to automate parts of their home lighting, heating and home cinema equipment as well as people who were a bit forgetful or had a poor sense of direction.”

There were experts on hand to talk about new technologies and give health and personal safety advice. In addition, supported by John Ruddock of TinShack, Richard’s initiative also provided classes on how to cook in style on any budget and in spite of any physical or other impairment, which all helped to attract the interest of a wide range of people.

Now Richard plans a national roadshow version of the Gadget Hub, starting in 2015 and visiting at least eight UK cities, and is meeting retailers and manufacturers to develop a collaborative approach that will increase awareness of ‘life enhancing technology’ that anyone can adopt to use in everyday life.

Richard and his colleagues at The Community Gateway CIC are committed to helping the care sector get the most from technology. Visit <http://thecommunitygateway.co.uk> to find out more. If you provide relevant products and services, and would like to collaborate with Richard or support the roadshow, please email him at richard@tcgcic.org.uk or call 07894 718300.

GET BETTER VALUE FROM CARE WORKERS AND GIVE BETTER, CONSISTENT QUALITY OF CARE IN ONE

clos mat[®]
hygiene beyond expectation

Care budgets can be more effective and the quality of care given enhanced - just by changing a toilet.

So claims Clos-o-Mat, Britain's leading provider of toileting equipment for elderly and disabled people. Its Palma Vita automatic shower (wash and dry) toilet enables people who would need the help of a carer to go to the WC without help.

Thus care workers can be redeployed to spend time on other duties. It also ensures users can go to the toilet when they need, without having to 'hold on' until their carer arrives. Users are always cleaned after toileting to the same, consistently high standard; it further gives them enhanced dignity, independence and privacy, and can help enable them to remain in their own home longer. Further, the adaptability of the Clos-o-Mat, with its raft of accessories, means it can be easily adapted to accommodate changing needs, extending its lifetime fitness for purpose.

The cost of a Clos-o-Mat is quickly recouped. Elaborates Claire Haymes, Clos-o-Mat's care & nursing home specialist: "We go to the toilet on average eight times a day. Helping people 'go' therefore takes up a significant amount of care worker time. Even at basic minimum wage for one

carer, dealing with one person, a Clos-o-Mat pays for itself in under three months."

Looking like - and capable of being used as - a conventional WC, the Clos-o-Mat includes built-in douching and drying, triggered simply by hand, elbow or body pressure on the flush pad, or optional soft-touch pad or infra-red proxy switch. The user does not have to deal with intricate or complex operating buttons. After toileting, retained pressure on the flush triggers simultaneous flushing and douching, followed by warm air drying. The douche has been specifically engineered to ensure accurate spraying and efficient cleaning.

A range of accessories including lateral and body supports, soft and bariatric seats, which can be added initially or retro-fitted, means the Clos-o-Mat can be easily adapted to accommodate the user's changing needs, extending its useability. Further, uniquely, Clos-o-Mat offers a recycling scheme whereby if a unit is no longer needed it can be factory-reconditioned and installed at a new location, additionally optimising use of budgets.

The Clos-o-Mat Palma Vita is the only unit of its type developed specifically for disabled and elderly people. Since Clos-o-Mats were first introduced, over 40,000 have been installed, many of which

are still in daily use over 30 years after first being fitted. The Palma Vita and Lima Lift are also the only automatic shower toilets made in the UK, and supported by in-house installation, commissioning, and after-sales service and maintenance. Full details plus technical information and case studies are available on Clos-o-Mat's website www.clos-o-mat.com.



THE 2014 REGIONAL GREAT BRITISH CARE AWARDS

NOMINATE NOW FOR THE GREAT BRITISH CARE AWARDS

Closing Dates are Fast approaching so dont delay in nominating.

All details can be found on the back cover.



Alzheimer's Society launches new training portfolio and consultancy service

In response to research, developments in adult learning and economic pressures on the care sector, **Alzheimer's Society Training and Consultancy** has developed an innovative, new training portfolio which includes shorter, more accessible and flexible training across all learning levels and skill areas. Leading the way in dementia training, the course portfolio is under constant development to ensure it remains evidenced-based and cutting-edge.

Courses – which all set the experience of people living with dementia at their centre – include;

Step Inside

An interactive skills-based course designed to equip anyone working alongside people living with dementia with the knowledge, confidence and desire to understand and walk with people on their journey.

Responsive Behaviours

Responsive Behaviours equips care workers with strategies and techniques to help them to embrace new approaches when supporting a person living with dementia.

Meaningful Occupation

This course enables participants to understand the importance of providing opportunities for people living with dementia to be involved, included and fulfilled.

Consultancy and Bespoke training solutions

Alzheimer's Society consultants work closely with organisations to assess their dementia skill base and develop a specific training package tailored to meet identified needs. This can include bespoke training on a variety of topics including nutrition, pain assessment, communication skills and coaching support.

For small organisations, open courses are available to individuals, or groups can be trained within the workplace. We can also enable key members of internal training teams to cascade programmes so their entire workforce is equipped with common skills and knowledge in dementia.

Taking a person centred approach, Alzheimer's Society Training and Consultancy provides outcome based solutions, increasing staff confidence and realising their potential to

enable compassionate and high quality support to people affected by dementia.

Resources

Alzheimer's Society Training and Consultancy also offers a DVD and CD Rom -Tomorrow is another day - designed to be delivered to staff working in residential care.

Assessment

Staff undertaking Alzheimer's Society training may wish to take the Foundation Certificate in Dementia Awareness, and look out for the joint award with the Royal Society for Public Health – 'Understanding Dementia' (level 2) - set to be the benchmark for Health and Social Care Staff.

T: 01904 567 909

E: dementiatraining@alzheimers.org.uk

alzheimers.org.uk/training

Alzheimer's Society launches new training course portfolio and consultancy service

Leading the fight
against dementia

Alzheimer's
Society

Training and
Consultancy



Alzheimer's Society training combines a person centred approach with up-to date research and evidence-led design, to provide high quality and innovative training.

We put people with dementia at the heart of everything we do. So our outcome based solutions enable compassionate and high quality support to people affected by dementia, which increases staff confidence and realises their potential.

Courses can be delivered within the workplace or as part of our county wide open course schedule.

Courses and dates 2014-15

Step Inside

Horsham	02/10/2014
York	07/10/2014
Sheffield	08/10/2014
Newcastle	15/10/2014
Cardiff	21/10/2014
Birmingham	28/10/2014

Meaningful Occupation

Sheffield	04/11/2014
Horsham	11/11/2014
Birmingham	12/11/2014
Newcastle	13/11/2014
Cardiff	19/11/2014
York	27/11/2014

Responsive Behaviours

Newcastle	02/12/2014
York	03/12/2014
Sheffield	04/12/2014
Birmingham	09/12/2014
London	10/12/2014
Cardiff	17/12/2014

Improving pain assessment and management for people with dementia

Newcastle	08/01/2015
Sheffield	13/01/2015
York	14/01/2015
London	15/01/2015
Birmingham	20/01/2015
Cardiff	29/01/2015

Person Centred Relationships

Birmingham	03/02/2015
Newcastle	05/02/2015
Sheffield	10/02/2015
York	11/02/2015
Cardiff	18/02/2015
London	19/02/2015

For more details about the courses and how to book, please contact us on:

T: 01904 567 909

E: dementiatraining@alzheimers.org.uk

Or visit our website

www.alzheimers.org.uk/training



Alzheimer's Society operates in England, Wales and Northern Ireland. Registered charity number 296645.

Undateable? Not me! People with learning disabilities want relationships just like everyone else



For all of us, friendships and relationships can be exciting and fun, with the potential for romance mixed with the risk of being hurt if things don't work out. The first step in beginning any new friendship or relationship is always a big one.

If you are a person with learning disabilities or autism, the first step can be more than big – it can be a chasm that's almost impossible to cross. Yet many people with learning disabilities want the same chance as everyone else to have friendships and relationships; it's often the thing they say they miss most in their lives.

“In the past, many people thought ‘dating, relationships, sex? That’s not for people with learning disabilities’.”

In the past many people, including families, thought, ‘dating, relationships, sex? That’s not for people with learning disabilities’, or ‘that’s not for my son or daughter’. Contraception? Marriage? Babies? No chance. Taboo subjects in the lives of people with learning disabilities.

Thankfully, times are changing, not for all

but at least for some. The first challenge is usually how to get the chance to meet someone in the first place!

Kate Brackley had a job, her own flat, and support to help her be independent, but she wanted a relationship. “Difficult relationships in the past had knocked my confidence”, she says “but then, amazingly, I got the chance to appear on Channel 4’s *The Undateables* – I had the time of my life!”

After two years together, Kate and her boyfriend have recently parted amicably, but she enjoyed the experience. “I’ve got renewed confidence about relationships and how good they can be; I’m now ready to move on again.”

Kate did all this on national television, but she had the help of her local advocacy group, Our Way in Worcestershire, to help find a partner. This is the kind of support that can make all the difference in the crucial early period.

Mates and Dates has over 250 members across Oxfordshire. It runs regular social events – including speed dating nights – and can support adults with learning disabilities to make new friends, to date and to develop relationships. It has many members who have built really strong and lasting relationships.

“I’ve got renewed confidence about relationships and how good they can be; I’m now ready to move on again.”



The Mingle group is part of Mates and Dates, and provides a safe environment where people with learning disabilities who may be looking for a relationship with someone of the same sex, or just feeling sexually unsure or different to everyone around them, can meet and socialise and maybe move on from there in a supported way. The group is really successful and has made an important difference to the lives and happiness of many of its members.

So, what do you do if someone you support asks how they can get a boyfriend or girlfriend? The first response should be to rule it in, not rule it out; to say ‘why not?’, and then to start looking for a local group or special events where you can begin to bridge that chasm, to make it possible.

Keith Smith

Development manager
British Institute of Learning Disabilities (BILD)



Useful links

You can find information and resources, as well as links to some organisations offering local dating support, at www.bild.org.uk/relationships

BILD’s app *Talking about sexual and social relationships* is available to download from Apple and Android app stores – when a picture’s worth a thousand words, this can really help!

Get in touch with Mates and Dates and Mingle, in Oxford, at www.matesndates.org.uk

More mobility means less hassle

The use of mobile technology is growing rapidly in the care sector as more organisations become aware of the operational and commercial benefits that are achievable.

Julie O'Connor, head of mobile products at Advanced Health & Care, explains why 'going mobile' creates a hassle-free environment for care workers as the company brings out a new wave of mobile technology – the iConnect solution launched on Android devices.

Mobile technology is good news for the care industry and the evidence is clear. A survey by leading technology media company International Data Group (IDG), entitled *Moving into a consumer IT model*, found that 74% of companies thought the service their mobile staff provided was important or extremely important, and the numbers are only increasing.



When an organisation is made up of purely mobile workers, as is the case in home care, it's important to be sure that the work mobile care workers do is made as hassle-free as possible. So how can mobile technology help? Here we explore three reasons why 'going mobile' is beneficial for the care sector.

1) Reduction in administration time
The problem with printing paper rosters is that as soon as they are printed, posted or collected they are out of date. If a service user has to change their visit time, a phone call has to be made to the care worker. If someone calls in sick, their visits need to be covered, so numerous phone calls have to be made to arrange cover. If a service user queries their visit durations on their invoices, hours are often spent cross-referencing paper timesheets and questioning staff.

'Going mobile' removes all of this. By replacing paper rosters with electronic schedules that are delivered directly to a mobile device, a care worker can send immediate updates to schedules. If someone calls in sick, a simple group text message is sent out and the first to reply 'yes' is allocated the visit.

Mobile devices also offer various options for clocking into a visit, whether the technology is based on a phone location via satellite (GPS), image capture or the more reliable 'near field communication' (NFC) technology, as seen in contactless payments. Actual visit arrival and departure times are captured in real time to ensure complete transparency between the care worker and service user.

2) Reduction in travel time
If care workers no longer have to go to the office to collect and deliver their paper rosters this can immediately save an organisation an average of 30 minutes per care worker per shift (based on care workers living within 10 minutes of the office and visiting at the

beginning and end of their shift).

Not having to stop to take calls to update paper rosters will also save a considerable amount of time during a care worker's day. While many care workers have satellite navigation installed in their cars, it takes time out of a busy schedule for a care worker to input all of the addresses for the day. At the touch of a button – or screen in the case of smartphones – a care worker can open a mapping application that is linked to their schedule. This has the ability to advise them of the quickest route and also informs them of real-time traffic issues.

3) Ability to increase staff satisfaction
It's no surprise that when employees feel valued they will be more positive in their work, resulting in increased productivity. Care workers do not choose their profession because they like spending time filling out forms. They want to provide the best care possible to service users. Knowing that they have the full details of a service user's preferences and care history available at their fingertips means that the care worker is able to offer a much more personalised visit. This could then be the difference between a care worker leaving the service user's house feeling valued and appreciated or not.

With greater pressure on care workers to provide more care in less time, mobile technology can easily increase their productivity and as a result improve the service.

Offering your staff a mobile device instead of a paper roster is becoming more popular as domiciliary providers grow to understand the additional benefits they can offer to the workforce. To find out how Advanced is helping over 36,000 care workers be more efficient, call 01233 722670 or visit www.advancedcomputersoftware.com/android.

Toileting aids in a care environment

clos^omat[®]

One of the main regulatory criteria for nursing and care homes – and a basic human right – is to ensure the dignity, privacy and independence of service users, with particular regard to personal care and using the toilet.

Simultaneously, home operators have to comply with health and safety considerations for both residents and staff: the latest statistics from the Health and Safety Executive reveal care home providers reported 11,000 work-related accidents in the UK. People handling is the most common cause of injury to staff, and low falls caused five fatalities and over 150 major injuries to residents.

Use of good bathroom/toilet/washroom design and appropriate toilet aids can have a significant positive impact on addressing these issues.

In addition, residents have enhanced perception of their independence and greater dignity. Carers are 'freed' from toilet duties for other tasks. Even if used by just one resident, within three months even the most expensive items covered below will have paid for themselves*.



Design

Level access reduces the risk of tripping, and makes it easier for manoeuvring of wheelchairs, shower chairs and walking frames.

Colour and texture help users with reduced or limited visibility navigate around more easily.

Toileting aids

Automatic shower (wash and dry) toilets

The aim of an automatic shower toilet is to provide independence and dignity in toileting. It has added benefits of improved personal hygiene, reduced risk of infection and carer involvement. It combines a toilet with integral douching and drying, eliminating the need for manual cleansing with toilet tissue.

Whether the user is disabled or not, inevitably someone is cleaned better with a shower than with toilet tissue. Hand to body contact is eliminated, along with all associated issues of cross-

contamination through failure to wash hands etc. The fundamental reason for a shower toilet is to effectively wash the anal area.

Cleaning with toilet tissue requires manual, mental and physical dexterity, flexibility, and balance. Cleaning with a shower requires only the ability to sit in the right place and trigger a mechanism.

The toilet and seat also need to be at a suitable height and angle to accommodate the transfer technique, and then ensure the user is properly and safely positioned, and sat back on the toilet, providing support. It also needs to accommodate diverse shapes and weights, especially with the growing incidence of obesity.

The controls need to be easy to operate regardless of manual dexterity and strength and upper body manoeuvrability.

Options include basic bolt-on, wall-hung and floor-mounted, and height-adjustable variations. Some models can be tailored to specific requirements by the specification of appropriate accessories, such as lateral body support arms.

Toilet and shower lifters

Toilet lifters are fitted over the WC, and replicate automatically the natural movement of standing and sitting. They help people with limited mobility get on and off the toilet with little or no carer assistance, keeping their feet on the floor and maintaining their centre of gravity to ensure balance.

Shower lifters operate on the same principle, positioning the user over a shower seat.

Hoists

A ceiling track hoist allows carers to transfer clients from one location to another within the room easily, with minimal weight transfer/loading and with improved safety for both.

Washbasins

A height adjustable washbasin enables both ambulant and wheelchair-bound residents to use the same basin safely and comfortably without unnecessary bending or stretching.

Changing bench

A wall-hung and mobile height-adjustable changing bench allows users to lie down when being showered or changed. A front rail slides away when not in use, facilitating transfer, yet ensures the client is safe when on the bench, while still allowing access for the carer.

You can find more information in the white papers *Design Guidance & Considerations for an Accessible Bathroom/Wetroom and Considerations & Impact of Toileting Aids in a*

Care Environment. They are available as free downloads at www.clos-o-mat.com.

The Clos-o-Mat automatic shower (wash and dry) toilet was the first product of its type in the UK, and is still the biggest-selling automatic wash and dry toilet. Over 40,000 units have been sold since it was introduced some 50 years ago, many of which are still in daily use more than 30 years after being first installed.

Today the Clos-o-Mat Palma Vita floor-standing automatic toilet is the industry benchmark, being the only one of its kind developed specifically for disabled people and to achieve Medical Device Class 1 certification.

Clos-o-Mat has extended its expertise to now offer a range of accessible toilet, bathroom and wetroom equipment, including shower chairs, ApresShower body driers, and the Aerolet range of toilet lifters.

The company delivers in-house design advice, supply, installation, commissioning and aftercare service and maintenance through its own dedicated team of engineers.

***Eight average trips to the toilet per person a day x basic minimum wage per hour x 30minutes per trip**

Claire Haymes

Care home specialist
Clos-o-Mat/Total Hygiene



End of life care – Getting it right

In June 2014, in response to the removal of the Liverpool Care Pathway, the Leadership Alliance for the Care of the Dying produced five new priorities of care for those patients in the last few days or hours of life, known as *One Chance to get It Right*.

The priorities for patients in the last few days or hours of life are as follows.

1. The possibility is recognised and communicated clearly, decisions are made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and revised accordingly.
2. Sensitive communication takes place between staff and the dying person, and those identified as important to them.
3. The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.
4. The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.
5. An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, coordinated and delivered with compassion.

“56% of residents are expected to die within a year of admission to a care home.”

These priorities need to be implemented by all professionals involved in end of life care, and each resident's plan of care must be reviewed by a senior clinician at least daily. This has implications for care homes and their staff as 56% of residents are expected

to die within a year of admission to a care home.

Across all the recommendations the need for good communication with residents and those important to them is highlighted. It is so important that all staff working with frail older people provide the opportunity to discuss and document their future care wishes while they are able to discuss them.

These discussions can help to form part of an advance care plan that captures the information and forms part of the documentation, which can then be incorporated in the resident's individual plan of care for the last days of life. This is not easy to achieve in a care home where 80% of residents have dementia or a severe memory problem (according to the 2013 Alzheimer's Society report *Low Expectations: Attitudes on choice, care and community for people with dementia in care homes*).

Having such conversations may not be easy, but it is vital to ensure that residents have an opportunity to express their needs, requests and fears. When discussions are conducted well the resident and their family are often relieved to have had the opportunity to discuss their concerns and worries. Training provides staff with the tools that they need and an understanding of how to approach patients regarding their advance care plan. These conversations are certainly made easier for the resident if they know and trust the professional having the discussion.

Future care planning for residents without capacity also needs to be considered and documented. This can be more challenging and takes time. Staff need to capture information about the resident's past values and views from those most important to them. This may also involve referral to an

independent mental capacity advocate (IMCA) or arranging a 'best interest meeting'.

Successful implementation of the five priorities of care will rely on more than documentation. Ensuring the document is implemented well and understood by the staff, those important to the individual and, where possible, the resident, is crucial.

“When discussions are conducted well, the resident and their family are often relieved to have had the opportunity to discuss their concerns.”

In a busy care home this process will be easier when the home has undertaken a specific end of life care programme such as the Gold Standard Framework Care Homes. Where implemented, this programme ensures staff meet regularly to discuss and plan care for their residents, which in turn will have a positive effect on the care their residents receive.

Steph Storer

Gold Standard Framework facilitator
St Christopher's Hospice, Sydenham



Specsavers Healthcall: a name you can trust in the eyecare service

At Specsavers Healthcall we believe that everyone is entitled to the best possible eyecare service, including those who cannot visit an optician unaccompanied.

Our opticians conduct both home and care home visits, delivering a service that focuses on the specific needs of the individual while also offering unparalleled value and choice.

It's all about making life easier for you and better for your residents, which is why we've included below details of how we have developed a comprehensive and easy-to-use service.

A familiar face

One of the first benefits of the service is that Healthcall customers will have consistent teams, meaning that your residents get to know their optician. They will have access to two-person teams, comprising an optician and a customer services director.

We are in the business of caring and know that strong personal relationships have a big part to play in providing an effective service. Having a dedicated team also means that you'll only need one telephone number for all enquiries and that the optician is able to deliver a very personal service to every resident.

Personal eyecare for every resident

We have developed a unique support tool to help you care for your residents' eyes.

The Personal Eyecare package contains each resident's personal eyecare information, including results of their eye test, the glasses dispensed and top tips for staff to help individuals get the most from their vision. The double-sided A4 document has pictures of vision with various eye conditions such as cataracts or glaucoma.



Your Specsavers Healthcall optometrist will tick the box on the picture relating to the resident – so you're able to get a better idea of the types of vision problems they may face.

We understand that care home staff are extremely busy so we wanted to create a guide that would allow them to see, at a glance, each resident's eye care needs. The document is not designed to be a clinical record but gives staff the information they need, in an easy format, to help them care for their residents.

It is also designed to help care homes meet the Care Quality Commission's guidelines on supplemental health. Some care homes have already started to use the documents in selected areas ahead of a wider nationwide roll-out.

Value and choice

What's great about Specsavers Healthcall is that all patients will have access to a wide range of frames and lenses, as they would have available to them in a typical Specsavers store. Our opticians will be able to explain to each individual exactly what's available and which offer is the best value for them.

What's more, we want your residents to be completely happy with their purchase. If they have any concerns at all, within the first three months of purchase, we will put it right. No quibble, no fuss.

Once a resident has chosen their glasses, they will want them as quickly as possible. We have more optical laboratories than any other care home service provider, so your residents will receive their glasses in the quickest possible time.

Glasses with a professional touch

In order to make it easy for you to tell

whether a resident is wearing the right glasses for a particular activity, Specsavers Healthcall will engrave your resident's name into the frame and will also provide an indication of whether they're for near or distance vision and the month and year of dispense. The Personal Eyecare package will also show a photograph of the frames they have chosen whenever possible.

That's one less thing to worry about.

Designed to make your life easier

Eyecare is only one care service that you will be thinking about, so in order to make life easier for everyone, we store all customer records electronically, making them easy to access and retrieve if needed.

Other than signing the NHS forms, the only time we'll ask you to deal with any paperwork is when you need to share our quotations with family members, and even then, the family can deal with us directly or via your care home, whichever they prefer.

Optical training for staff

If that's not enough, we also offer optical awareness training, to help equip you and your colleagues with an understanding of a number of common eye conditions and how they might affect your residents in their day-to-day activities.

We care about care workers too

We are constantly reviewing our service based on the feedback we receive from care workers across the country. This allows us to make improvements, so that we can provide the best possible standard of care.

In fact, we will donate £5 to the Care Workers Charity, which supports care sector workers, for every completed customer satisfaction survey.

Dawn Roberts, Clinical director,
Specsavers Healthcall

Need more information? To book a visit from your local Specsavers Healthcall team, call 0800 198 1135 or visit specsavers.co.uk/home-eye-tests





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- UNDERSTANDS THE NEEDS OF YOUR RESIDENTS
- DELIVERS THE HIGHEST QUALITY OF EYECARE

At Specsavers Healthcall, we make the provision of domiciliary eyecare services as easy as possible for your care home residents and your staff. Our care home service includes offering the same value and choice that have helped make Specsavers the UK's most trusted optician. We also provide staff tools and training so managing residents' eyecare is straightforward.

To give you complete confidence in our service, experience it yourself using the vouchers below for a free eye test and money off your glasses at any Specsavers store.

To book a care home visit, call 0800 198 1135 or go to specsavers.co.uk/home-eye-tests

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Valid for one test booked on or before 30 November 2014. Present voucher at time of test. Cannot be exchanged for cash, used with other vouchers or redeemed by customers already entitled to a free NHS eye test. One per person. CODE 10825

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Personal finance experts would welcome self-funding pathway



Many financial advisers specialising in the elderly care sector want to work more closely with care providers, according to a survey by Symponia, the national organisation for care fees and later life planning advisers.

Over 100 financial advisers responded to the poll to ascertain their views on working with care homes and care at home providers.

100% said care homes should work more closely with financial advisers.

96% agreed that care home managers do not always appreciate how important it is for them to engage with financial advisers.

90% would support Symponia in creating a simple and recognised pathway for care home managers to follow.

Advisers were also asked about the rapidly growing home care sector. The majority (88%) thought that home care

would play an increasing role in the delivery of elderly care; the other 12% were unsure.

However, this market remains largely untapped to date, as 72% of advisers surveyed said they refer less than a quarter of their clients to homecare agencies. The rest said they refer between a quarter and half of their clients to home care.

Nearly two thirds (64%) of those polled said that access to clients at an earlier/younger stage in the care journey would increase this number, although 12% thought it would not and 24% were unsure.

Janet Davies, managing director and joint founder of Symponia, says: "Many care home managers appreciate fully that all

privately funded residents should seek advice and have forged relationships with their own local, or preferred, advisers. But this approach is not universal, with some managers unsure who to refer residents to, and others who only point people in the direction of financial advice if the family asks.

"There's nothing wrong with this and we wouldn't want the personal, face-to-face contact to stop; managers need to have faith in anyone they refer both actual and prospective residents to. Historically care home managers have only referred obvious self-funders to advisers; this means that those being funded by the local authority, or self-funders who do not ask the right questions, could fall through the net.

"Currently, there is no defined national pathway to follow; 90% of our members think there should be, with a unanimous 100% believing that a greater mutual partnership with care home managers could help countless more families.

"Club Symponia provides a solution. Designed to offer vital, online 24/7 information to everyone facing care, regardless of their situation or means, it can also provide the universal signpost that many care home managers seek, together with a platform for the more hands-on and personal relationship that can be delivered by local advisers."

For further information, visit www.clubsymponia.org



Bluebird Care

Bluebird Care is one of the fastest growing homecare companies in the country, with almost 200 offices around the UK delivering 20,000 customer visits every day. Offering the highest quality service to customers is their raison d'être. At the heart of the operation is Bluebird Care's director of operations, Fiona Williams, an authority on care and widely respected industry figure.

“Fiona wants to make working in care a profession that is akin to nursing or teaching.”

Starting her career in care working for NHS Scotland in mental health services, Fiona's passion for care flourished after working to bring people back into the community following long periods of hospitalisation.

She later decided that she wanted to have a bigger impact on the people she cared passionately about and on the future of the industry. Fiona gravitated towards a leadership role and held senior positions for a variety of care organisations before moving to Bluebird Care in 2012 as director of operations.

Fiona is driven to improve the core of the care sector. She explains: “Our sector focus sometimes leans too heavily towards regulation. While regulation is extremely important, I feel there is often a risk that the intensity of this focus does not always fully consider the people we care for or the people we need to bring into the sector to deliver care and support, and I want to change that.”

By developing relationships with regulators, politicians, the media and the general public, Fiona is ambitious to address the challenges for the social care sector head on. “Staffing and recruitment is one of the key challenges the industry faces,” she says. “That's why we're focusing on creating strong career pathways for our staff, and working hard to change people's perceptions of care as a profession. It can feel like the media and politicians promote a negative narrative of care work, when there's a really positive story to tell about the

care sector, the exceptional people that work within it and the people we help every day in our jobs.”

Fiona has recently introduced a new pilot project aimed at rewarding care workers for their hard work, and encouraging people to consider a career in the industry. Above all, Fiona wants to make working in care a profession that is akin to nursing or teaching.

“People are going to be living for longer in this country, and developing more complex care needs. As a business, we need to be able to respond to this and make sure we have the right staff, who are trained to provide care and support.”

And Fiona is keen to emphasise the opportunities a career in care can offer. “There's actually a really strong career pathway in the care sector. At Bluebird Care you can work up to being a manager or even run your own business, if that's what you want to do, and we're here to support that.”

After 25 years working in care, Fiona can still be surprised about the impact the profession can have on those who dedicate their lives to helping people. “I recently spoke with a school leaver who, having never thought of working in care before, did work experience with one of our businesses, and I was shocked at the impact it had on her. She had realised such a passion for care, and for providing a lifeline for the people we are privileged to help every day. It really brings it home how important the care worker's role is and how dedicated they are to their job.”

Fiona believes that some of the changes being brought in by the Government and regulators, such as the Care Quality Commission's new fundamental standards, which come into effect next year, will have a positive role in making sure the



▲ Fiona Williams, Bluebird Care director of operations

industry operates at the highest standards. However, it's important that changes happen seamlessly to ensure the minimum disruption for the sector.

“We're focusing on creating strong career pathways for our staff, and working hard to change people's perceptions of care as a profession.”

At Bluebird Care, service quality is the top priority and Fiona is determined that the business will be the provider of choice in the sector by providing the very best care for customers and promoting care as a profession. “We all have this passion, and we all have this internal drive at Bluebird Care to be the best we can be,” says Fiona. “I get up every morning and I feel driven to go into work and be a champion for what's best in this industry. I feel like we are genuinely making a difference.”

Business round-up

Care providers

Belong Warrington opens to the public



Belong Warrington, a new state-of-the-art £9.5m care village, is now open on Loushers Lane, Warrington. Facilities at the care village include a bistro, hair salon, exercise studio, function rooms and therapy rooms, all of which are open to members of the wider community as well as people living within the village.

Care services, including home care, 'experience days' (day care centred in the village amenities) and an Admiral Nurse service for people with dementia, all operate from Belong Warrington. Belong is recognised as an international leader in dementia care, based on a village model that combines specialist care with choice, independence and an active lifestyle.

Designed by Manchester and London based architects Pozzoni, specialists in 'personal architecture' and designing for the needs of older people, the new care village was built by the Warrington-based Cruden Construction. Belong Warrington is the fifth community care village to open in the north west, following in the footsteps of successful sites in Macclesfield, Crewe, Wigan and Atherton.

Former accountant launches SureCare franchise in Merseyside

A leading care company has launched its first franchise in Merseyside, providing elderly people and children with a range of services.

SureCare Merseyside has been set up by former accountant Keith Hume.

The franchise, which has its office in Waterloo, will initially provide clients with a comprehensive range of home, companion and childcare services across Liverpool and



Sefton.

Home services include making beds and changing linen, laundry and ironing, shopping, preparing meals and washing up. Companionship can include assistance attending hospital appointments, collection of pension and benefits, boardgames and walks.

Keith decided to launch the SureCare franchise after carrying out research that revealed that there was a gap in Merseyside for a high-quality, innovative care provider.

Chartered management accountant Keith was able to make the investment in the franchise after taking redundancy following more than 25 years working in management roles in the manufacturing industry.

Luxury care home brings jobs to Gerrards Cross

Employment prospects in Buckinghamshire have been boosted following the opening of a new five-star luxury care home, which is expected to create up to 50 jobs.

Buckingham House in Gerrards Cross is the latest care home launched by Maria Mallaband Care Group (MMCG) and provides nursing, dementia and residential care to residents.

Facilities at the home include a café, dining rooms and spa, as well as landscaped gardens. A dozen residents have already signed up to live at the 53-bed home, which hosted its grand opening last month.

Jill Shearer is senior operations manager at MMCG and has worked at the company for 12 years. She says: "MMCG prides itself on embracing the local community in all the areas in which we work. As Buckingham House evolves, we look forward to forging strong relationships with the local area, something which is strengthened by employing local people and providing long-term sustainable careers.

"Being new to Gerrards Cross, we are privileged to be central to such a beautiful location and have already been very warmly welcomed by those who live here."

Devon couple purchase residential home and retain staff with bank support



L to R Clive Rowe healthcare banking consultant at Lloyds Bank Commercial Banking, Marcus Lyward and Lorna Turner

A couple from Devon have invested in a care home, securing the jobs of its 21 members of staff and continuing care for the elderly, with the support of Lloyds Bank Commercial Banking.

Court House Residential Home in Cullompton can accommodate 23 residents and was bought by Lorna Turner and Marcus Lyward with the support of a £598,000 loan after the previous owner decided to focus on business interests elsewhere.

As the care home is near full capacity, the purchase has enabled the residents to keep their home, and the couple are now planning to hire additional staff over the coming months.

Lorna will be looking after the finances of Court House while Marcus, who has more than 25 years' experience in the care sector, and previously owned a residential home for the elderly specialising in dementia care in Cornwall, will oversee the care of its residents.

Court House was sold by specialist care home property advisers Christie + Co, after being put on the market in February. It generated interest from a range of purchasers, with the sale being agreed in May and completion taking place at the beginning of September.

Business round-up

Heritage Healthcare welcomes first franchisees



Heritage Healthcare has announced the appointment of its first three franchisees, who have completed their induction training.

The 10-day training course covered a variety of subjects across all aspects of the homecare business and is designed to give franchisees the necessary skills and knowledge to run a thriving homecare business.

All franchisees are awaiting the relevant registrations and are really excited about opening their operations and starting to provide a high-quality care service to clients in their area.

Jameela Rangoonwala is taking on a Cardiff franchise, Archita Raval will be providing a care service to the Brent and Harrow communities and Ivan and Daniela Coutinho will be caring for clients in Ealing.

The Heritage Healthcare franchisees will arrange for carers to assist people of all ages in their own homes with practical and personal tasks. This may be for a short while, after an accident or an illness, or it might be long term due to age, disability or other health problems.

Movers and shakers

New chief executive for Voluntary Organisations Disability Group

Dr Rhidian Hughes has been appointed as the new chief executive of the Voluntary

Organisations Disability Group (VODG).

Announcing the appointment, VODG chairman Clare Pelham said: "Rhidian's wealth of experience within social care and health make him ideal for this important role. His talents and vision will enable the VODG to go from strength to strength as the leading membership charity for third sector care providers. It could not be a more important time for disabled people to have a strong voice for publicly funded, good quality support to be available for all who need it."

Rhidian commented: "I am driven to seek ways in which to improve the lives of people who use care and support services.

"I am delighted to be taking on this new role. I look forward to working with members and stakeholders to ensure that the right funding, policy, regulation and partnership arrangements are in place to enable providers to deliver great social care."

New Care Projects appoints in-house physiotherapist



New Care Projects LLP is continuing its commitment to an 'enablement' approach with the appointment of Charlotte Brookes as group head physiotherapist.

Charlotte joins the team following the recent appointment of Elaine Miller as group head occupational therapist, and the two comprise a formidable team when it comes to resident care.

Charlotte will be responsible for assessing the individual physiotherapy needs of residents and providing bespoke programmes to maintain their overall health, wellbeing and mobility capabilities.

Working one-on-one with residents, she will develop individual exercise programmes, monitor their effectiveness and provide walking or mobility aids as required. She will also use holistic physiotherapy interventions to help identify and prevent the risk of falls, and educate other members of the team with regards to posture and seating, safety, prescription of daily exercise and individual care plan implementation.

Property

Construction milestone celebrated at Cheadle care home



Care UK has moved a step closer to delivering a new £9.4m care home in Cheadle, Cheshire, with a topping out ceremony held on site to mark the latest construction milestone.

Representatives from Stockport Council and construction partner GB Building Solutions joined forces with Care UK to place the final capping on the flat roof of the home situated within Abney Park, which when complete will offer places for 80 people.

Partway through the 62-week construction programme, the new development, named Abney Court, is on track to create up to 100 jobs and will welcome its first residents in early 2015.

£8m care home plan for former TA site



A new multi-million pound care home with nursing facilities is being planned for Shrewsbury by Shropshire's largest independent care provider.

Not-for-profit Coverage Care has applied for full planning permission for the 90-bed home on land occupied by the former Territorial Army centre on Sundorne Road.

The proposed £8m project is the latest in a series of new-build care home developments by the company in Shropshire over the last four years, as the county begins to see the impact of an ageing population and increased demand for both residential and nursing care.

If granted planning permission, the Shrewsbury home is destined for a 2016 opening and is expected to employ more than 120 staff in a mix of full and part-time jobs.

Avens care home receives approval



Care provider Avens has opened and is now operating its third care home, which was acquired for them by investors in December.

Previously a 27-bed residential care home for the elderly, the property in Raunds, Northamptonshire, has been redeveloped in order for Avens to offer care to 14 adults with learning disabilities in first-class surroundings.

The building, which was vacant for several years, has undergone extensive renovation and refurbishment, has been registered with the Care Quality Commission and is welcoming its first residents.

By utilising the existing space differently, room has been allocated for the installation of top-of-the-range en suite facilities to all of the expansive property's bedrooms.

The home, formerly called Kingfisher Residential Care Home, will be known as The Ferns and will double Avens' provision of residential care in Northamptonshire.

Avens chief executive Christopher Andrews says: "The property is now ready and I'm delighted to have received approval to start operating from the CQC. I'm pleased with how this project has run from its beginning to end. As an organisation we are passionate about delivering excellence in care, and I'm looking forward to

leading the company into this new venture, which will expand the range of services we provide for local people with high dependency needs.

"Julie Morrison, formerly manager of our successful supported living operation, has been appointed as the manager of The Ferns and will bring her knowledge and expertise of the care industry to assist me in the running of the new home."

The Ferns will provide employment and training for 25 people in Raunds and the company is actively recruiting staff. Avens provides all employees with training and support on-site through its own award-winning City and Guilds accredited training department.

THE STATUTORY DUTY OF CANDOUR AND DEMONSTRATING COMPLIANCE

Recently the Government has been consulting on changes to the regulation of the health and social care sector. Included in the consultations is the idea of the imposition of a duty of candour on providers.

Following the consultations it was decided that the duty would be imposed on all health and social care providers registered with the Care Quality Commission (CQC). A distinction has been made between NHS bodies and non-NHS providers and different rules apply to each. The Government is yet to finalise the regulations that will introduce the duty of candour for non-NHS providers, but this article provides an explanation of what non-NHS providers should expect from the duty of candour.

The duty of candour will come into force for NHS providers from October 2014 but will not apply to non-NHS providers until April 2015. Therefore, April 2015 is a significant date for non-NHS providers as it will see the introduction of new laws imposing the duty of candour alongside the new fundamental standards of care and the fit and proper person requirements.

What is the duty of candour?

The duty of candour is essentially a requirement for providers to be honest and open about the care provided to service users. Specifically, the duty will require all health and adult social care providers registered with CQC to be open with people when things go wrong. The regulations will impose a specific and detailed duty of candour on all providers where any harm to a service user from their care or treatment is above a certain harm-threshold (i.e. considered a 'notifiable incident'). The duty of candour will be a legal requirement and CQC will be able to take enforcement action where breaches are identified.

It will be an offence to fail to notify a service user (and/or their representative) that they have been involved in a notifiable incident. The regulation will set out certain actions that a provider must take as part of the process of notifying the relevant person, and failure to carry out these steps is also an offence. Such actions include providing a written notification containing an apology for the harm caused. An offence carries a maximum penalty of £2,500.



In its consultation, CQC has stressed that the duty of candour applies to organisations, not individuals. Therefore, if individuals within an organisation do not act in accordance with the requirements placed on providers under the statutory duty, this will be an internal matter to be resolved by the provider themselves.

What is the threshold of harm?

The consultation has placed a distinction between the definition of harm for NHS bodies and all other providers. NHS bodies will be subject to the healthcare harm definitions as set out in the regulations. All other providers will use the pre-existing CQC notifiable safety incident harm definitions, as described under Regulation 18 of the CQC (Registration) Regulations 2009, to identify when a disclosure under the duty of candour applies. The use of existing definitions is intended to assist understanding and minimise the administrative burden on providers.

How to comply with the duty of candour

To implement the duty of candour, providers will need systems and procedures in place that ensure openness and transparency with service users and/or their representatives. In particular, the development of new policies and systems, including staff training on such systems, may be required to ensure that staff can identify and report harm appropriately.

The Department of Health states that CQC will require providers to be taking steps to ensure that there is good organisational management and leadership in place to encourage and support staff to be open with service users and to drive a culture change towards more openness and transparency.

Although the duty does not apply specifically to individuals, providers will be expected to implement the duty through staff across their organisation. Therefore, education and training should be provided to staff on the duty of candour in preparation for the implementation of the duty in April 2015.

Samantha Cox

Trainee solicitor
Ridouts

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Nomination closing date: 15th Sept

The Great Yorkshire and Humber Care Awards

Gala Dinner: 31st Oct 2014
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Nomination closing date: 18th Sept

The Great North West Care Awards

Gala Dinner: 1st Nov 2014
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The Great East of England Care Awards

Gala Dinner: 14th Nov 2014
Venue: Peterborough Arena
Nomination closing date: 23rd Sept

The Great London Care Awards

Gala Dinner: 15th Nov 2014
Venue: The Grand Connaught Rooms, London
Nomination closing date: 25th Sept

The Great East Midlands Care Awards

Gala Dinner: 21st Nov 2014
Venue: East Midlands Conference Centre, Nottingham
Nomination closing date: 1st Oct

The Great North East Care Awards

Gala Dinner: 22nd Nov 2014
Venue: The Hilton Hotel, Gateshead, Newcastle
Nomination closing date: 8th Oct

The Great South East Care Awards

Gala Dinner: 8th Nov 2014
Venue: Hilton Metropole Hotel, Brighton
Nomination closing date: 15th Sept

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