Nutrition Week Special

Focus on Integration

PLUS: National Nutrition Week
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- Care Act 2014 – impact on disputes over local authority fees
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Welcome to the March issue of Care Talk.

The focus for this issue is integration. Effective integration means that care and health shouldn’t be subject to borders and barriers. On page 15 Des Kelly, executive director of the National Care Forum, looks at the rising popularity of joined up services in the policy agenda.

Technology also has its part to play in integration. Paul Patarou from Access Health & Social Care, explores how integrating technology across health and social care is key.

Nutrition and Hydration Week 2015 from 16th – 22nd March, will see nationwide action across social and health care settings to raise awareness and improve understanding of the vital importance of good nutrition and hydration. Neel Radia, national chair of the National Association of Care Catering, talks about the importance and value of good nutrition and hydration in a care setting, see his article on page xx for more details.

Talking of nutrition, page 40, highlights a pioneering example of preventative social care in the form of a community cafe.

Another innovative example of promoting integration is The Principles of Workforce Integration. Skills for Care have partnered with other sector organisations to create this initiative. The principles underpin the idea that integrating services alone will not solve the problems of integrated care and support but it is the integration of how people work together which must take priority.

Finally as the closing date for nominations for the National Learning Disabilities & Autism Awards has no passed, we look forward to meeting the finalists at the judging day which takes place at Edgbaston Stadium, Birmingham, later this month.

Happy reading!

Lisa

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Care Act 2014 – impact on disputes over local authority fees

Recently there has been a steady stream of court applications by care providers challenging the residential care fee levels set by local authorities. Some challenges succeeded, some did not, and the last judicial word, from the Court of Appeal in 2013, seemed to tilt the balance significantly in favour of local authorities. However the Care Act 2014, and the Statutory Guidance under it, gives new grounds for challenge.

In these court applications, there have been three main issues. First, has the consultation which local authorities need to conduct before deciding new fee levels had mechanical flaws? Secondly, has the local authority observed its duties under the Equality Act 2010? And thirdly - the most common challenge – has the local authority paid sufficient heed to the actual costs incurred by care providers? It is on this third issue that the Court of Appeal gave its important ruling.

However, hot on the heels of this judgment came the passing of the Care Act in the spring of 2014, and the publication of Statutory Guidance in October 2014. New duties are now placed on local authorities to:

- facilitate markets that offer a diverse range of high-quality and appropriate services
- ensure provision remains healthy in terms of sufficiency of high quality care
- encourage a variety of different types of provider, and of services
- have regard to ensuring sufficiency of provision

The Statutory Guidance puts flesh on the bones of this rather dry legislative language, and explains that “Local Authorities must not undertake any actions which may threaten the sustainability of the market as a whole, that is, the pool of providers able to deliver services of an appropriate quality – for example, by setting fee levels below an amount which is not sustainable for providers in the long term” (my emphasis).

This is far clearer guidance on this issue than we have had before, and it re-opens the door for providers to challenge future fee levels. However it will not be enough for providers to show that the new fee levels will cause some contraction in the market. They will need to go further, and show the contraction leaves the market unable to provide the volume of services the local authority must commission, at an acceptable level of quality. Local authorities are not obliged to support any surplus capacity in the market above the demand for publicly-funded services.

“‘It re-opens the door for providers to challenge future fee levels’”

Of course, in an ideal future world local authorities and providers will work closely together, and agree rather than litigate. To try to facilitate this, the guidance stresses that authorities must develop a thorough understanding of “providers’ business and investment decisions”. It even suggests “working with providers on an ‘open-book accounting’ approach to cost current and future services and ensure provider sustainability”. That would be great change indeed.

Christian Webb-Jenkins
Partner
Browne Jacobson LLP
HCPC research examines preventing small problems from becoming big problems in health and care (Source: HCPC)

A new research report published by the Health and Care Professions Council (HCPC) offers a groundbreaking study of the triggers for disengagement in health and care professionals from Picker Institute Europe alongside a thought-provoking review of the literature on competence from Professor Zubin Austin of the University of Toronto.

Entitled ‘Preventing small problems from becoming big problems in health and care’, the research aims to explore in more detail the reasons behind some of the complaints against health and care professionals. The HCPC will use the outcomes of this research in workshops for employers, educators and registrants to generate discussion about how disengagement might be prevented.

Within his literature review, Austin offers a challenge to think differently about the ways in which we define competence, suggesting that constructs like teamwork, emotional intelligence, and engagement may help to shift us closer to the models of health and care that are fit for purpose in the twenty-first century. This has implications for education, training and practice at all stages in a professional’s career.

For more information visit http://www.hcpc.org.uk/mediaandevents/pressreleases/index.asp?id=850

One in five care homes ‘failing standards’ (Source: BBC News)

One in five care homes for older people in England fail to meet set national standards for safety and care, a report by ‘5 Live’ Investigates suggests.

Research by healthcare analysts, LaingBuisson, examined inspection records for almost 10,000 care homes, and found 20% had failed to meet at least one key quality measure. ‘5 Live’ found cases of residents washed in cold water or left with scabies. The CQC called the figures “disappointing”.

For more information visit http://www.bbc.co.uk/news/health-31173451

Thousands of care workers ‘miss out on minimum wage’ (Source: BBC News)

A study has suggested that over a tenth of UK care workers are being paid less than the national minimum wage of £6.50 an hour.

The Resolution Foundation think tank says its re-search indicates that about 160,000 people are losing out on an average of £815 each a year and that some firms wrongly did not pay-staff when they travelled between clients, on training or when “on call”.

Ministers said they were taking action against employers who broke the law.

For more information visit http://www.bbc.co.uk/news/uk-31258205

Are you ready for the fundamental standards? (Source: CQC)

CQC published guidance on 10.02.2015 on how the 46,000 health and adult social care providers and services across England can meet the Government’s new care regulations.

The new care regulations – called the fundamental standards – are to take effect from April, and so it is important that providers across the country know the sorts of things that they can do to make sure they are meeting them and also, how the regulator will use its new enforcement powers when its inspectors find out that people are not receiving the high quality, safe and compassionate level of care that people deserve.

For more information visit http://www.cqc.org.uk/content/are-you-ready-fundamental-standards

Plans for new legal protection for NHS whistleblowers (Source: Gov.uk)

A new report on progress made across the health system has been published, along with plans to protect those who speak up about poor care.

Culture change in the NHS shows how action is helping to make the NHS more transparent, safer and more compassionate since the Francis Inquiry.

To read in full, go to item 209 in this issue of BHCR under ‘NHS’ post.

For more information visit https://www.gov.uk/government/news/plans-for-new-legal-protection-for-nhs-whistleblowers

Innovations in health care happening today (Source: The King’s Fund)

The King’s Fund digital report brings to life examples of innovative practice from England and overseas to provide insight into future ways of changing health care for the better. Drawing on its Time to Think Differently programme of work, the multimedia material presents the views of patients, volunteers, clinicians and managers, and includes a variety of audio and visual case studies.

For more information visit http://www.kingsfund.org.uk/reports/thefutureisnow/?utm_source=The+King%27s+Fund+newsletters&utm_medium=email&utm_campaign=5343855_The+Weekly+Update%3a+12+Feb+2015&utm_content=futureisnowbutton&dim=21A8,36JCF,FLXC9D,BE9UN,1
Social Care Improvement: `no cause for complacency’ (Source: ADASS)

A major report into the quality and safety of adult social care services in England shows that sector led improvement, the means by which local authorities review each others’ performance is working well. However social care leaders have warned that “there are no grounds for complacency for either central or local government” in the report’s findings.

The report, published jointly by the Local Government Association and the Association of Directors of Social Services, shows that:

* Social care related quality of life is improving
* The proportion of people who say they have control over their daily life increased between 2011/12 and 2013/14.
* The proportion of people using social care who receive self-directed support and those who receive direct payments is increasing. However, reflecting the austerity of the age, the number of people receiving care is reducing year on year.
* The proportion of adults with learning disabilities who live in their own home or with their family and those in contact with secondary mental health services who live independently is improving.
* Some 44.5 per cent of people who used services reported that they had as much social contact as they would like.

For more information visit http://www.cqc.org.uk/content/care-quality-commission-publish-information-use-cameras-monitor-care

The Public Accounts Committee held an evidence session for the Committee’s inquiry. The session explored the issues raised in the National Audit Office report into Care services for people with learning disabilities and challenging behaviour.


Care Quality Commission to publish information on the use of cameras to monitor care (Source: CQC)

The Care Quality Commission (CQC) has agreed in principle to publish information for providers, as well as for people who use services and their loved ones, about the use of covert or overt surveillance to monitor care. Over the last year, CQC has been seeking views from people who use services, carers, providers, staff and other partners about this important topic.

CQC’s Board members have approved the information to be included in the final documents but have asked that the information for the public be written in a more accessible way. With this approval, CQC will publish the information shortly.

Chief inspector of Adult Social Care at the Care Quality Commission, Andrea Sutcliffe, said: “We know that exploring the potential use of hidden and public cameras in care homes and other care settings is a really sensitive issue – and one that provokes a huge range of debate and opinion.

“We have spent the past year really listening to people who are using health and social care services, their families, providers and partners on their experiences, anxieties and concerns that matter to them.

“The information we will publish for providers makes clear the issues we expect them to take into account – for example, consulting with people using the services and staff – if they are considering installing hidden or public cameras.

“I hope the information we will publish for the public will help them make the right decisions in difficult circumstances and I look forward to making sure that this information is written in a way that is most useful for them.

“I am clear that any form of surveillance cannot be seen as the only way to ensure people are receiving safe, high-quality and compassionate care. We need enough staff, properly trained and supported who really care to ensure people get the services they have every right to expect.”

For more information visit http://www.cqc.org.uk/content/care-quality-commission-publish-information-use-cameras-monitor-care


caretalk.co.uk

NEWSROUND

Learning Disabilities

Care for people with learning disabilities evidence session (Source: parliament.co.uk)

NHS

Francis two years on: What’s changed in the NHS? (Source: DH)

6 February 2015 was the second anniversary of the publication of the Francis Inquiry into Mid Staffordshire NHS Foundation Trust.

Sir Robert Francis’s Inquiry exposed inexcusable failings in care from 2005 to 2009.

It documented that patients often faced undignified treatment, a lack of compassion, and poor safety – which in some cases has devastating consequences. Staff who raised concerns were often bullied into silence, and the accounts of families who had spoken out were ignored.

The findings shook the NHS to its core. Health and care professionals from across the system pledged to act to prevent such a tragedy from happening again.

Next week, Health Secretary Jeremy Hunt will publish a full progress update on how this action is helping to make the NHS more transparent, safer and more compassionate.

While challenges remain, huge progress has been made across the NHS since Mid Staffs.

For more information visit http://compassionatecare.dh.gov.uk/2015/02/06/progress-overview-2-years-since-francis/

Workforce

Adult social services: new council work-force figures released (Source: HSCIC)

Statistics on staff employed by adult social service departments have been published by the Health and Social Care Information Centre (HSCIC). Personal Social Services: Staff of Social Services Departments, England, as at September 2014 looks at social services posts in local councils, but does not include information on the much larger group of social care staff not employed by councils, such as those working for charities and private companies, some of whom may be employed under council outsourcing arrangements.

This year the report provides more comprehensive information on the reasons for changes in the number of posts. Among the 76 councils which gave reasons for reductions, the top reason was restructure (cited by 54 councils as a factor in the reduction of 6,300 jobs), followed by outsourcing (18 councils, 4,500 jobs) and then redundancies (16 councils, 2,400 jobs).

For more information visit http://www.hscic.gov.uk/pubs/pssstaffsept14

For more information visit http://www.cqc.org.uk/content/care-quality-commission-publish-information-use-cameras-monitor-care

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Specialist housing and healthcare: integration in practice

The artificial barriers that have stood for so long between health, social care and housing are being brought down in a series of major developments across the country, thanks to work driven by Community Health Partnerships (CHP) and the public-private partnership (PPP) LIFT programme. Here we look at three prime examples.

A ‘first of its kind’ outside London

The idea for the award-winning Mill Rise Village in Newcastle-Under-Lyme grew out of the need for improved health and elderly care services for the local population. The communities of Knutton and Cross Heath were hit hard by the economic downturn and were identified as an Area of Major Intervention. With the need for a new primary care centre, as well as extra care housing facilities, those involved quickly realised an exciting opportunity to combine these in a landmark scheme. Commissioned by Aspire Housing and NHS North Staffordshire, no less than eight organisations came together to realise a shared goal to improve health and supported housing for the local population.

The resulting £15m development, combining a state-of-the-art health facility with community services, extra care apartments and retail and leisure facilities, was developed and delivered by Prima 200 as part of CHPs’ LIFT PPP programme. It opened in 2009, housing three GP practices, a district nursing base, occupational therapy and a range of outpatient services alongside 60 mix-tenure extra care apartments for the over 55s. The community room provides a site for antenatal clinics, language therapy and smoking cessation sessions, and the café, hair salon, landscaped gardens, hobby rooms and allotments mean people can live life to the full, while getting all the support they need.

Mill Rise has received many national accolades since completion, including awards from the Homes & Communities Agency and the Elderly Accommodation Council.

An alternative to acute hospital care

The East Ham Care Centre in Newham, London, shows how well the shift from secondary to primary care can work. The £21m centre provides older people in this diverse area with intermediate, respite and continuing care 24 hours a day. The service, which replaced many out-of-date facilities across the borough, offers a day centre, Elders Resource Centre and 78 beds in en-suite rooms used flexibly to accommodate admitted users’ needs. NHS and local authority service providers are able to provide seamless joint services, including dementia support, benefits and welfare advice, community nurses and falls and incontinence services in a relaxed environment, reducing admittance to acute care.

CHPs’ East London LIFT Company, Newham Council, Newham University Hospital Trust and NHS Newham worked closely with voluntary and community organisations in the area, and with older people and their carers, while planning the centre, which opened in 2006.

Specialist housing with care in Warwickshire

Plans for one of CHP’s newest projects were recently announced. The scheme, for Warwickshire County Council, will see specialist housing with care facilities built on four sites across Warwickshire to support people with physical and learning disabilities, mental health needs and sensory impairment. Construction for around 45 one bedroom apartments and 26 bedrooms in shared housing is expected to start in the summer through Arden Estate Partnerships (AEP), a public-private partnership with CHP, working alongside Comfort Care Services. AEP will design and deliver the apartments, before renting them to not-for-profit housing and support provider Regent Housing.

These projects are just a few of many that are breaking the mould and making true integration a reality, rather than a buzzword. For more information visit communityhealthpartnerships.co.uk
Turning a vision into reality

A better future is possible – and with the right changes, right partnerships and right investments we know how to get there.

NHS Five Year Forward View

The future mapped out in the NHS Five Year Forward View, published in October 2014, is built on integration and innovation. Here, Dr Sue O’Connell, Chief Executive of Community Health Partnerships (CHP), talks about its role in turning that vision into a reality for patients and professionals.

Care Talk: What stood out to you in the Five Year Forward View (FYFV)?

Dr Sue O’Connell (pictured right): The vision set out in the FYFV resonates strongly with so much of our work at CHP, but one of the things that stood out most was the clarity about what the future should, and must, hold for the NHS, in terms of patient control, and the dissolution of the traditional divides. The report focused on breaking down the barriers between family doctors and hospitals, between physical and mental health, between prevention and treatment, and between health and social care.

CT: How is CHP contributing to this vision of integration?

Sue: Integration can only flourish if we free the NHS, and the expertise and enthusiasm within it, from out-dated buildings and fragmented sites. Patients shouldn’t have to visit multiple professionals, in multiple places, for multiple appointments, endlessly repeating their details and concerns.

CHP and the LIFT Public / Private Partner (PPP) Programme have, over the past ten years, been supporting and creating an NHS estate that is more conducive to integration, across primary, secondary and community care. We’ve done this in a number of ways, including:

• Providing the infrastructure and framework that allows co-location and integration of local authority, NHS, GP and hospital services to work alongside mental health, community and social care services;
• Allowing GP practices to join forces to provide a broader range of services including those traditionally provided in hospital;
• Supporting the delivery of urgent care closer to people’s homes;
• Concentrating services into specialist centres.

CT: The FYFV makes several references to the challenges posed by an ageing population. What role does CHP have to play in helping to address this challenge?

Sue: Many facilities across the CHP estate provide services that respond to the needs of an ageing population and bring a greater range of services nearer to where people live. For example, the Milehouse Primary Care Centre in Stafford houses three GP practices and an NHS Dental Suite, alongside 60 one and two bed apartments for those aged over 55. The development is a real showcase for the successful combination of functional, state-of-the-art facilities and homely, attractive spaces that older people and their visitors can really enjoy.

Similarly, the Westbourne Green Community Health Care Centre in Bradford was designed to reflect the needs of the County Council, the health and social care professionals who deliver services on the premises, and the local residents. In addition to housing four GP practices, this healthcare hub also provides an 18 bed community hospital, allowing patients to recover and rehabilitate closer to home whilst receiving specialised intermediate care.

CT: Who is CHP working with to make this happen?

Sue: Through our Strategic Estate and Implementation Programme we’re working closely with customers across the NHS and wider public sector, including CCGs, service providers, Trusts and Local Authorities. We've re-established locally-led Strategic Estate Forums to aid discussion, planning and decision-making by bringing together the key partners in a given area, in order to change the way key services are delivered, now and into the future.

Read CHP’s full response to the NHS Five Year Forward View at http://www.communityhealthpartnerships.co.uk/five-year-forward-view-of-the-nhs

e: info@communityhealthpartnerships.co.uk
The 2015 Care Home Open Day is going to be themed around the arts and valuing staff.

Artistic appreciation and creativity, in its many and varied forms, are so important to all our lives and this recognition of the arts as an essential part of maintaining our wellbeing, should naturally be at the centre of all care services.

Sadly, many people do not understand the importance arts and culture play in our lives and often this is a neglected area in care services, but the benefits are plain to see, for people who use services, the staff and the general community. It is important that we all acknowledge that artistic expression has to be at the core of a good quality service and we must all think creatively about how we make this an essential part of any service.

“Many people do not understand the importance arts and culture play in our lives and often this is a neglected area in care services”

Last year we saw many care providers really embracing the philosophy of an artistic approach to well-being and we had some excellent examples of care services who embraced dance, music, painting, and various forms of creativity, in their activities on Care Home Open Day. It was due to this success that we decided to build on the whole idea and make it our theme for this year.

Care services are based in their local communities and, in the majority of cases, if you scan what is around you, you will find that there are many opportunities to engage the arts. Most areas have local museums, libraries, theatres, or amateur dramatic, dance or study groups. All these are very good places to start when you are thinking about developing a programme of work that you can incorporate into your care service.

One of the most important things when you are looking to provide a personalised care service, is to try and understand what things enrich the lives of residents. Reminiscence work with older people can also have a very artistic leaning and can connect with the way in which people have enjoyed the arts and bring back memories and associations that give people a feeling of well-being. Likewise, people with learning disabilities are often fantastically talented at some of the arts-based activities and this is a real opportunity for them to develop skills and rejoice in their achievements.

There are countless examples of how people with dementia have gained significantly from a connection with artistic activity. A good example was a lady with serious dementia who had not communicated for many years and when her therapist started to sing hymns that she had known in her childhood the lady connected, and started to hum the tune.

There is no age limit to enjoyment and no disability that should be the barrier to engaging with the arts and its many forms.

Research by The Arts Council showed that people aged between 50 and 70 are far more likely to attend arts events than the general population. Given this statistic, we should certainly ensure that just because people move into a care setting, does not mean that their access to the arts is now denied them.

There are also some significant benefits for people living with dementia who often connect with memories through the arts and music and this can be an important element of maintaining their sense of self and is often very helpful when reducing their feelings of isolation and anxiety.

“Reminiscence work with older people can also have a very artistic leaning”

One of the many good things that have come out of the Care Home Open Day is the way in which it gives an opportunity for care services to showcase their work. This increases public understanding of what care homes do and reduces negativity and stigma. One of the main challenges for care providers is to get local communities to come into their care services and understand exactly what they do. Having events that are focused on culture and the arts can be a really good way of bridging the gap between the community and the care service.

The previous two Care Home Open Days have been very successful, and we look forward to 2015 as the year of creativity and arts for all.

For more information and how to register for Care Home Open Day 2015, please visit www.nationalcarehomeopenday.org.uk or email info@nationalcarehomeopenday.org.uk

Professor Martin Green OBE, chief executive, Care England
Key supporters of the Great British Care Awards met recently for the newly formed Better Together Group which were hosted by Access Health and Social Care.

The purpose of the group is to review the awards and put together a joint marketing strategy and plan for the 2015 regional awards.

Lisa Carr, director of the Great British Care Awards said:

“As part of our endeavours to continually improve the awards and to work more effectively with our partners we have formed the Better Together Group. By working together and pooling resources we can further strengthen the awards and continue to raise a positive profile of social care.”

Susan Lee, managing director for Howden’s Care Division said:

“Howden Insurance are proud to be part of the Better Together Group, working to support The Great British Care Awards, which is ultimately about celebrating great care provided by the front line care worker.”
Shortages of homecare workers are a global problem, according to the World Health Organisation. Almost half of UK employers surveyed found it difficult to recruit care workers.

We’re feeling the implications of the shortages in the UK already - the admissions crisis in hospitals over this winter were partly caused by perceived ‘bed-blocking’ by older patients not able to get care at home - and the situation is only going to get more problematic. An ageing society and health policies that aim to move pressure away from hospital care means that by 2025 the UK is expected to need up to a further million homecare workers.

“What’s needed is the routemap and kick-start to professionalisation”

Part of the solution to shortages has been the use of immigrant workers within the EU. But this approach has only exacerbated the central issue: the low status of homecare work, low skills and low standards. There’s no EU-wide standard or regulation framework for these workers. Recruiters have no benchmark for good quality, meaning problems in enforcing standards and preventing mistreatment of vulnerable people. Migrant workers find it difficult to access CPD training and career development, and their existing skills are often poorly used.

Care work needs professionalisation, a clear route for all entrants into the area to get training and progress through to professional healthcare roles such as clinical support workers, nurses or physiotherapy. As a result, employees will be able to see a genuine career ahead of them, a future as a professional that’s worth working towards. At the same time, employers get more applicants, and more motivated staff. Most importantly, the standard of care for older people and patients will improve, be more consistent and reliable.

What’s needed is the routemap and kick-start to professionalisation, and that’s the aim of the newly announced HELPcare project (Healthcare Workers Employability Learning and Professionalisation). An EU-wide scheme funded by Erasmus+, the project will be led by Lancaster University Management School with partners from Greece, Poland, Italy and Bulgaria. We’ll be reaching out to those involved in homecare and healthcare for older people, including those in the informal economy and family members providing care for relatives, the informal economy and family members providing care for relatives.

“We’ll be reaching out to those involved in homecare and healthcare for older people”

The first job will be setting up a framework for the professionalization and regulation of care work that can be adapted and adopted across the EU. We’ll need to work alongside those currently providing home and healthcare services, vocational education and training establishment, and the commissioners of homecare for older people to develop the right model of cooperative Continuous Professional Development and training that works on a practical level. That means capturing best practice from those providers where professional status is already part of what they do, as well as looking at co-operative approaches to help voluntary carers, undeclared labour and low-wage employees to band together to access training.

Professionalisation will get to the heart of the homecare issue - but it’ll take concerted action from everyone involved to break the low status and shortages cycle.

Dr Carolyn Downs, Lancaster University Management School, www.lancaster.ac.uk/lums.

For more information on getting involved with HELPcare contact c.downs@lancaster.ac.uk
Focusing on the Person with Circles of Support for People with Dementia

An evaluation of one of the first initiatives in the UK to work with people with dementia to develop Circles of Support reveals benefits for those living with the condition, their family, friends and professionals.

The National Development Team for Inclusion and Innovations in Dementia worked with people with dementia and those supporting them for three years to test the development of Circles of Support and associated person centred tools and approaches.

“People living with dementia who took part in the pilot project are doing more of what they want to do and feeling less isolated”

A Circle of Support is a group of people who help the person with dementia think about how they can maintain or enhance their enjoyment of life and what support they need to do this. The group then works together, with the person with dementia at the heart of decisions, to create new connections and opportunities by bringing people and information together. A group can be large or small and often includes family carers, wider family, friends and professional supporters.

People living with dementia who took part in the pilot project are doing more of what they want to do and feeling less isolated. Other positive outcomes include the creation of mutual peer support groups, improved relationships with carers and enhanced social networks. This enhanced support can ultimately help people to achieve outcomes such as continuing to live at home and sustaining employment.

Tracie, who is involved in her Dad’s Circle said:

The Circle of Support joined up the dots for us...it kept my Dad at the centre, never forgetting that he is a person with feelings and needs like any of us rather than just a patient. Thanks to Circles of Support, my Dad attends a walking club, Singing for the Brain, and has met new friends – and all this gives my Mum a much needed break.

Staff at partner organisations at four different sites in the South of England, reported that their involvement in the project helped them to think and act differently when supporting people with dementia: more broadly and creatively, focussing on networks, and having different conversations about people’s lives.

Darren, a dementia support worker at Age UK Kensington and Chelsea said:

I think differently about how I support people – now I think about wider networks.

The evaluation report examines how the Circles approach can work for people with Dementia. Key factors for success include:

- Recognising that family carers need support too and allowing the Circle to support them as well as the individual
- Involving a range of people in the Circle: family, friends, colleagues and paid professional supporters
- Initiating the development of a Circle of support early after diagnosis, with a preventative focus
- Having a range of options and opportunities available in the person’s community to enable them to do what they want to and for them and family carers to get the support they need

“People living with dementia who took part in the pilot project are doing more of what they want to do and feeling less isolated”

The report also identifies significant barriers, including stigma attached to dementia, which can inhibit social connections, and a lack of understanding and flexibility in the care system.

Copies of the evaluation summary, case studies, leaflets for people living with dementia, person centred planning tools to help others try the approach and short films involving some participants are available on the NDTi website www.ndti.org.uk/circles. NDTI will continue to explore these approaches with organisations and individuals supporting people with dementia and their families. For further information please contact Alison. macadam@ndti.org.uk.

Alison Macadam, project manager, National Development Team for Inclusion
As Nutrition and Hydration Week approaches, Roz Witney, Nutritionist at Dine Contract Catering, looks at how care homes can ensure residents receive the nutrition they need to maintain good health and wellbeing...

Regardless of whether a home chooses to use a system like ours, keeping a close eye on nutritional intake will draw attention to any important nutrients residents are lacking in, as well as whether they are taking in enough calories in the first place. After all, it’s important to take action as early as possible before a deficiency starts to take its toll on a resident’s health.

And the solutions don’t have to be complicated… It may simply be a case of offering a resident who isn’t taking in enough calories throughout the day some calorie dense options of their favourite meals as a means of boosting their energy intake.

In some cases, it may be just a case of making simple alterations to popular dishes. For instance, a sticky toffee pudding made with wholemeal flour and dates, served with custard, not only provides vital nutrients, but also fibre to keep bowels healthy, plus iron for immune and cognitive function as well as an array of micronutrients to protect against neurodegeneration.

A lack of interest in food can of course signal an underlying health problem that may need to be addressed – or simply that a resident should be offered a wider range of meals to choose from. Therefore, as well as the simple measures you can take to fortify their meals with the calories or nutrients they may be missing, it’s also worth considering the introduction of fresh menu options to give them the opportunity to try something new instead.

A new range of menu options – presented in an attractive, appetising manner – can go a long way to increasing nutritional intake, by encouraging residents to eat more in the first place.

Vital reassurance

An added benefit of logging eating habits is that it means you can clearly demonstrate the nutritional intake of residents to CQC inspectors. Plus, the family of those you care for will have that all-important assurance that their loved ones are being served food that fully meets their nutritional needs.

“In some cases, it may be just a case of making simple alterations to popular dishes”

For the elderly and vulnerable, good nutrition is vital for maintaining good health and wellbeing and so it’s only natural to worry that residents may not be getting the nutrients they need. However, by keeping a close eye on their intake on a daily basis, you will get the reassurance you need that they are getting what they need from their diets – or whether you need to take action.”

For further information call 01925 282330 or visit www.dine-contract-catering.com

Dine Contract Catering nutritionist Roz Whitney
Integrated care and health – could the planets collide?

In the news, on the day of writing this opinion piece, it says more than 200,000 people applied to join the proposed one-way mission to establish a permanent human colony on the planet Mars!

“Maybe it’s because we are in a general election year that the talk of joining up care and health has risen up the policy agenda”

I don’t know if you are as surprised as I to read this but apparently from this number a shortlist of 50 men and 50 women have now been confirmed. The shortlisted 100 will now face a series of assessment tests with part of their training in a simulated Martian environment. I apologise if you think you have opened the wrong publication and are puzzled by this introduction… but there is a point. I reckon if you work in the care sector you would probably have to have been living on Mars not to know that closer integration between social care and health has become a mainstream policy aspiration!

Maybe it’s because we are in a general election year that the talk of joining up care and health has risen up the policy agenda. Of course talking is the easy bit! And talk of integrating care and health to achieve better outcomes for people has long been a popular idea.

“Care and health shouldn’t be subject to borders and barriers”

The fact that care and health are the responsibility of two very different systems and structures – one means-tested and the other free at the point of delivery – makes no sense to most people. Care and health shouldn’t be subject to borders and barriers. They should be seamless – with services following the individual and not the other way round. However the present reality results from a quite different history and development for care and health services. It is a fact that in the social care sector care services are now provided almost entirely by independent providers (and most of these in the private/for-profit sector) whilst health care remains largely a public sector provision. The fact that around 50% of social care continues to be funded through the public sector isn’t really relevant to the way that services have come to be provided. Integrating these two distinctive monoliths is therefore no straightforward or easy task - no matter how sensible it is. In fact it might be more honest and accurate for the integration debate to be focused more on agreements around alignment. The aligning of outcomes for people with strategic priorities alongside the aligning of budgets would render most of the territorial battles meaningless. Viewed from Mars perhaps it would look rather easier to bring about!

Des Kelly OBE, executive Director, National Care Forum
Integration key to healthcare growth

In every area of life technology has a part to play from keeping in touch with friends and family to online shopping, paying bills and more. Used intelligently, it can make our lives easier.

The same applies to business, and where you see fast growing organisations that are incredibly successful, usually they have solid integrated systems and processes in place. Organisations suffer where there is a lack of process underpinned by connected applications.

What this means is that often the care system, if there is one, sits separately from the finance system, along with a plethora of other applications such as HR, recruitment, home purchase management, expense management, document management and business intelligence. And the bigger the organisation tries to grow, the more siloed systems generally become.

“What this means is that often the care system sits separately from the finance system, along with a plethora of other applications”

The problem is this stifles growth because those within the business aren’t working as efficiently, they can’t access the information that they need when they need it. It becomes difficult to manage these complex data challenges and particularly in providing business intelligence to management, so that trends and issues can be highlighted and dealt with quicker.

Connecting data, healthcare staff, management and end user is critical and technology plays a central role in enabling this to happen. By providing more accurate and complete information about the care receiver it can improve the continuity of care if, for instance, they’re taken into hospital – and also when they return to ensure that care is coordinated and enables a care plan to be devised to support their wellbeing.

It can also help to diagnose health issues sooner as well as reduce errors. In effect it can offer safer health care for the end user. And just as important it can aid family and the care receiver by being involved in making decisions about their care – a more people centred approach, and one that focuses on quality throughout.

Having secure one patient notes, which I mentioned in a previous article, means that all healthcare staff can access these in order to give the best, fastest medical care and attention. When technology facilitates interoperability between healthcare partners, connecting healthcare environments, this brings massive benefit by ensuring the right information is accessible to the right people at the right time.

Integration can also help to minimise repetitive processes, paperwork and spreadsheets, helping to streamline the overall workflow and allows for one version of the truth. Being able to monitor activity in real-time also helps senior managers to understand what’s going on in the business and provides an opportunity to rectify problems sooner. With mobile technology being able to book shifts, register a call with a client and hand held devices allowing the updating of client information as they attend to them in a care or nursing home environment means all of this information is readily available and stored centrally.

This valuable data when analysed can bring greater insight into what is happening within the organisation. It can highlight where there are problems as well as what is working well. However, speed is of the essence because if you only see the data weeks after it has been collated then you’re going to be reacting to information that is out-of-date and possibly it will be too late to take corrective action.

“Being able to monitor activity in real-time helps senior managers to understand what’s going on in the business”

By allowing applications to talk to each other it aids the healthcare provider in adhering to regulatory requirements as well as planning its trajectory within a more competitive business environment. And not forgetting that integration is key when looking to expand the healthcare business in a scalable fashion with every area of the business working on the same system. At the end of the day, technology is an enabler but people also have an important part to play in the success of how it is utilised too. It takes both to truly make it work – but get the balance right and the benefits can be tremendous.

Paul Patarou - divisional manager, Health & Social Care Division, Access Group
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www.care-awards.co.uk
Who has not seen the townships on TV? We all know that South Africa has violent crime, employment and housing problems. We may not know that South Africa has recognised its population is ageing, much as our own, and is developing solutions for the impact on care of the elderly especially those with dementia.

I'm Gillian Moncaster. I work at a Local Authority in the Directorate of Children’s and Families' Social Care as the dignity lead officer, responsible for advising the Council on dignity matters. I also chair the North West Dignity Network and I'm a member of the National Dignity Council. An important part of my work is developing tools and techniques to help care workers fully respect the dignity, choice and independence of each individual person in their care. Consequently opportunities to see how other people tackle the problems of caring for the elderly are especially useful in finding the best ways for us, particularly when there are so many demands on our budgets.

I was very fortunate to be awarded a Winston Churchill Travelling Fellowship which enabled a 6 weeks visit last autumn to care homes, care organisations and experts in Johannesburg and Cape Town, to exchange information and experience, and to make new contacts for our mutual benefit in the future. I also attended the international conference of the Care Forum of South Africa, presented a paper and workshop and made further contacts with Australia and America and South Africa.

The care homes ranged from ones in the vast townships, where some residents survive on £80 a month, to five star ones, and including some that specialise in dementia care.

“The care homes ranged from ones in the vast townships, where some residents survive on £80 a month, to five star ones, and including some that specialise in dementia care.”

Full analysis of the information collected will take some time and will be given in the report of my experiences, and in presentations and papers given to distribute the results as widely as possible. (I presented a short paper at the conference of the National Dignity Council a few days after I returned from my visit.)

The preliminary conclusions are:-

- As expected, care problems of South Africa and the UK are similar;
- The so-called 'medical model' reminiscent of institutions, where people are treated as objects which have no control of their own lives and whose views and choices are not relevant, is quite common in South Africa, although usually applied only to some aspects of care. Nevertheless, it does conflict with the principles of person centred care, which gives people choice and control of their own lives and thus gives them a more satisfying more comfortable life in which they feel that they are valued as an individual;
- Involvement of families and communities in providing care and in raising funds for care homes is much more common in South Africa than the UK;
- In South Africa some practices which help to make people feel more at home are not prevented by risk assessments which reflect more relaxed attitudes towards health and safety matters. Examples are pet animals living in care homes or residents (even in dementia homes) helping with household tasks, food preparation etc, both of which give a purpose to their existence and are personally rewarding;
- Because of Aids, many families have a ‘missing generation’ so children are brought up by their grandparents. South African care homes are about to pilot housing grandchildren with their grandparents where appropriate. This could be useful in the UK, for example where single parents or both parents work fulltime, perhaps far away from home.

As well as telling people about what I found, I hope to find ways of applying practices which work well in South Africa, for example ways to encourage more involvement of families and communities in care and a more enlightened view in making risk assessments that promises to bring valuable benefits to people in care here.

I shall also encourage others to apply for Churchill Fellowships. It’s hard work but what a fantastic opportunity to broaden your personal perspective and that of your work.
Community health care services
What does good look like?

Thursday 26 March | The King’s Fund, London

Community health care services provide vital care out of hospital for millions of people. From children’s services to care for older people and end-of-life support, the community sector plays a key part in meeting the challenges facing our health and care system.

This one-day conference will provide a unique opportunity for those working in the sector to come together and share good practice in community health care.

At the conference you will:

• look at case studies of best practice across community services
• explore issues around developing workforce and enabling effective team working
• discuss ways to measure and ensure high-quality community services
• examine ways in which transitions between services can be improved to make a better integrated system.

Quote ‘CareTalk’ when registering and receive a 10% discount

Find out more and register at: www.kingsfund.org.uk/communityhealth
Good Care Week 27 April 2015

Good Care Week 2015 takes place 27 April 2015. 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 to their wider community.

The UK-wide annual awareness campaign, in association with Care Talk magazine, saw local initiatives

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

Allcare Shropshire Ltd in Pontesbury

Dignity Action Day

Allcare Shropshire Ltd in Pontesbury recently held a Digni-Tea party for their service users, their families and also the local villagers.

The tea party was to support Dignity Action Day which is an annual opportunity for health and social care workers and members of the public to uphold people’s rights to dignity and provide a truly memorable day for people who use care services.

People who came were treated to a huge choice of cakes of various shapes and sizes that had all been made by staff members and local villagers. Allcare would like to thank anyone who helped out on the day, whether it be by donating a cake or making teas and coffees.

/Sector support

www.goodcareweek.co.uk
Community Integrated Care, Billingham

Middlesbrough FC welcome local disability group

A local disability group were guests of honour at the Riverside Stadium last week, invited to pitch-side for their home game against Charlton by the Middlesbrough Football Club Foundation.

The special day marked the end of a fantastic 20-week training course from the MFC Foundation to the group, who attend Tees Alive - a day support service that provides training, opportunities and activities for adults with learning disabilities in Billingham. Tees Alive is part of one of the UK’s largest health and social care charities, Community Integrated Care.

The group at Tees Alive have been delighted to welcome Claire Streeter and James Woodhouse from the Middlesbrough Football Club Foundation, who have been delivering the training sessions every Friday. With most of the group lifelong ‘Boro fans, this has been a dream come true for many – with the trip to The Riverside the perfect culmination.

The weekly sessions - funded by the FA - have seen the people supported at Tees Alive develop their football abilities and fitness, with sessions also focussing on confidence and teamwork skills. With each session ending with a 5-a-side match, and even the Tees Alive staff team getting involved, the group have relished showing their competitive sides too!

The Middlesbrough FC Foundation is the club’s official charity and uses passion for football to make a real difference to the lives of local children, young people and families. Every year the Foundation works with more than 20,000 people across a number of sports, health, education and youth projects. Their work with Tees Alive has inspired the group to pursue their interest in football, even joining a local league!

Care UK

Cash for good causes on offer

Last year, Care UK launched its Wellbeing Foundation. This new body is supporting good causes in local communities where Care UK offers services to local people. In the article below, Belinda Moore, Care UK’s director of marketing and chairman of the Wellbeing Foundation Board, talks about why the Foundation has chosen an arts theme for its first year of operation and reveals what kind of charities have already benefited from its grants.

“One of my absolute highlights of 2014 was the launch of our brand new Wellbeing Foundation and the start of its partnership with music therapy charity Nordoff Robbins. We kick-started the Foundation with a £100,000 a year pot for good causes in addition to the £25,000 worth of donations made via our employee match funding scheme which we have run for several years.

When we decided to create the Wellbeing Foundation, we were committed to giving our teams, who take the journey with the people who use our services, an active central role in its creation. We also wanted the Foundation to reward the ethos of care and compassion shown and championed by our colleagues every day.”

Woodgate Residential Home in Tonbridge

Wish appeal grants
gallery wish for former art teacher

Woodgate Residential Home in Tonbridge put their Wish Appeal funds to excellent use when they granted a wish that enabled resident, Eugenie Horgan to visit an art gallery for one last time.

Eighty-two-year-old Eugenie, a former teacher who has lived at Woodgate for three years in March, made a wish to visit a local art gallery, as art was her favourite subject to teach at school.

On Thursday 6th February, staff granted Eugenie’s wish and accompanied her to a gallery in Margate, where she enjoyed browsing the works of art on display and chatting to the carers about her favourite pieces. Eugenie also treated herself to a souvenir from the gift shop, so she can always be reminded of what she describes as her ‘perfect day out.’

Following the visit to the gallery, Eugenie and her carer stopped for lunch at a local café, where they enjoyed a cup of tea with a beautiful view of the sea.

Simon Rowland, care co-ordinator at Woodgate said: “Eugenie is usually a quiet lady who doesn’t say much but during her trip to the gallery she was chatting away and talking about her time spent working as a teacher. She is still telling everyone about her wish and her face lights up whenever she talks about the day.”

The Wish Appeal is a fundraising initiative launched by The Abbeyfield Kent Society in April 2014. The appeal aims to grant final wishes for residents living in the

We will be publishing Good Care Week initiatives in every issue of Care Talk ... so why not make every week a Good Care Week?
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

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 March issue would be 1 February.
- 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 successfully promote integration with health services?

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

We promote integration through the compelling case that people don’t care whether it’s health or social care because they just want a joined up service about meeting their needs. The compelling business case is also about the efficiency and effectiveness of those services: getting rid of boundaries and reducing duplication, reducing wasted effort and then looking for and promoting excellence. The government’s programme around Pioneers and places is about a passion and commitment to integrate, wanting to learn in an accelerated way and at the same time not waiting for those places to complete the task but to be galvanising others, showing the learning of those places in real time so we accelerate integration across the board.

The care provider - Bill Stangoe, managing director, Simply Together

Firstly we have to get rid of vested interest. If we remove the walls between ‘them’ and ‘us’ and realise that it’s one service, then that will significantly improve. The problem at the moment is an ‘us’ and ‘them’ attitude. Health doesn’t accept that we’re in the same business – driving towards the same end. Once we do that – and recognise that – then we’ll get there. We’ll be able to reduce costs - for example, we have Social Care going into a house in the morning, getting Mrs Smith up and washed, dressed and giving her breakfast. An hour later, the district nurse comes in from the Health Service, puts Mrs Smith back in the bed, does the whole thing in reverse and gives her an enema. Train the carers to do that and we save the cost of the district nurse, we’ve made it less invasive for Mrs Smith, and it’s a much better experience all round.

The industry expert - Richard Banks, consultant

We’ve tried to do that structurally by putting organisations together and that’s partially worked, but generally not. We’ve tried by creating mixed teams and again that’s worked excellently in some places, but in others, not. It tends to be difficult to sustain even when it’s worked very well – for example, if a key manager leaves, it tends to disintegrate a bit. The solution that’s not been properly tried is putting the patient in control particularly for longer term conditions where you would use the personalisation approach or Direct Payments: the person who needs the integrated assistance actually commissions it or controls it and is the focus of it.

The operations director - Keith Tancock, operations director, Mihomecare

Relationships are key, but structures are also important. We spend a lot of time talking about the need for integration, and that it’s a good thing, but we need to more effectively put structures in place to start to make things happen. Rather than trying to run before we can walk, we should start off with small-scale projects and pieces of work which we know there’s sensible logic for in terms of the integration agenda, and doing them. Then we can reflect on the successes of those, refine them and gradually grow from there. We learn from those experiences because the culture of Local Authorities and the Health Service differs from one area to another and one borough to another. The only way to get over those things is for people to start talking to each other and reflecting on the real work they’re doing.

Conclusion

- robust structures first and foremost
- relationships are key
- remove vested interest
- putting the individual at the centre
- effective communication
As I was writing this article I was listening to Jeremy Hunt, Secretary of State for Health (at the moment) trying to defend current government policy in the face of the crisis in emergency care in the NHS and some hospitals having to declare ‘Major Incident’ as they can no longer cope with the increased demand. Hunt, rather weakly I thought, parried every stern question with a mild answer about long term solutions that will take many years to work their way through the mire when much more direct and effective intervention is necessary now. One of his shibboleths is the mantra of integration – and, yes – on paper it makes a lot of sense but no-one closely involved in integration believes it can be done to save money. On the contrary, it will cost money, and that’s the one thing along with capacity, staffing, medicines that our current Health economy doesn’t have.

There are some commentators who claim the belief in integration of some of our political leaders to provide the ‘silver bullet’ to resolve NHS and social care financial difficulties and operational pressures is a myth that has no realistic prospect of success. Large sums of money have been funneled through the Better Care Fund to influence the effective implementation of implementation across service sectors but the evidence is stacking up that whilst influential health leaders support efforts to integrate health and social care, they are now wising up to the realisation will not resolve the two twin objectives of easing cost pressures and reducing reliance on hospital beds. At the end of last year, the health press was full of the outcome of the HSJ/Serco Commission’s investigation into Hospital Care for Frail Older People saying that “there is a myth that providing more and better care for frail older people in the community, increasing integration between health and social care services and pooling health and social care budgets will lead to significant, cashable financial savings in the acute hospital sector and across health economies. The commission found no evidence that these assumptions are true.” Furthermore, the Commission called for more realism in debates over NHS budgets which are apparently expected to meet rising demand without appropriate real terms increases. This forces service providers to explore ever tighter means of reducing costs more than a continual (and sometimes quite contradictory) impulse to improve service delivery and quality. The rising tide of demand squeezes everything – from statutory sector provision right through to independent care in individuals’ homes or in registered care settings.

Some time ago I was compensated by a utilities company for some minor inconvenience I was caused. I didn’t make a complaint and it wasn’t a big deal but in self-monitoring their own performance against their own internally agreed standards, the utility company judged it had given me poor service. It was in the context of a company’s economy driven with insurance and competition. But I shouldn’t complain. I was the beneficiary of their compensation schemes without having to ask. I was enormously impressed by the simplicity of this and wonder when we will get to a stage in health and social care when we will monitor our own performance against our own internally set standards?

But with an election coming, we won’t be given much help in this area by Central Government. Their focus is too much on jockeying for electoral nirvana. As Professor David Oliver, Chair of the British Geriatric Society, said recently, the NHS should pursue best practice in older people’s care rather than wait for government to dictate what they should do. “What we should be doing is adopting some of those best practice models at pace.”
In celebration of Valentine’s Day, two of The Abbeyfield Kent Society’s resident couples, who combined, have almost 130 years of marriage behind them, share their stories of how they met and the secret to a long and happy marriage.

Dene Holm residents, John and Sally Lawler first met when they caught each other’s eye across a crowded dance floor in Helensburgh, Scotland on 13th January 1942, John recalls that he asked Sally to dance to ‘What'll I do’.

It was the middle of WW2 and with John being from southern Ireland, he and Sally were not meant to fraternise. "I was seeing John for a year before I could tell my family!" Says Sally.

"I eventually told them and we married in 1945. It was a lovely small wedding and my mother played the piano. We spent our honeymoon sailing in Loch Lomond, it was beautiful and we had glorious weather which was unusual for Scotland!"

Six years later, Watling Court couple, Ray and Joan Haynes met at the opposite end of the country, the Gravesend Clock Tower. It was New Year's Eve, 1951, when Ray and his friend arranged a double date with Joan and her sister for the following week at the cinema.

"I was supposed to court Joan's sister and my friend was going to see Joan," Ray recalls, "we planned a date at the cinema but only Joan and I turned up!"

Perhaps it was fate that only Ray and Joan turned up for that date, as they married three years later at All Saints Church in Perry Street and the pair recently celebrated their diamond wedding anniversary.

"I couldn’t wish for anything else." Ray says, "If I had to describe our relationship in three words, I’d say live, love and, well I don’t know" Joan chips in to finish his sentence, “live, love and laugh.”

With Sally and John soon to be celebrating a very special wedding anniversary too, how do they keep the romance alive and what is their secret?

"Give and take." Says John with certainty, "We both get on well with our families too."

Sally agrees, "Yes we both came from a big family and I think that helps. We’re both very alike, we enjoy a good singsong together and sometimes in the evening John sings to me.

"Every January 13th we celebrate the anniversary of the day we first met and have a little drink. In July, we’ll have been married 70 years."

“And it doesn’t seem a day too long,” John adds, smiling.
Care creatures

Thanks to Mill View, part of Care UK for these lovely animal pictures

Sparky the adorable Shetland pony uses the lift at Care UK’s Mill View care home to visit residents on the first floor, whilst his partner, Delilah, delights everyone downstairs during their regular visits.

Everyone at Care UK’s Mill View care home loves animals and residents have been enjoying trips to a local llama park, where they can get up close to llamas, alpacas, reindeer, horses, donkeys, sheep, pigs, peafowl and chickens.

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

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
- 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

How do you involve service users in activities who have varying abilities?

Person centred, meaningful activities are key to wellbeing - but involving all service users with different abilities and needs can require some creativity. We asked a group activity co-ordinators "How do you involve service users in activities who have varying abilities?"

**John Meech**  
**Anchor**

> You choose the activity according to the resident’s ability, so if they’re mobile you have a more energetic exercise. If they’re bedridden, it’s more of a one-to-one with talking and assessing what they can do. It’s very much a person-centred approach and it’s all a case of knowing the resident and making the activity fit. I try to assist without being overbearing and encourage them to do things for themselves.

**Yamina Mouffok**  
**Four Seasons Health care**

> Every resident is unique so I involve them according to ability. I assess them when they arrive and take a Life History. We then have an idea about the resident and it helps me a lot. Some cannot do physical activities so I focus more on the sensory. I do outings to parks, zoos, farms and shops and even Buckingham Palace! I also listen to the nurses, social workers and families because everyone in the process is important to gauge ability levels. It doesn’t matter if someone doesn’t finish an activity – the best thing is simply being involved.

**Jenny Carlisle**  
**Elderhomes**

> We gear activities to the individual because we work towards person-centred care. You have to be able to make each activity something they can achieve and gain some kind of self-respect in what they’re doing. You have to be able to make them smile.

**Sharon Gunstone**  
**LRH**

> We have 100 beds over five levels so we work on individual floors to their varying abilities and needs. We have two dementia units so the activities we do with them are very different to the ones we do with residents on other floors. We don’t mix residents unless it’s a music activity. We tend to work in small groups or one-to-one. As people come into the home these days, their ability level is often less because many of them are at end of life, so the activities we do vary a lot. A lot more sensory work is required these days.

**Sharon Morledge**  
**Elderhomes**

> You have to be able to see behind the service user and be able to provide a person-centred care approach for the wellbeing of each person. It should hopefully include social inclusion in the community, confidence building and activities that promote independence and self-worth.

**Conclusion**

- Looking at each individual’s life history
- Assessing needs using a person centred approach
- Work in smaller groups, or one to one
- Good communication, observation and listening
- Social inclusion in the community
- Working as a team to identify individual needs
Nottingham based Wainman Trust are promoting a great photo opportunity to record older people in a positive light.

Prize vouchers worth £500 will be given to winners to be spent at a Jessops camera Centre, the Nottingham store (owned by Dragons Den’s Peter Jones) are helping promote the competition.

Entry deadline is 12 pm on Saturday 18th April 2015, with entry details displayed on the Wainman Trust website www.wainmantrust.co.uk/whatson - photography competition.

Winners and runners up will get a Jessops A2 canvas print and be acknowledged in a future Care Talk issue. Local Nottingham TV are also showing interest in the event, the winners being announced during the Care Talk care week in April.

The Wainman Trust has been established to promote whole-person care within a charity having a Christian foundation. Investment opportunities for like-minded ethical investors are being sought so that an innovative care centre can be established to serve the city of Nottingham.

The venture is the vision of Olwen Davis who Chairs the charity. Former Trinity Care plc founding architect Nick Borrett (Design and Build Services / Care Consultants Ltd) is also a director of the newly formed charity.
Jane Lythgoe from The Partnership in Care Ltd was the proud winner of the newcomer award at the Great British Home Care Finals 2014.

What the winner said...
“I am so overwhelmed that I have won the award. Beechwood house have supported me and helped me get here, I couldn’t have done it without them.”

What the judges said...
“The Judges inimitably agreed that Jane shown her total commitment to supporting residents to reach their individual potential and enjoy life. Her compassion and sensitivity shone through when she talked about her role – A Champion of Champions!!”

when it comes to healthcare, we never miss a beat...

Browne Jacobson offers an award winning heavyweight corporate and commercial practice, combined with a wealth of expertise in all aspects of health law, gained from our extensive experience in acting for private sector, third sector, NHS and other public sector organisations. We take pride in working collaboratively with our clients and are widely recognised as a leading legal advisor to the healthcare sector.
The inaugural meeting of the newly formed Judges Assurance Panel for the Great British Care Awards took place on 29th January at Richmond House at the Department of Health.

The purpose of the panel is to provide a clear, flexible framework for scrutiny, to ensure integrity of judges and to provide assurance to nominees, nominators, sponsors and supporters around the probity of judges and the judging process.

Present at the meeting were Professor Martin Green OBE, chief executive of Care England, Tony Hunter, chief executive of the Social Care Institute for Excellence (SCIE), Dr Glen Mason, Director of People, Communities and Local Government at the Department of Health, Howard Nankivell, director of sales and marketing at Anchor, Paul Dunnery, regional operations director from the Alzheimer’s Society and Jayne Rawlinson, business development director at Specsavers. The meeting was chaired by Paul Snell, former chief inspector of the old commissioning body CSCI.

Lisa Carr from The Great British Care Awards said:

“The Great British Care Awards are now entering their 6th 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. 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. The outcomes of today’s meetings will further strengthen the judging process and transparency.

Glen Mason, Director of People, Communities and Local Government said:

“I am delighted to be a part 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 front line of social care.”

Tony Hunter, Chief Executive of SCIE said:

“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.”
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 below.

**Coming up**

- **Nursing Homes, Care Homes, Assisted Living, Domiciliary Care Services and Third Age Housing**
  - 11 February 2015
  - Le Meridian, Piccadilly, London W1

- **LCS and Adam Smith Institute Health and Social Care Event**
  - 16 March
  - House of Lords

- **Great British Care Home Awards Judging Day**
  - 10 March
  - Edgbaston Stadium, Birmingham

- **Care Talk St Patrick’s Day Networking Dinner**
  - 12 March
  - Holme Pierpont Hall, Nottingham

- **LCS and Adam Smith Institute Health and Social Care Event**
  - 12 - 16 March
  - House of Lords

- **Great British Care Awards Networking Dinner**
  - 24 March
  - The Crab, Bournemouth

- **Community health care services: what does good care look like?**
  - 26 March 2015
  - Kings Fund, London W1G 0AN

- **National Learning Disabilities & Autism Awards Judging Day**
  - 26 March
  - Edgbaston Stadium, Birmingham

- **ADASS Spring Conference**
  - 15 – 17 April
  - Yarnfield Park Training & Conference Centre, Stone

- **Great British Care Home Awards National Final**
  - 24 March
  - ICC Birmingham

- **Good Care Week**
  - 27 April - 5 May

- **Great British Home Care Awards Judging Day**
  - 28 April
  - Edgbaston Stadium, Birmingham

- **Care Talk Care Home Providers Dinner**
  - 7 April
  - London

- **National Learning Disabilities & Autism Show**
  - 15 May
  - Botanical Gardens, Birmingham

- **National Learning Disabilities & Autism Awards**
  - 15 May
  - ICC Birmingham

- **GBCA Care Ambassadors Networking Event**
  - “Call my Bluff Wine Tasting”
  - London
  - 21 May

- **Health Plus Care Exhibition**
  - 24-15 June
  - Excel London

- **Great British Home Care Awards National Final**
  - 27 June
  - ICC Birmingham
Integration has been given many names over the years - joint working, partnership working, integrated care, multi-agency and multi-professional working and inter-professional care and support being some of the terms used.

The Health Act 1999 gave local government and the national health service in England an opportunity, through section 31 agreements (and latterly section 75 agreements), to bring people, funding and organisations together to create new ways of working and models of care and support.

"Over ten years on from the introduction of such agreements integration still remains the cause of much debate."

These Health Act flexibility arrangements were presented as heralding a new age in social care and health, where integration would break down barriers, lead to greater co-ordination of care and support and produce efficiencies that could be reinvested in people's lives.

But over ten years on from the introduction of such agreements integration still remains the cause of much debate.

So what is stopping integration from working as successfully as it should? Or is integration already working well, and we have not put enough energy into promoting examples of integration in action, working to the benefit of all?

Integration needs to be thought of as two linked but distinct subjects – structural or process integration (often called ‘service integration’) and workforce integration. Both of which need equal attention and different answers if people with care and support needs are to see the benefits of integrated social care, health and housing reflected in their daily lives.

Workforce integration is about enabling workers to change the way they work, their work and professional culture and the way they behave - merging skills, tasks and roles in response to the varying needs of people with care and support needs.

Much of the focus of policy, strategy and action to date has been on service integration, whilst workforce integration is rarely addressed in detail when integration issues are debated and discussed.

Muddling up service integration and workforce integration under a single banner doesn’t lead to successful implementation of new models of support that make a real difference to people's lives.

That's why Skills for Care, working in partnership with Skills for Health, The Local Government Association, The Centre for Workforce Intelligence, Think Local Act Personal, NHS Employers and the Association of Directors of Adult Social Services, has developed and published a set of principles that aim to describe the key elements of workforce integration.

"Muddling up service integration and workforce integration doesn’t lead to successful implementation"
At a café near Runcorn the steak and ale pie is apparently delicious; the ale is made and bottled on site. Nearby, a chicken farm provides eggs for the café’s cakes. This social enterprise is a good example of preventative social care. Because the café is run by people with learning disabilities and their supporters. And all money made is ploughed back into the social enterprise.

“The café is run by people with learning disabilities and their supporters”

The café is found at the Norton Priory museum and gardens. The story goes that the café’s owners were looking for a new supplier when Halton council approached, asking them if they’d consider it being run by people with learning disabilities and their supporters. The owners agreed and it’s been great for everyone. It’s now firmly part of the community.

Halton Community Bridge Builders, who help people who are disabled and socially isolated to achieve things they would like to do, like those at Norton Priory, are featured in our new ‘Prevention Library’. The library brings together the best of prevention practice; our chief executive Tony Hunter says that prevention, if done right, can help people to stay away from services for longer and to help them contribute to their communities.

But what do a few clinking tea cups have to do with preventing someone’s health and care needs getting worse? Shouldn’t resources go on those in crisis? Well, the idea is to reduce, delay and prevent the development of crises, rather than waiting to react to them once they occur.

Demand for health and social care is increasing at the same time that budgets have been tightening. But, following the Care Act of 2014, and from April when it becomes law, providing prevention services will be a statutory duty for local authorities. Councils, the NHS and others are now more and more responsible for commissioning or providing prevention services.

Rather than encouraging dependence on traditional ‘bricks and mortar’ based day-care services and instead of passively receiving traditional day centre activities, users of the Halton service now have opportunities to spend a varied and rewarding day, contributing to the day-to-day running of a business. And they get confidence and a sense of self-value.

“But they also become more independent rather than dependent on traditional services. Some people with learning disabilities display challenging behaviour but their involvement with the café and other facilities has meant they now often need less support; in one case, the supporter-to-user ratio was three-to-one. Now it’s two-to-one. Very encouraging and very preventative.”

The café, and the other facilities at the site, are just part of the story. Halton Community Services operates within 22 community venues across the borough and provides meaningful daytime activity for the people who use its services. Three people have even been found an employment opportunity outside the scope of the service. One hundred and forty five adults with a learning disability are currently enjoying multiple work experience opportunities in the local area, either as trainee stylists, brewers, catering assistants and customer care assistants.

These are the types of examples of services that we want to promote on our Prevention Library. Do let us know yours and give us feedback on the site.

The Prevention Library with the film about the café can be found at www.tinyurl.com/sciepl

Halton Community Services www.tinyurl.com/haltoncs

Jen Collieson, Prevention Library project lead, the Social Care Institute for Excellence
A thought for food and drink in care homes

Nutrition and hydration are very important for living in any care setting including care homes. Access to basic needs such as food and drink is fundamental to dignity and human rights of people.

It is estimated that approximately 3 million people in UK suffer from malnutrition (particularly under nutrition) or are at the risk of malnutrition of which a third are over 65 years old. A study into nutritional status of people in the care home setting identified that 37% of older people who had recently moved into care home were at risk of malnutrition. With the rising number of elderly and frail in future there is a strong case and urgent need for action to avoid older people suffering from malnutrition in care homes.

“There are still major concerns regarding healthy eating and drinking practices in care homes”

Malnutrition and dehydration can lead to serious but avoidable health problems such as urinary tract infections (UTIs), pressure ulcers, dizziness and confusion. These preventable conditions lead to increased use of antibiotics with side effects, frequent hospital admissions, longer hospital stays, increased recovery times from surgery and a higher risk of mortality resulting in a significant cost to care providers.

Despite ample evidence that preventive action towards malnutrition can significantly improve the chances of older people to have better health and well-being there are still major concerns regarding healthy eating and drinking practices in care homes. There are many reports in the media about poor quality of nutrition and hydration care in homes which has put the residents at risk of ill health and compromise in dignity and safeguarding.

While many older people suffer from inability to partake food and drink due to their clinical condition such as swallowing difficulties, lack of feeling of thirst and inability to use beakers or knives and forks due to arthritis etc but there are other barriers which are directly related to attitudes and practices in care homes such as:

- Lack of choice
- Provision of inappropriate food for the person's clinical conditions or cultural beliefs
- Failure to provide a meal and/or water not available at the bedside;
- People not helped or encouraged with eating and drinking
- Food and water intake not monitored;

Regulation 14 (outcome 5) of the Health and Social Care Act stipulates specific requirements in relation to meeting nutrition and hydration care in all care settings:

- People must be provided with a choice of food and drink to meet their requirements and meet the persons cultural and religious needs as well as physical and clinical needs
- Food and drink provided must be nutritionally balanced, support health and well being
- There is a focus on ensuring that services support and enable people to eat and drink where necessary, simply providing food and drink may not be sufficient. This may often be a key issue where older people with dementia or other complex conditions, or increased frailty, may require more assistance.

Care Quality Commission led inspections in to dignity and nutrition (DANI) identified that care homes failing on the dignity standard were also failing on standards on nutrition and hydration care as well as on appropriate staffing and record keeping.

“There are barriers which are directly related to attitudes and practices in care homes”

Appropriate screening tools such as MUST (Malnutrition Universal Screening Tool) should be used regularly to identify, monitor and address the nutritional status of the residents in care homes. Adequate training and support for staff along with robust visible leadership are important to keep the residents well nourished and healthy in care homes. Social Care Institute for Excellence (SCIE) and Dignity in care network can provide good practice examples and effective tools to ensure good nutritional care in care homes.

“Being able to eat the food that is supplied and manage the drinks offered is what dignity and respect is all about.”

Rekha Elaswarapu, M.Stud (Cambridge), Ph.D., MIHM
Independent Consultant and dignity adviser
Rekha Elaswarapu Consulting Services
Associate Fellow, ILC-UK
CARE and SUPPORT
Conference and Exhibition
17 June 2015 | Macdonald Burlington Hotel, Birmingham

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  Shadow Deputy Leader
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- Laura Wilkes
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- Alex Fox
  Chief Executive
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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.

It is a new part of the business, and one that Specsavers founder Dame Mary Perkins is very proud of.

Dame Mary spent much of her early career as an optician doing home visits. And with Specsavers in its 30th year she is delighted that Specsavers is now taking its great value eyecare to people at home.

“It very much matches up with our vision of eyecare for everybody. After 30 years some of our longstanding customers are now housebound or in care homes so this enables us to continue our care for them.”

The same great service as in our stores

Specsavers Healthcall opticians conduct 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. They will have access to a wide range of frames and lenses and our opticians will be able to explain to each individual exactly what’s available and which offer is the best value for them.

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

Care home visits – then and now

Dame Mary, 70, grew up in the Bristol with her parents. Her father spent many years working in a chemist before re-qualifying as ophthalmic optician. He went on to run his own practice in Bristol for 10 years before retiring. Through word of mouth he established a lot of requests for home visits and from a young age Dame Mary joined him to help.

“He made regular visits to several retirement homes, an unmarried mother’s home and a closed convent. It was very varied.

“When he retired my husband Doug and I bought out his business and I took on the home visiting work alongside testing in-store. I continued doing this until we sold the business in 1980. One of her regular stops was a huge care home based in an old workhouse called 100 Fishponds Road.

“There were hundreds of elderly residents in there. It was nothing like the care homes of today, but, just like today, the residents were very grateful for the eye care.”

The testing equipment she used in the 1960s and 70s was very primitive compared to the state of the art mobile that Specsavers Healthcall uses today.

“I performed a simple sight test with a chart on the wall and did basic retinoscopy. I could help ensure they could see well enough to read the paper and that was about that.

“Today our mobile optometrists carry out very thorough eye examinations.”

Full circle fashion

Everyone in those days had a free NHS sight test and almost everyone opted for the free NHS glasses, which were the thick-rimmed plastic rectangular style known as NHS 524.

The frame was available in dark tortoiseshell, light tortoiseshell, light blue, pink, crystal and black.

“All the men tended to opt for dark tortoiseshell or black and most women preferred pink. Ironically this style of glasses is now very popular again and we stock several similar frames to NHS 524, including several designer styles.”

Ensuring staff are fully informed

Dame Mary recalled: “Specsavers Healthcall offers awareness training to all care home staff, 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.”

A familiar face

One of the first benefits of the service is that Specsavers 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.

Dame Mary concludes: “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.”

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.
If you can’t come to Specsavers anymore, Specsavers will come to you. Our opticians visit care homes to provide residents with free eye tests to the same high standards you’d find in our stores. And of course, our service includes all the value and choice that have helped make Specsavers the UK’s most trusted optician.

To book a care home visit, call 0800 198 1135 or go to specsavers.co.uk/home-eye-tests
It is estimated that nearly 700,000 people are affected by pressure ulcers each year, across all care settings, and 20 per cent of individuals develop pressure sores in nursing and residential care.

Barchester Healthcare has pledged a commitment to address promotion of good skin care management and is an organization that provides nursing support for a diverse range of the population many of whom fall into the high risk category of developing pressure damage. The MISKIN campaign was launched with a very clear vision that its core priority was to go ‘back to basics’ with regard to skin care management, raise awareness and promote an initiative that encouraged clear and accurate communication between staff about daily skin changes.

"The MISKIN campaign has a very clear vision that its core priority was to go ‘back to basics’ with regard to skin care management"
Gala dinner on
Friday 15th May 2015
at The ICC, Birmingham

A Day & Evening of Celebration
for the sector

For more information about the awards or to nominate
call 0115 959 6133 or visit
www.nationalalldawards.co.uk
Nearly a third of people admitted to hospital and care homes are at risk of malnutrition, and those figures rise to 41% in care homes alone.*

With an estimated 1.3million people over sixty-five years old suffering from malnutrition, Pritchitts – the foodservice division of Lakeland Dairies – is urging care caterers to take a fresh look at their menus during this year’s Nutrition & Hydration Week (16th – 22nd March).

Simon Muschamp, Head of Marketing, Pritchitts comments: “Good nutrition, especially as we get older is vital. However ensuring people in care get those much needed calories can be highly challenging as the statistics show – a lack of appetite, inability to swallow or simply failing to eat the calories sufficient for their needs can all contribute to malnutrition.

“Nutrition & Hydration Week provides the perfect platform to not only raise awareness of a critical issue, but also for suppliers and care home operators to share their knowledge and resources. Pritchitts understands this, and has been promoting the importance of nutrition through its fortification campaign and the role products such as Pritchitts’ Millac Gold Double can play in helping caterers add extra calories.”

Dr Mabel Blades – a registered dietitian and nutritionist with a PhD in diet and diabetes – worked with Pritchitts to develop high calorie recipes for the care sector using Millac Gold Double – the high performance choice which offers care chefs an easy and hassle-free option to boost the BMI’s of ‘at risk’ residents.

“A number of older people need extra calories due to having difficulties with eating sufficient food for their needs. Indeed, some older people are assessed as having malnutrition with weight loss, muscle weakness and feelings of apathy plus other health issues. Others may suffer from various forms of dementia which can impact on both swallowing and appetite for foods. Registered dietitians can give guidance about requirements for individuals.”
“Foods need to be very appealing to eat plus, also calorie dense so that additional calories are supplied. The addition of extra calories to foods is termed fortification or some call it supplementation.

“In general adding extra calories to foods and dishes can be achieved by adding extra items such as cream or butter, but also Millac Gold Double. The beauty of Millac Gold Double is its versatility and also the fact that it can be used from ambient, helping care chefs to save on wastage and ingredient costs.

“The recipes we developed provide a range of tasty and appealing dishes which can be easily enjoyed and which provide those all-important extra calories. After all there is no point in providing extra calories in a dish if it is not eaten.”

Claim Your Free Millac Gold Double and Care Home Recipe Book!

To support chefs this Nutrition & Hydration Week, Pritchitts is giving away care recipe books and free samples of its Craft Guild of Chefs approved Millac Gold Double; used for cooking, pouring and whipping – it whips up to 3x its volume providing superior yield – and is ideal for both sweet and savoury dishes.

To claim your pack just visit http://www.pritchitts.com/care-home-fortification-sample-offer.

Nutrition and Hydration Week is run by the Hospital Caterers Association, NHS England and the National Association of Care Catering, which work in partnership towards a service where avoidable malnutrition and dehydration related illnesses are eradicated through improvements, education and service development.

*Malnutrition Force
Driving quality, integration and person-centred care

The most important national event for health and social care returns to Excel, London on 24-25 June 2015. Join us and enjoy a more personalised experience, new feature areas, more expert speakers, learning zones and a more streamlined programme tailored to your needs.

The conference programme will ensure your business is provided with the very latest thinking, successful efficiency and profitability boosting ideas, more ‘for’ and ‘against’ debates, answers to the most burning care provider questions and solutions for tackling real caring for the vulnerable issues.

Health+Care will host 12 conference streams in total and will feature the latest ministerial speakers post-election, so you can be the first to hear how latest legalisation will affect the care sector. Delegates will also get access to the largest sourcing floor in the UK plus a dedicated cost savings hub and telecare area showcasing cutting-edge developments to help you provide better care services.

Create a personalised programme from 12 conference streams:

- Integrating Care
- Social Care Commissioning
- Health & Wellbeing Boards
- Home Care Cost Savings Hub
- Social Work Progress
- Residential Care Innovation
- Early Intervention
- Home Care Intervention
- Personalisation
- Public Health
- Dementia and Care of the Elderly
- Technology Enabled Services

One event. Seven shows. 3,000 complimentary passes.

Health+Care have released just 3,000 complimentary passes for health and social care professionals who will be able to access seven shows: The Commissioning Show, Integrated Care Conference, The Residential Care Show, The Home Care Show, Public Health, Care Commissioning and Technology First.

Step out of the artificial boundaries between the care sector and the rest of health and social care

Over 1,200 conference passes have already been allocated, secure your place the most important event for the whole of health and social care before it’s too late. Register for a complimentary pass at: www.healthpluscare.co.uk/caretalk
A lot is changing at Health+Care 2015

The largest national event for health and social care returns to Excel, London on 24-25 June 2015. Join us and enjoy a more personalised experience, new feature areas, more expert speakers, learning zones and a more streamlined programme tailored to your needs.

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Register for your complimentary tickets at www.healthpluscare.co.uk/caretalk
BUSINESS ROUND-UP

Business round-up

Care providers

Care home operator sold to former Priory boss in £100m deal (Source: TheBusinessDesk.com)

Hyde-based Meridian Healthcare, which has 30 sites across Yorkshire and the North West, has been acquired by HC-One, run by Dr Chai Patel and backed by US healthcare investor Formation Capital.

Financial terms were not disclosed but weekend re-ports valued the deal at close to £100m.

The deal marked the last day at the helm for Alan and Susan Firth, Meridian’s long-serving executive chairman and managing director, and finance director Barry Brooks.

Meridian was the 32nd largest care provider in the UK, with an annual income of £32.9m and pre-exceptional earnings of £13.5m in 2014. The majority of the 30-strong portfolio are former local authority homes, but the Firth’s have invested in high quality facilities over the last five years.

Mr Firth, 60, ordered a strategic review of the business last summer and mandated property group Knight Frank to find a new partner for the business, which was majority owned by two employee trusts. Meridian has more than 1,500 registered beds and employs around 1,200 staff.


Meridian Healthcare acquired by HC-One (Source: Business Wire)

The owners of Meridian Healthcare Group have chosen HC-One to acquire their 30 home portfolio, in a significant move which will ensure the continued provision of the very best care in Greater Manchester, Merseyside, West Yorkshire, North Lincolnshire, Cheshire and Derbyshire.

Meridian is a highly respected regional provider with a long and successful track record in its communities. With shared values and a passion for providing the kindest care in the best possible environments, Meridian and HC-One are natural partners in the care sector. HC-One have confirmed that the company will continue to trade as the Meridian brand and there will be no changes at the homes or with the management team. HC-One are committed to continuing Meridian’s exemplary record.

For more information visit http://www.businesswire.com/news/

The Service Directory links with Care England (Source: Care England)

Care England is pleased to announce that The Service Directory, a fast expanding procurement company, has now joined as a supporter member and commercial partner.

The Service Directory offers a one stop procurement system designed specifically for the care sector and has a proven track record in reducing its clients’ overheads whilst increasing their operational efficiency.

The company’s innovative model removes the complexity of purchasing, giving care providers one point of contact for any product or service they may require. A bespoke system ensures that customers can manage and control budgets and maximise efficiency by accessing multiple supply sources. In addition their ability to leverage pricing guarantees to reduce costs.

Orders, queries, analysis and invoices can all be completed online at www.theservicedirectory.co.uk or over the phone, maximising efficiency and giving care providers more time to care.

Filton lunch club awarded Bluebird Care Community Grant (Source: Bluebird Care)

A lunch club in Filton has been awarded the first ever Bluebird Care Community Grant.

Chipping Sodbury-based Bluebird Care opened its doors 18 months ago, and ever since has been working hard to support other organisations across South Gloucestershire, as well as providing a daily care service to local people.

Jack Whitfield, managing director, said:

“As well as providing care & companionship services to people living in their own homes, Bluebird Care is passionate about supporting community projects and initiatives. So many neighbourhoods thrive because of volunteers who work tirelessly to run community groups, host events and provide services that benefit others. Much of this work involves supporting older people who, without regular coffee mornings, day-trips or lunch clubs, would be left isolated at home.”

She 7, a weekly lunch club in Filton, received a cheque for £250 last week in recognition for the work the group does to tackle isolation among the elderly, and provide a lifeline and support network for those who wouldn’t have one otherwise.

For more information visit http://www.hartleypn.org/index.php/12-news-stories/64-filton-lunch-club-awarded-bluebird-care-community-grant

HC-One announces details of its £100 million investment programme (Source: Health Investor)

HC-One has announced it will invest £100 million over three years into its portfolio of care homes.

This follows the acquisition of HC-One owner NHP by Formation Capital, Safanad, HCP and Court Cavendish in November 2014 for £477 million.

The care home group will begin to renovate the 275 homes in its portfolio from April 2015.

HC-One chairman and acting chief executive Chai Patel said: “Thanks to the hard work and dedication of colleagues in our care homes across the country and the successful acquisition… we are now in a position to take the next important step in our journey on the road to delivering the kindest care.

“This is a major and significant investment that will upgrade our homes to the next level, creating the best care experience in our sector.”

For more information visit http://www.healthinvestor.co.uk/ShowArticle.aspx?ID=3827

Country Court Care Acquires Group of Homes in London (Source: Country Court Care)

Care Home provider Country Court Care Limited today announced further expansion plans and an acquisition with funding from Barclays.

Family owned business Country Court Care is headquartered at Millennium House, Dukemead Industrial Estate, Werrington, Peterborough and was established in 1983. Their belief is that all older people deserve the best quality of life and this sits at the heart of County Court Care ethos. The company delivers award winning care through its care homes which are located across the UK. The group has grown from 200 beds in 2009 to 5480 beds by the end of 2014 and these latest additions will add a further 163 beds to their portfolio.
**Business round-up**

Country Court Care’s philosophy is that families and residents are at the heart of everything they do and focus on building strong partnerships and links in the community; working closely with families and professionals. Country Court Care Limited has care homes in Lincolnshire, Somerset, and South Yorkshire. The group currently employs over 1200 people with an additional 160 joining them in the acquisition. With new developments across the group they expect to recruit a further 50 new members of staff.

For more information visit http://www.countrycourtcare.co.uk/?p=945

**Ventas, Inc. acquires five care homes from Canford Healthcare (Source: The Carer)**

Ventas has purchased five care homes in Sussex and Kent formerly owned by Canford Healthcare Limited. Canford’s existing management team acquired the entire share capital of Canford and will continue to operate the homes, which were leased back. JLL provided corporate, financial and real estate advice to Ventas for the entire transaction.

For more information visit http://thecarer.co.uk/ventas-inc-acquires-five-care-homes-from-canford-healthcare/

**Omni Capital agrees £30m committed debt facility with the LNT Construction (Source: LNT)**

Omni Capital has agreed a £30m committed debt facility with LNT Care Developments Limited a wholly owned subsidiary of LNT Construction, a specialist developer of high quality, turn-of-key care homes. With a term of four and half years, the new facility will enable LNT to continue to expand their development pipeline into more areas of the UK.

Omni Capital is a leading specialist provider of short and medium-term funding to the property sectors. This additional facility will complement LNT’s current financial arrangements to accelerate their development growth.

Lawrence Tomlinson, chairman of LNT said:

“Omni Capital is a perfect partner for us. As property experts, they understand the nature of our construction business, thus streamlining the decision making process. They have a clear appetite to provide creative structured solutions which fill the gap left by the continued absence of mainstream bank lending.”

For more information visit http://lntconstruction.co.uk/?p=945

**Lord Mayor helps SureCare in double Chester launch (Source: SureCare)**

Leading care company SureCare has officially launched its Chester branch and SureCare Local micro franchise in the city.

The Lord Mayor of Chester, Cllr Bob Rudd, and MP Stephen Mosley were present to open the dual service which will provide a wide range of care and home services to people of all ages. Services include adult health and social care, home services, respite and holiday care and childcare.

Rachel Gallagher is the branch registered manager of SureCare Chester, while mother and daughter team Carole Southgate and Clare Potter are heading up the Chester SureCare Local.

SureCare also has its head office in Chester, where its management team looks after the company’s extensive network of franchises and branches across the UK.

For more information visit http://www.surecarefranchise.co.uk/2015/02/lord-mayor-helps-surecare-in-double-chester-launch/

**Property**

**Former care home in Wallington to be converted into residential apartments (Source: Christie + Co)**

Specialist property adviser Christie + Co has sold the former Croft Nursing Home in Wallington, Surrey in excess of the asking price.

The substantial 22-bedroom property has been purchased by Redbrick Wealth, an international property investment firm, who made an offer within an hour of viewing the property.

The property comprises two attached dwellings with a link building and was run as a care home until October 2014. The new owner has purchased the premises with a view of converting it into residential apartments.

For more information visit http://www.christie.com/en/news/2015/02/04/vacant_nursing_home_in_wallington_sells_in_an_hour_18260

**MBE for Avante Care and Support head (Source: Avante Care and Support)**

Avante Care and Support, a leading provider of residential dementia care and home care and support across Kent and South East London, is delighted to congratulate Mrs Anne Child, who collected her MBE on Friday 13th February 2015 at Buckingham Palace.

Anne joined Avante Care and Support in 2012 as head of pharmaceutical care and clinical standards and was granted the MBE in May 2014. The honour was given for services to people with dementia during Anne’s time as a senior medicines management prescribing adviser, leading on Dementia and Mental Health, within NHS Kent and Medway, from 2011 to 2012.

For more information visit http://avantecare.org.uk/blog/head-pharmaceutical-care-clinical-standards-awarded-mbe-past-services-dementia/
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- Positioning, standing & walking: 2,295
- Chairs & chair accessories: 2,432

Register as a visitor today: www.naidex.co.uk/caretalk
HC-One announces details of its £100 million investment programme

Better access to care home gardens, brightened up corridors and lounges and new patio seating areas are amongst the options being put to HC-One Residents in a major consultation about the best way to spend a recently announced investment of £100 million into their care homes across the country.

HC-One, the third largest care home operator in the UK has announced details of its £100 million investment programme that will incorporate extensive refurbishment and upgrade schemes for its homes. This investment forms part of the organisation’s on-going drive to deliver the best possible experience and kindest care to Residents and create an environment that makes it one of the best working environments in the sector.

“The investment programme comes as a result of the recent acquisition by investors Safanad”

The investment programme comes as a result of the recent acquisition of HC-One by investors Safanad, Formation Capital and Court Cavendish. It is part of a package of initiatives aimed at furthering HC-Ones’ transformation journey.

The consultation stage of the programme will commence in April 2015. Initially residents and relatives in 50 homes will be invited to join in the process of choosing from the range of options for investment. The aim will be to make sure that the plans are perfectly matched to the different groups of residents living in each home and their own personal tastes and preferences.

The programme will be run over a three year period and will eventually cover all HC-Ones homes around the county. As a result the entire estate will see a transformation in their gardens and interiors to provide exceptional living and lifestyle environments.

HC-One will be working closely with specialist health and social care interior designers. A wide range of interior schemes has been developed for consultation with Residents and relatives. The stunning interior schemes will be incorporated into all sitting and dining rooms.

HC-One are also intending to find ways to incorporate new themed rooms in all homes. The plans include options for new hair and beauty rooms, new games rooms, additional spaces to encourage reminiscences and discussions and garden rooms that can be enjoyed all year round.

This exciting upgrade programme will seek to encourage Residents to enjoy outside space all year round through the inclusion of innovative covered areas that will protect them from the elements; garden areas will be made more easily accessible and will include raised beds, attractive patio and seating areas. The programme will also incorporate a wide range of best practice design features that will help promote greater independence to Residents with dementia.

Residents and their relatives will be actively involved in choosing the designs and plans for their individual homes as HC-One will be running consultation events in line with the rolling refurbishment and upgrade programme.

Dr Chai Patel, chairman and acting chief executive of HC-One said:

“Thanks to the hard work and dedication of colleagues in our care homes across the country and the successful acquisition by Formation Capital, Safanad and Court Cavendish, we are now in a position to take the next important step in our journey on the road to delivering the kindest care.

“This is a major and significant investment that will upgrade our homes to the next level, creating the best care experience in our sector.”

HC-One is also celebrating achieving a 9.2 average rating on the sector’s leading care home comparison website carehome.co.uk. The high rating puts HC-One homes into the very best company in the care home sector. HC-One is the UK’s third largest care home provider for older people.
There’s no denying the fact that the population is living longer which is putting increasing pressure on care services and housing providers. Last year the government stated that over 65s make up nearly a third of social housing tenants in the UK. Housing organisations across the country are facing new challenges that put strain on the sector and as a result are developing new methods to adapt to the changing climate.

The need to include all core products and services traditionally associated with assisted living whilst at the same time encompassing new innovation was the major concern voiced during a recent survey of our members in the North. The consultations were carried out ahead of the development of the first draft of the specification for the new Assisted Living Framework, produced by Consortium Procurement, the procurement arm of the Northern Housing Consortium (NHC), whose members manage the homes of more than 3.5 million people across the UK.

The consultations were held over seven regional events between September and November 2014 and involved more than 50 housing organisations. The key finding echoed by the majority of our members is that flexibility is paramount. The process was open to current and future users of our framework - as well as current and potential supply partners. The consultations were held over seven regional events between September and November 2014 and involved more than 50 housing organisations.

We consulted as many relevant parties as possible while drawing up the new framework to determine where our priorities should lie. We are keen for the new framework to stimulate innovation and it is crucial it is flexible enough to allow this. The Assisted Living Framework covers telecare and telehealth, areas which are naturally susceptible to the frenetic pace of technological change.

The quality of this framework directly impacts on the lives of those who require support to live independently and by keeping the framework as flexible as possible, any advances in technology can be delivered quickly to the people who will see the benefit.

The most recent government statistics show there are more than 10 million over 65-year olds in the UK. This statistic, coupled with the fact that 29% of social housing tenants are over 65 compared with only 8% of private tenants, demonstrates why our attention is being focused on assisted living.

Several priorities were identified during the course of the consultations, including the need for the new framework to be easily accessible and supportive of innovation. It was noted frameworks could, at times, restrict innovation, as the four year fixed term meant products included at the beginning of the term were eclipsed by more advanced products by the end. This meant these were available on the market, but not within the framework. The flexibility of the new framework will mean any new products released during the four years will be accessible.

One of a wide range of procurement frameworks we offer, the current Assisted Living Framework, in use by over 120 organisations, is scheduled to come to an end in autumn 2015. The process of updating the framework is a lengthy one due to its complex nature and importance but we will launch in autumn 2015 and will be the only national one of its kind available.

Innovation is a theme the NHC are keen to promote this year, with our recently launched Designed for Life competition aiming to deliver inventive solutions to improve the quality of life for those living with dementia. The competition, run in partnership with Northumbria University and supported by the Alzheimer’s Society, has two distinct elements: ‘Little Ideas For Now’ and ‘Big Ideas For Later’. The former will focus on solutions that are functional in terms of the technology and materials already available, while the latter will address broader task or activity-based areas, targeting those issues that pose the greatest challenge to people living with dementia.

Both the Assisted Living Framework, and the winners of the Designed for Life competition, will be announced in autumn 2015.

Consultations have always been a key part of the NHC’s work, because we know that we need to be able to turn to the people we work with for new ideas and advice, to ensure they remain at the front of the campaign to have the North lead, not plead.

Tracy Harrison is the Commercial Director for the Northern Housing Consortium. For more information on the NHC’s Assisted Living Framework, visit http://www.northern-consortium.org.uk/AssistedLiving
The care sector is still reeling from the fallout from scandals such as Winterbourne View which exposed many negative care issues such as service users being admitted to hospitals when they should be supported in their own homes or in a care home.

It is clear in the most recent Government report entitled Winterbourne View: Transforming Care 2 Years on that there is still much to be done to reduce poor care. The dehumanisation and degradation of the most vulnerable is a serious concern. These people are open to abuse especially where they lack capacity and there are few places where there is as great an exposure to such risk than in the care home setting. The Government intends to create two new criminal offences designed to make prosecutions of both employees and their accompanying providers (the employer) who abuse those within their care easier to achieve.

“Ill-treatment and wilful neglect are the two new offences that will be created through the Criminal Justice and Courts Bill”

Ill-treatment and wilful neglect are the two new offences that will be created through the Criminal Justice and Courts Bill soon to be written into law. Section 20 of the proposed Act will make it an offence for a care worker to ill-treat or wilfully neglect the ‘cared for’ individual. A care worker, for the purposes of the act, is defined as an individual that is paid to provide healthcare for an adult or a child or social care for an adult. This will include managers and directors that provide care and fail to provide adequate management and oversight. Section 21 of the Act relates to provider offences and applies if the care worker ill-treats or wilfully neglects the individual. There also needs to be a gross breach of the duty of care owed by the provider to the individual which increased the probability of the poor treatment taking place to be guilty of this offence. The maximum sentence for a care worker found guilty of this offence would be a prison sentence of give years and an unlimited fine; and the corresponding sentence for a care provider is also a fine.

There remains the separate offence in section 44 Mental Capacity Act 2005 which will continue to cover ill-treatment and wilful neglect by family members and unpaid care workers. The maximum sentence for an individual found guilty of this offence is a prison sentence of five years and an unlimited fine also.

“The intention of creating the two new offences is clearly to make it easier to prosecute poor care and neglect where it is found.”

The intention of creating the two new offences is clearly to make it easier to prosecute poor care and neglect where it is found. The Government is aiming to achieve parity between the care worker and their employers in order to place the responsibility squarely on the shoulders of both parties. The proposed Act, when made law, will cement this and make prosecutions and convictions easier to bring about. Carers and their providers should, as we all know, be striving to provide the best service for the people they care for and this change in law is designed to make providers and carers more accountable. The consequences of poor care will be far more serious and this is a welcome step for the sector.

Nythan Smith, Paralegal, Ridouts
C2L Care to Learn is currently recruiting freelance facilitators to help us to undertake learning in the health and social care sector.

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Please send your CV, a recent photo, two references and a covering letter answering the following questions:

- What do you think makes a good facilitator?
- Provide us with an example of creative practice used within your learning sessions?
- If you were to reflect on your own performance in your last learning session, What feedback would you give yourself?
- How important is evaluation in the sessions you facilitate and how do you make them meaningful?

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