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Welcome to the May issue of Care Talk.

May is a month packed full of awareness campaigns, including Dementia Awareness Week and Dying Matters Awareness Week.

Our article on page xx tackles the issues of dementia and the value of the social care workforce has in caring for people with dementia and looks at the importance of quality training.

Every year Dying Matters and its coalition members host a fantastic range of events and activities around the country with the aim of getting people talking about dying, death and bereavement and making plans for their end of life, see page xxx for details.

We are delighted to report that the national finals of the Great British Care Home Awards, which took place at Birmingham’s ICC on 24 April, were a resounding success. Care Talk was once again proud to support this prestigious event, which pays tribute to the dedicated and inspirational social care workforce. We look forward to the finals of the Home Care Awards on 27 June and this year’s regional awards, which take place in October and November.

Enjoy this issue and please do keep your news and views coming in.

Lisa

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There are approximately 10,000,000 people over the age of 65 in the UK. People over 65 are at a higher risk of choking, with a majority of them not being able to use the standard choking protocol. LifeVac is a revolutionary new product designed to save the lives of people where abdominal thrusts and back slaps are either ineffective or not recommended to be applied. LifeVac is a single suction device, three times more effective than the standard choking protocol. The unit is so easy to use it can be self operated or applied by another.

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LifeVac has come to Europe and is available now. Visit our website www.lifevac.eu to watch the testimonies of those it has already benefitted. For more information please email info@lifevac.eu
The Care Act – in practice

A nutshell guide to the frontline implications for health and social care professionals.

Most of the Care Act 2014 comes into force on 1 April 2015. It is the largest overhaul of social care law in 60 years, and abolishes lots of the older legislation, to consolidate the law on social care (mostly) in one place. At 167 pages, don’t print it all unless you really have to (and it supported by 506 pages of guidance!).

But the fundamental approach to social care is intact – a local authority must assess individuals’ needs, determine the support necessary to meet those needs, and then make appropriate provision for those needs. There should be national approach to eligibility (rather than a “postcode lottery”).

There is a new overarching principle of promotion of the person’s “well-being”, which is defined very widely indeed and goes far beyond clinical health. There is also more emphasis on the needs of carers, on prevention of needs arising, on continuity of care when moving between areas, and on personalisation and involving the fully-informed individual in planning their care.

There are some key changes - each local authority must have a Safeguarding Adults Board (SAB), putting this on the same statutory basis as children’s safeguarding. In replacing the “No Secrets” (200) guidance, the definition of abuse is broadened with new categories including as “self-neglect” (which may be very hard to reconcile in practice with a capacious adult’s “unwise decision”) and “modern slavery”. The threshold for safeguarding changes form “significant harm” to just “at risk of harm” prompting fears of the system being swamped.

The most headlines, though, have been about the implementation of the Dilnot Commission recommendations as a cap on lifetime care costs at £72,000. This will not come into force until April 2016, and will mean a huge increase in the workload of the local authority as even those who privately pay for care will need to be assessed to make sure that the council properly tracks the spend towards the cap. The financial threshold for access to services will be raised.

New obligations are introduced on the local authority to provide oversight of the care provision market, and to step in if a provider fails (as we saw with Southern Cross), and the CQC have new duties to assess the financial stability of providers, not just their quality.

Otherwise, the regulatory structure is unchanged, with the CQC registering, and inspecting, but regulations made under the Care Act have introduced 12 “Fundamental Standards” (in place of the previous “Essential Standards”) against which the CQC inspect:-

1. Care and treatment must be appropriate and reflect service users’ needs and preferences.
2. Service users must be treated with dignity and respect.
3. Care and treatment must only be provided with consent.
4. Care and treatment must be provided in a safe way.
5. Service users must be protected from abuse and improper treatment.
6. Service users’ nutritional and hydration needs must be met.
7. All premises and equipment used must be clean, secure, suitable and used properly.
8. Complaints must be appropriately investigated and appropriate action taken in response.
9. Systems and processes must be established to ensure compliance with the fundamental standards.
10. Sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed.
11. Persons employed must be of good character, have the necessary qualifications, skills and experience, and be able to perform the work for which they are employed (fit and proper persons requirement).
12. Registered persons must be open and transparent with service users about their care and treatment (the duty of candour), with specific obligations prescribed in the event of a “notifiable patient safety incident”.

Much will depend on how the CQC enforce these, but you can expect there to be a fresh enthusiasm about this, after scandals such as Winterborne View and Mid Staffs, and the requirement of a prior warning notice before a prosecution has now been abolished.

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In recent years, dementia has rocketed up the public agenda. With 850,000 people in the UK living with dementia and an annual cost of £26bn to the economy, the condition is finally been considered a national priority. But there is still a long way to go.

For too long, the necessity and value of social care has been neglected. The social care work force has a huge role to play in caring for people with dementia; staff must be empowered by their training and work conditions to provide the best quality of care.

“Many reports have highlighted workforce training as a major issue for the provision of care to people with dementia.”

Dementia is an umbrella term used to describe the symptoms in the brain caused by a number of different diseases or conditions. These symptoms can include memory loss, behaviour and/or mood changes and communication problems. The most common type of dementia is Alzheimer’s disease but there are over 100 other varieties. How these symptoms manifest themselves and the speed at which they progress will depend on the disease but will also differ from person to person.

Many reports have highlighted workforce training as a major issue for the provision of care to people with dementia. In the Care Quality Commission’s 2013 Care Update, it was recommended that staff providing formal care for people with dementia must have adequate training and support. Particularly, staff should understand how to communicate with people with dementia to elicit views about their preferences and needs. Failure to appropriately communicate with the person with dementia can result in inappropriate decisions being made about their care.

As dementia progresses, care homes may become the right option. When that is the case, we need to ensure that the homes can successfully meet their needs – not just medical but also personal and social. There are many care homes providing this sort of excellent care, giving their residents a warm, friendly and safe haven – a veritable home from home. In these homes, care provision takes full appreciation of the complexities and difficulties of dementia while at the same time understanding the individual needs of each resident. But this is not the case for all.

Unfortunately, there is a historic problem of care home staff being underpaid and undervalued in parts of the sector. In this sort of environment it is difficult to improve and upgrade skills and this often leads to standards falling far short of what the many hard working staff and managers would like to see. Dementia care is a skilled profession and this status needs to be appreciated if a nationwide high calibre of staff is to be achieved.

George McNamara, Head of Policy at Alzheimer’s Society

Alzheimer’s Society works with care providers across England, Wales and Northern Ireland to develop and deliver specialist dementia training programmes. For more information visit: http://www.alzheimers.org.uk/professionals
Are you ready for Dying Matters Awareness Week 2015 - top tips and resources to help you plan

Every year, Dying Matters and its coalition members host a fantastic range of events and activities around the country with the aim of getting people talking about dying, death and bereavement and making plans for their end of life. This year sees the sixth annual Dying Matters Awareness Week, which runs from 18th–24th May 2015, and the coalition needs your help to get as many people as possible thinking, talking and acting.

A Dying Matters Awareness Week event can be large, small or anywhere inbetween, and there are a host of resources to help you to make it a success. This year’s theme will focus on the simple message: “Talk, Plan, Live”. Three eye-catching postcards represent the three parts of the message, and provide advice and information on the reverse. There are posters and pop-up banners, as well as ‘Awareness Packs’ with a range of Dying Matters leaflets, DVDs and merchandise. Order your packs or individual resources from the Dying Matters online shop now.

To help you plan, there is a section on the Dying Matters website, where you’ll find a step-by-step guide on how to get the most out of your activities, as well as a list of previous events, to give you inspiration. Visit the Awareness Week hub for details on how you can get involved, and keep in touch with Dying Matters via Twitter and Facebook to highlight what’s going on in your area. Don’t forget to use the #YODO (You Only Die Once) theme, which was so successful during awareness week 2014.
The Royal Alfred Seafarers’ Society, which celebrates its 150th anniversary this year, is a maritime charity which provides a ‘safe haven’ for elderly, sick or disabled seafarers from all backgrounds. This includes the Royal and Merchant Navies, Royal Fleet Auxiliary, Royal Marines, Wrens, fishing fleets and port workers.

Situated on the Society’s Weston Acres Estate near Banstead, Surrey, the home’s primary aim is to provide accommodation, care and support to former seafarers, who may need special help and like-minded companionship in their old age due to the often isolating nature of their careers.

Here Anne Kasey, care home manager, discusses the rewarding aspects of a care home specifically for ex-seafarers and the challenges of integrating care for residents living with dementia.

Residents have access to a full range of nursing and respite care, residential care, sheltered flats and specialist dementia care. We offer adjoining rooms and, where possible, does its upmost to ensure couples entering the care system are able to stay together.

Royal Alfred welcomed HRH The Princess Royal to open its new dedicated dementia facility in 2011 and offers specialised dementia support from trained staff meaning residents don’t have to travel off-site to access care at hospital. Other facilities include a sensory garden which acts as a safe haven for residents to access fresh air, as well as hand massage and reflexology both proven to aid relaxation in dementia residents. Memory boxes are also installed by the door of each resident’s room including items such as photographs, medals and trinkets to aid recognition and independence.

“The home is decorated with an at-sea touch designed to make our residents feel at home”

Dementia is a tragic condition for families, and when in its most severe form, can be a kind of ‘social death’. The identity of the person can disappear as the brain degenerates. This is why it is so important to work closely with the resident and their family to establish who the person is and how we can provide the best possible care.

Weston Acres is an inviting and familiar place for all new residents, as the seafaring community connection naturally brings people together. This feeling extends to residents’ family members and loved ones who come to visit the home. Family members frequently comment on how much they enjoy visiting and getting to know other residents and their families as well as spending time with their loved ones.

We hold various open days and events throughout the year, most notably for Seafarers Awareness Week, during which the Society invites local schools to join the home for the day to join in with sea shanty songs and other festivities. The Society has a rich connection and history with many other seafaring societies, most notably Seafarers UK and The Shipwrecked Mariners Society. It is relationships like these which enhance the seafaring community feel at Royal Alfred.

It may be a small thing but the way the home is decorated and furnished even has an at-sea touch designed to make our residents feel at home. There are many oil paintings, fixtures and ornaments, which are themed around a seafaring décor. Some of the paintings found at the home are made by the home’s talented residents, past and present.

“The Society has a rich connection and history with many other seafaring societies”

The care team and chefs hold monthly themed dinners at the home, for residents and their family members to attend. Residents living with dementia do not always feel confident venturing out to local restaurants or shops, so the home brings the restaurant experience to them by devising a new menu each month and dressing up the main dining area. This way the residents get to enjoy something different, but in a place in which they feel confident and safe.

The great thing about having a dedicated home for ex-seafarers is being able to tailor activities to include the whole group, rather than a select few. By providing residents with activities custom-made to their background and interests, the Society can make their later years as comfortable and fulfilling as possible.

Anne Kasey, Home Manager
There has been a feeling from many in the care industry that, over past decades, dementia has been generally misunderstood throughout society. Recently, the tide has started to turn.

The National Dementia Strategy highlights the need for greater awareness of dementia. This has started to be addressed by the introduction of Dementia Friends by the Alzheimer’s Society, greater media coverage and having public figures affected by dementia such as Terry Pratchett sharing their experiences, which in turn has helped to bring dementia into the public eye. As a result, people are developing a greater awareness of dementia, and this is generating an increased understanding of how to care and support those with a dementia. The Alzheimer’s Society estimates that 44% of people with a dementia do not currently receive a diagnosis. Improved awareness resulting in people seeking help at an earlier stage will, in future, lead to a greater proportion of diagnoses.

“This RMBI has a comprehensive learning and development programme which aims to change the culture and attitude of staff members”

Person centred care was once seen as an aspiration to provide individual care and support to each person. However, this was often thwarted by the existing models of task-based care. The RMBI has a comprehensive learning and development programme which aims to change the culture and attitude of staff members. Staff members are now able to skilfully acknowledge each person’s wishes, needs and strengths and can develop tailored plans which promote sustained well-being.

We promote person centred care to everyone, including our staff teams, families, friends and other visitors to develop a sense of community. It can be very difficult for families, who may have supported someone at home for some considerable time, to then hand over all aspects of their care and support to another person. Therefore we need to be mindful of supporting those families who wish to continue to take an active part in the life of the person living in our care home.

This specialist training has had significant positive effects by giving staff the ability to look beyond the outward behaviour and communication style of some residents. In the past certain behaviours and communications may have been seen as ‘difficult’. Staff can now develop a holistic understanding of a resident’s life and use that to anticipate triggers that may cause them distress, anxiety or confusion. This holistic approach is supported by a range of therapies, from massage to aromatherapy and using sounds to create a calm and comforting atmosphere.

As the understanding of dementia has increased, so have the techniques which the care sector uses to those with a dementia. With a guiding principle of person centred care driving change within the industry, we are in a positive position to make further advances and gain a deeper understanding of how to support our ageing population.

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Daughters most likely to seek support for dementia care

Dementia UK has announced that it has increased its DIRECT helpline hours to cope with the rising demand for dementia care advice. As the only nurse-led dementia helpline in the country, Admiral Nursing DIRECT has witnessed a 78 per cent increase in the number of help requests since January 2013. In response, Dementia UK has increased the number of available phone lines and extended the hours of opening to include two evenings (Wednesday and Thursday, 6.00-9.00pm).

Data from the Admiral Nursing DIRECT helpline also revealed that 76 per cent of callers are female, and 56 per cent of people who have contacted the helpline have been the daughter of the person living dementia. The son is the next most likely to contact the helpline (16 per cent), followed by the wife (13 per cent), husband (6 per cent), Daughter-in-law (5 per cent), and then friend (4 per cent).

Most common questions carers ask the DIRECT helpline

My relative is having problems with memory and with managing things they used to do day-to-day. How can I get them a diagnosis of dementia?

- Support your relative who has memory difficulties by getting them to their GP. (This is not always easy and you may need to write to their GP to get them to contact the person themselves).
- The GP will do a dementia screen and ‘rule out’ any physical causes of the cognitive (memory) changes.
- Get the GP to refer your relative to the local Memory Service for more in-depth tests – this could result in a diagnosis and the opportunity for further treatment and support.

What services and resources are available for my relative and how can we access them?

- Contact the local Social Services Older Adults service/social care team – ask for a Community Care Assessment and a Carer’s Assessment. (They have a duty to do this).
- Contact the ‘Dementia Adviser’ at the Memory Service or other charities in your relative’s area (such as Age UK or Alzheimer’s Society) to see what services are available locally.

My Mother/ Father is very confused and not managing her/ his affairs very well – what can I do?

- If your mother/father has mental capacity ask her/him to give others a Lasting Power of Attorney for health and welfare, and for property and affairs.
- Think about setting up an Advance Care Plan to plan for future care.
- If your mother/father no longer has mental capacity, contact the Court of Protection and apply to become a ‘Deputy’.

How do I get my relative or friend who has dementia to ‘comply’ with what I know will be good for them (e.g. going to the Day Centre)?

- Developing good ‘communication’ skills is vital. Don’t contradict your relative or friend, or argue with them. ‘Validate’ their feelings (‘you look sad’, ‘you seem really angry’), empathise (by trying to see how it must feel for them), give time for them to express themselves, and listen. This will help your relative or friend feel trusted and it will provide a greater chance that they will ‘go along’ with you. Rushing or losing patience with them can be counter-productive!

My parent needs to move into long term care – what should I think about?

- Contact Social Services to see how much support they can give you, discuss finances and get information about local homes.
- Make sure the home is appropriate and registered for people who have dementia – use a ‘checklist’ to make sure you have asked all the questions you need to.
- Prepare a ‘Life Story’ book and ensure the care home has knowledge of some of this before they meet your parent.
- Be open with the home – think of the future care of your parent as being a ‘partnership’ with them, and explain how you will remain involved in their care.

My father/ mother is much more confused; his/her dementia symptoms have deteriorated. He/she is not eating and drinking, and he/she is being aggressive to us when we try and help him/her. What can I do?

- Think about his/her physical health first. Ask the GP to see them as any sudden change is likely to be due to a physical cause; for example, infection, pain or constipation (these all cause increased confusion). Also, consider the environment, such as people’s relationships with him/her and how he/she is approached, and his/her mental health (e.g. he/she may be anxious or depressed).
- Only after these aspects have been considered should you put any perceived changes down to an advance in the progress of dementia.

I’m really struggling to carry on in caring for my husband/ wife – I’m going to have a breakdown if I continue…

- You have to consider your own mental health. It’s important to remember how common stress and depression are for carers of people who have dementia. Could you be depressed yourself? Talk to your GP.
- Build in breaks, respite, support (attending groups, talking to friends) and time for yourself.

My mother/ father is at the end stage of dementia. What should I do?

- Talk to her/his GP. If there is no ‘Advance Care Plan’ for your mother/father, the surgery may be able to provide a ‘Gold Standards Framework’ service. Consider what your mother/father would have wanted for herself/himself – discuss a ‘Do Not Attempt Resuscitation’ (DNAR) policy with the doctor.
- It may be time to get other professionals involved in your mother/father’s care – consider any palliative care needs she/he might have (e.g. pain).
- It is really important to continue giving the best care – her/his needs have changed but there is still a lot you can do to provide ‘quality’ care for her/him.

For families who are living with dementia and feel they would benefit from the advice of an experienced Admiral Nurse, please contact the Admiral Nursing DIRECT helpline on 0845 257 9406 or email direct@dementiakuk.org. The helpline is open Monday to Friday, 9.15am-4.45pm and on Wednesday and Thursday evenings, 6.00pm-9.00pm. Dementia UK is striving to increase the number of Admiral Nurses by 50 per cent over the next two years to support the growing number of families affected by dementia.
Independent Living Assistants required

Polkadot Care is currently looking to expand our team of valued Independent Living Assistants.

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We are recruiting in Leeds, Nottingham and Loughborough

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Or email your CV
gemma@polkadotcare.co.uk
Are you up to date with changes to the law around safeguarding issues?

Safeguarding responsibilities have changed significantly with the implementation of the Care Act.

The statutory guidance for this legislation enshrines the six important principles of safeguarding: 1. empowerment - presumption of person-led decisions and informed consent; 2. prevention - it is better to take action before harm occurs; 3. proportionality - proportionate and least intrusive response appropriate to the risk presented; 4. protection - support and representation for those in greatest need; 5. partnerships - local solutions through services working with their communities; 6. accountability - accountability and transparency in delivering safeguarding. Arguably these principles signal a major change in practice towards a person-centred approach which achieves the outcomes that people want. Best practice in social care puts the focus on what the adult wants and takes account of the possibility that individuals can change their mind on what outcomes they want.

So, what has changed in terms of the law?

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

As a result local authorities have new safeguarding duties. They must:

- lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens
- make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- establish Safeguarding Adults Boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- carry out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them: this means that serious case reviews are mandatory when certain ‘triggering’ situations have occurred and the parties believe that safeguarding failures have occurred
- arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

On a related aspect the Care Act introduces a new duty of candour on providers about failings in care settings creating a new offence for providers of supplying false or misleading information, in the case of information they are legally obliged to provide.

“The Care Act introduces a new duty of candour on providers about failings in care settings”

It is only a short time since these changes came into effect but it is vital that care providers are aware of their responsibilities and duties. The Social Care Institute for Excellence (SCIE) and Skills for Care have been commissioned by the Department of Health to develop resources to help local authority staff and their partners (including care providers), chairs and members of Safeguarding Adults Boards, to meet their new safeguarding duties under the Care Act 2014 and I commend these free resources to you. The resources offer useful guidance including on a number of challenging safeguarding dilemmas, and aim to make clear how these should be handled within the new legal framework. They are certainly worth checking out.

Des Kelly OBE, executive Director, National Care Forum

Des Kelly, executive director, National Care Forum
Client care is the number one priority for care homes, which are increasingly looking to technology to help them monitor intervention as it takes place and ensure that clients receive the proper level of care. The ability to track care giving and to immediately spot any issues can assist the care team in their implementation of support for their clients.

In order to achieve this, care homes are using a wide range of technologies including small handheld devices with bar code scanners. Bar codes are placed inside a client’s room where the carer scans the code with the device to confirm that they have visited and then logs the care that was given. This makes it simple and quick; there are no handwritten reports and everything is captured straight away.

“Technology therefore acts as a safety net alongside general care giving”

Being able to capture the care given in this manner makes it easier to track whether someone was asleep or awake, whether they were turned, their fluid intake, and the medication and dosage received with the device providing prompts to ensure that the client gets the right personal attention. By capturing client data in real-time it means that the most up-to-date status report is always available, improving client care and safety. If a client’s condition is deteriorating, it helps to enable staff to decide on the appropriate escalation of care and for this to happen in a timely fashion.

Technology therefore acts as a safety net alongside general care giving and system alerts that highlight when someone needs special attention, making it more likely that the care team will spot the early warning signs that something is wrong. This is particularly beneficial where there are changes in staff, including agency care teams, across the different shifts, which means that the same person may not see the same clients every single day, increasing the likelihood of something being missed.

“An audit trail means that all information can be tracked back to source too so that there is total transparency of care”

Care homes are using the technology to provide them with accurate defensible records, this valuable data proving beneficial for care assessment negotiations. An audit trail means that all information can be tracked back to source too so that there is total transparency of care. And because data can be automatically made available via the web through secure logins, it makes it easier for the care team to review and act as necessary. It also means that care teams can talk knowledgeably with relatives, giving them the confidence that their loved one is receiving the right care and attention.

For management it provides the opportunity to view data in many different ways including by care home, region or group and receive alerts for a range of conditions. The devices can also be used to record the location and condition of wheelchairs, mattresses, bedrails and other care home assets. It ensures that every aspect of care is monitored, that the right procedures are adhered to and makes for a more data-driven healthcare service that is efficient and effective.

The technology to capture intervention as it happens and feed back into one centralised system is something which many forward thinking care homes are doing in a bid to join up the service they provide as well as helping to support the management and care teams in their day-to-day role. It enables them to adhere to best practice procedures, ensuring vital information is not overlooked and enables them to be more responsive, not only helping to provide better care but also to improve the client experience.

By Paul Patarou – Divisional Manager, Health & Social Care Division, Access Group
From singing with clients to making the perfect cuppa, Sheila - a carer at Bluebird Care York - provides an insight into the life of a home carer.

At 6.45am, I will arrive at my first appointment of the day. 88-year-old Florence lives on her own and needs help starting her day. Although I don’t actually start my shift until 7am, I always like to get there slightly early as I know Florence will always be looking out the window, awaiting my arrival.

“For many of my clients, I am the only person they will see in a day”

For many of my clients, I am the only person they will see in a day so it’s important to make sure they know they are the focus of my attention during a visit.

I will help Florence get washed and dressed and make her some breakfast. I tidy her surroundings and ensure she is settled, safe and secure. But, most importantly, I talk to her and listen to how she is feeling.

We see many reports in the media about ‘clock-watch care’, where visits are restricted to 15 minutes or less, with one recent story even claiming that half a million home care visits last less than five minutes. It would be impossible for me to get anything done that is of value to people in this short time.

The minimum amount of time I will spend with a client is 30 minutes, which means I can get to know their unique qualities rather than just see them as a checklist of care needs.

Florence is certainly worth more than just a tick on my rota; she is a fascinating lady who deserves my complete focus during my time with her. I’ve got to know her little ways, such as making that cup of tea just how she likes it - with a squeeze of lemon and a drop of honey.

Paying attention to the finer details and adapting to each call is an essential part of my role. As well as Florence, I can see another four to five people throughout the day - some days I will see up to 12 clients, it will depend on their needs.

Later, when I am with another customer, John, I will need to turn my hand to making a bacon sandwich with the bread slightly toasted and with a slight smear of mustard – his particular favourite.

I can’t sing for toffee, but one of my clients is a nervous, self-conscious lady and I discovered one day that she relaxes more if I sing to her while getting her washed and dressed.

My mischievous sense of fun appears to be an effective way of connecting with many of my clients, who are themselves such characters with wonderful stories to tell.

I will help them in a variety of ways; from essential tasks, such as ensuring they take their medication, to more social activities, such as going to the shops or for a little walk outside.

“I was inspired to work in home care after caring for my own husband, mother and daughter”

Caring for people is an awesome responsibility and I feel enormous privilege to be given that trust. I know that it is a daunting and scary experience to accept someone other than family into your home and life.

I was inspired to work in home care after caring for my own husband, mother and daughter during illness and before they died, so I know first-hand the importance of helping people feel as comfortable as possible in an environment that means something to them.

I joined Bluebird Care York because of its reputation as a care provider that puts customers first and for delivering the level of care that you would expect for your own friends and relatives.

There are huge positives to working in care – it’s a career where you can get an enormous sense of personal achievement from knowing you are helping other people. The opportunity to make a real difference to someone’s life is a wonderful and rewarding experience.

Names of Sheila’s clients have been changed out of confidentiality
Ogrizovic cousins retrace grandad’s journey to Croatia

Two cousins are set to retrace the 1,100-mile (1,770 km) journey their late grandfather took when he fled the Nazis as a teenager.

Sam and Chris Ogrizovic will set off from Ravenshead, Nottinghamshire and walk or hitchhike to Brlog, Croatia. The pair will emulate grandfather Nicola, who escaped the village aged 14 as it came under siege from Nazi soldiers during WWII.

Mr Ogrizovic, known as Nick, died from Alzheimer’s last year, aged 86. Sam and Chris will take just £20, and use no maps on the trek in their grandfather’s memory.

Under the name Papa’s Journey, the pair are hoping to raise more than £2,000 for the Alzheimer’s Society when they embark on the challenge in May.

Mr Ogrizovic had seen his father shot dead by Nazi soldiers when he fled Brlog, then in Yugoslavia, in the 1940s, leaving behind his mother and two sisters. It took him five years to make his way to Nottinghamshire, having been captured and sent to a Prisoner of War camp in Italy. However, the two cousins are hoping to retrace his steps in eight days.

Sam, 30, from Hoveringham, Nottinghamshire, said: “We are trying to replicate it as much as we can with no planning, no maps, no planes and only £20.

“Unskilled and with little education, he came here to work in the mines purely because he thought he would be closer to get back to Yugoslavia. But he never returned.”

Cousin Chris, from Birmingham, and son of Coventry City goalkeeper Steve Ogrizovic, said they were nervous about the trip.

“There’s always a curiosity of where grandpa came from, where your heritage is, and it’s a great opportunity to go back and find out,” said the 31-year-old.

The pair have been given letters by the Alzheimer’s Society written in several different languages to explain to people they meet along the way what they are doing.

Nick Ogrizovic lost contact with his mother and sisters during Yugoslavia’s unrest in the 80s and 90s.
Ann Whitaker, 50, was born with cerebral palsy. Aged just three months, her parents were advised to 'put her in a home' because she would never be able to walk or talk.

Defying this advice, along with similar repeated by many specialists during the early years of her life, Ann led an active lifestyle throughout her childhood, enjoying swimming, horse riding, hydrotherapy, speech therapy and physiotherapy. Encouraged by her parents who wanted her to lead the fullest life possible, Ann's independent nature shone through and she grew into a bright young woman.

During her teenage years, Ann discovered the Alexander Technique, a treatment which aids relaxation and confidence building. She also made progress with regards to her speech which became clearer.

After making the decision to move into independent accommodation, Ann eventually settled at Springhill.

During her time here, she has made great improvements with regards to her mobility, now able to walk well with minimum assistance.

A lively presence around the place, Ann always gets involved in the activities and goings on around the home, making lots of friends along the way. Ann has now written an account of her life at Springhill and what it means to her to have her independence. She has asked us to share her story:

Ann’s story

“I have lived at Springhill Care Home for three years and am now going into my fourth, and I have no regrets. All the staff treat me like an adult and with full respect. The first time I visited Springhill I somehow knew that I could make this my home for the rest of my life. For the first time I was treated with respect, and it wasn’t long before I began to feel like a person in my own right.

As time went on I began to put my full trust in staff and began to communicate with them so I could help them to understand what I wanted. If they could not understand me the first time, they would ask me to repeat.

“I have a large bedroom with plenty of space and my own bathroom which gives me complete privacy. One thing I noticed straight away was when a member of staff entered my bedroom they always knocked first to give me notice. The staff are so kind and helpful and if you ever need anything doing, they always try to get the job done within the same day.

“During the week we have activities every afternoon, like crafts and music. Entertainers come in once or twice a month to entertain us. All the residents at Springhill have got used to me and I try to visit them daily. We also have different church groups coming in on a regular basis. It was through Celia who brings communion every week that I got to know the people from the parish. Last year I got invited to go to Lourdes with them and had a wonderful time. Because of this I have made some good friends.

“In December I celebrated my 50th birthday and the staff were so good to throw me a party. I invited my family and friends and they all said what a wonderful warm greeting you receive as soon as you walk through the door at Springhill.

“I think one of the main things I have learnt is how to approach staff by myself, at one time I would have asked my father to ask if I wanted anything doing, but now I feel confident asking myself.

“I am totally satisfied and love living here at Springhill.”

Ann Whitaker
From Apprentice to Carer, How we are Supporting Employment for Young People

At a time when over 700,000 young people aged 16-24 are unemployed and there is little inspiration or motivation for building careers, we chat to three of our employees about their journey from apprentice to carer, through our Care Academy.

"It’s probably the best decision I’ve ever made." Says 17-year-old Kayleigh Baber of her decision to join the Society’s apprentice scheme.

Joining the Academy was really daunting at first as I was only 16 but I received so much support from the Society, I’d say as a result of that, I’ve changed as a person and really grown up. I’m hoping to complete my level 3 NVQ and eventually become a lead night carer.

"Recognising that the adult care sector was in need of high quality staff, the Society launched the Care Academy" says the Society’s senior training consultant.

Kayleigh joined the Care Academy in November 2013, along with other apprentices and members of the Society’s staff. After a year-long apprenticeship, combining her studying with gaining hands-on experience, she landed a permanent job at St Martins residential home in Larkfield.

Recognising that the adult care sector was in need of high quality staff, the Society launched the Care Academy in 2013. The in-house programme was designed to offer support and development to its staff, as well as working with young students studying health and social care subjects.

Ayla Beaney, aged 21 and Rebecca Bateman, aged 22, undertook their apprenticeships alongside Kayleigh and are also now working with us as carers, Ayla at Rogers House in Wigmore and Rebecca at Greensted in Wateringbury.

Ayla says, "The apprenticeship was a great way to gain experience whilst earning an NVQ. Currently I’m working on my safe handling of medication training and then I will work towards my level 3 NVQ. I’m hoping to become a senior carer."

"The apprenticeship was a great way to gain experience whilst earning an NVQ."

Rebecca, who has a long-term goal of being a paramedic, agrees it has helped her develop her skills greatly. "It was a great way to gain care experience and really helped to build my confidence."

Cath Whitney, senior training consultant at the Society said: "All of the apprentices worked so hard throughout the programme, they are determined and passionate about their future careers and the whole Society is very proud of them."
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.
What changes would you like to see for social care from the next Government?

With the General Election just round the corner the appetite for a better change for the sector has never been more heightened. We asked a group of stakeholders from the sector ‘What changes would you like to see for social care from the next Government?’

**The Care Workers - Jo Lunn and Katie Turner, Woodleigh Community Care**

Katie - More opportunities to access meaningful activities or work based educational experiences. The old style day services have been closed down and removed but there has not been a lot put in their place to provide opportunities. Whether its work based employment opportunities or qualifications, skills and courses – they need to be easy to access.

Jo - I guess from the staffing point of view a recognition of the really good work that people do. I think there has been moves towards that. Maybe for example some of the training - I know people do formal qualifications but people are also doing lots of other really relevant work related things that.

**The Sector Body - Carolyn Denne, SCIE**

I think what I would like to see more than anything is genuine recognition of the range and diversity of practise in social care, the range of peoples’ needs that social care are supporting and a genuine understanding about what that’s about. I think there are all sorts of benefits from joining up better with other aspects of services health housing and so forth in particular - but I think there needs to be a fundamental recognition that social care is about helping people to live their lives as well as possible and there therefore needs to be a recognition of the staff that are supporting them and parity of state and esteem for those workers.

**The Charity Manager - Lynn Day, Anchor**

I would like to see them to value older people and recognise the true cost of care. Local authorities need to have money to invest in our older generation because we are living longer. There needs to be greater input in dementia care training. The Government needs to put their money where their mouth is and back the grey boat.

**The Care Home Manager - Andrea Cully, Regard**

I think we need more funding. There needs to be a lot more money going into the social care industry. We have a huge care industry, we have a lot of people who are getting older and likewise we have lot of people who are getting dementia. These are people like you and I who will be in that situation in 50 years time. Funding is a real issue.

**The Specialist Provider - Neil Russell, PJ Care**

I would like to see greater acceptance of private health providers being not a bad thing. Greater working weeks for the public and private sectors. The NHS is a creaking sink it needs as much help as it can get but there is this view that private health providers are evil or bad and that’s not true. They can work with the Government they can work with Councils and the NHS and CCGs to improve health provision for everybody.

**The Supplier - Jennifer Hemmings, Lloyds Pharmacies**

I think they should look at the budget available to care providers to be able to provide more dedicated care and allow them to improve the quality of care involved. They need to make the way that care outcomes are monitored less complicated, less red tape involved for the care providers so that they can actually focus on providing quality care rather than ticking boxes.

**The Care Home Provider - Karen Rogers, Herefordshire Care Homes**

I would like to see a really positive approach to changing the model of care and recognising really good care that’s delivered in care homes. It should be a real positive option for people rather than it being seen as everybody wants to stay at home. Care homes are actually great places if they are funded properly and that the staff are trained and we provide a really good environment and really good care delivery.

**Conclusion**

- Opportunities to access meaningful activities and training
- More funding
- Valuing older people and recognising the true cost of care
- More Government support for care homes to be seen as a positive model of care
- Working together with the private sector
- Less red tape and more focus on outcomes
- Recognition of range and diversity of workforce

www.caretalk.co.uk I 21
Four months ago, a friend tripped on a short run of stairs in her home that she uses 100 times a day and snapped her Achilles Tendon. Ouch! She was wearing a pair of soft mule-type slippers with no backs. Her foot slipped out of one of them, and down she came. The work of a second or two but she is suffering still and cursing herself for wearing such unsuitable footwear despite the familiarity of her home. She’s particularly cross with herself because she’s worked in health care and knows all about the dangers of falling, but never thought it would happen to her. (Where have we heard that before?)!

It’s National Falls Prevention Awareness Week this month and most local authorities and some of the major charities along with health partners are offering advice, leaflets, guides and booklets to help older people and their families learn more about preventing falls, avoiding risks (no more sloppy slippers; there’s also advice on understanding the causes of falling (people on 4 or more medications, for instance, are twice as likely to fall) and dealing with the effect of falls and the consequent impact of confidence.

Research shows sadly that frequent falling can be caused by many things but the effect is often the same … loss of confidence, loss of freedom and sometimes leading to loss of life. Some people can become almost reclusive if they fear falling outside in the road or anyway not as familiar as home. And yet, home is where most falls happen! It’s serious stuff! It’s not just about the incapacitation of a month with your leg in a plaster, or about managing to deal with pain and disability, but it’s also about taking some responsibility for keeping yourself safe (and upright) for as long as possible so that you can carry on as able-bodied as possible for as long as you can.

Many of our voluntary organisations have produced checklists and factsheets that help – RoSPA, the RVS, Age UK to name only a few for instance have print-off sheets with tips for preventing falls in the home that include wearing sensible footgear, ensuring foot health and clipped nails, having regular eye tests, reducing clutter and removing trip hazards such as rugs and trailing cables, ensuring lighting is adequate, and improving personal strength and balance. Following these simple rules may help prevent some of the 3000 falls-related deaths in the over 55s we have each year in Britain, and the many many thousands of injuries caused by falling over.

And of course it’s not just about helping prevent older people from falling. Your workforce needs protection too and there are many guides for employers in all sectors. Protecting everyone from falls-related injuries reduces costs, inconvenience, personal pain and hardship. Your staff can’t afford to have time off because of injury and neither can your business.
Care UK colleagues have been going the extra mile at Britten Court care home in Lowestoft, after setting-up a special surprise for 82 year-old resident Olive Gooch and her husband Tony on their diamond wedding anniversary.

Olive and Tony Gooch enjoyed a wonderful three-course meal, specially prepared by head chef Darren Lunnis. Kitchen assistant Karmal Dejedda dressed as a waiter for the occasion and a private dining table was set up for the couple, which was decorated with candles and flowers. Olive and Tony were thrilled with the surprise and amazed at how the Britten Court team pulled out all the stops to help them celebrate their special day.

Britten Court head housekeeper Sarah Emery, who helped arrange the surprise, said: “Tony visits Olive four times a week and it’s heart-warming to see how much they are still in love after all these years. My colleagues and I were keen to help make their wedding anniversary an extra-special occasion, and we are delighted that they both had a wonderful day together.”

Olive and Tony Gooch married in St Margaret’s Church in Lowestoft 60 years ago, and they have lived locally ever since. Olive moved from Care UK’s Stradbroke Court care home, where she had lived for two years, to the new Britten Court home on Love Road in the town when it opened in December 2014. Olive has settled in well and is enjoying her new surroundings, including making new friends and spending time in the home’s coffee shop when Tony visits.
Caroline Abrahams

Raising the bar: developing leadership excellence in homecare

Not one to stand still, Fiona Williams, director of operations for Bluebird Care, is keeping up with the rapid pace of the care sector and preparing leaders for the future of homecare.

The actual leadership required to run any effective business is often underestimated. In our sector, we need to change the perception that the registered manager is not necessarily seen as a leadership role. Effective leadership and strategy are critical requirements for the sound operation of any business. While this approach links closely to sound regulatory compliance, such as the Key Lines of Enquiry’s (KLOEs) ‘does the service demonstrate good management and leadership’, it is more important that good governance is in an organisation’s DNA. I want our businesses not to just be compliant but to be outstanding, to go the extra mile, to do the very best for our key stakeholders, our customers, staff, communities and partners whom we rely on and serve. To achieve this we need to identify and develop excellent leaders.

One of the guest speakers at our October 2014 annual conference was the late, and incomparably compassionate and experienced, Professor Aidan Halligan, Principal of the NHS Staff College, previously Director of Education at University College London Hospitals, and Chief of Safety at Brighton and Sussex University Hospitals. He spoke about issues and challenges faced by the NHS and I recognised similar challenges in our sector with leadership being an area which we could further explore.

The NHS Staff College runs courses at every level of management across the NHS and we want to bring our resources together to create a new course tailored to Bluebird Care franchise owners and registered managers. We have very talented leaders in our network and this new course is an opportunity to sharpen their abilities, so we can further tap into their vitality and engagement, and to take them where they need to go in their personal and professional development. This is the NHS Staff College’s first relationship with a private company and we are extremely excited about realising the benefits of combining our resources to drive excellence in our sector.

“Culture eats strategy for breakfast”

Having attended a course it was interesting how it challenged my thinking and helped me to reflect on how I see myself as a leader and, being with other leaders on the course who were from a range of sectors, was also effective in helping me better understand who I am and what my personal values are. We were put into teams and faced a number of challenges that identified areas where we could improve as individuals and leaders.

While I believe strategic direction is business critical, Professor Halligan said, “Culture eats strategy for breakfast”. I agree - we need to challenge and strengthen the culture in our sector, it’s our personal and organisational values that impact significantly on culture. I feel that knowing and living individual values is critical for authentic and effective leadership because this will impact on judgement, decision making and ultimately the culture within our sector.”
Are you a Pioneer, Innovator or a Gamechanger looking for a new challenge?

Access Health and Social Care is a proud supporter of the Great British Care Awards. We support over 700 UK care providers with our leading care management solutions for domiciliary and residential care. Our division is rapidly growing and we are looking for dedicated and motivated individuals to join us as we deliver quality, efficiency and growth to the market through our software solutions.

Access is currently recruiting for roles in business development, support, testing, development and implementation. If you have the skillset and the passion to help us to support the sector please get in touch.

Contact us - hrteam@theaccessgroup.com   www.theaccessgroup.com/hsc
Do Not Resuscitate!

Oh, we've had the General Election now – another load of hype and promises of better deals for us oldies! But we've heard it all before and we always seem to be at the bottom of the heap.

We had a talk the other day given by one of the area organisers saying that there is a general view that there are too many of us old age pensioners sitting around costing the country a load of money to keep us safe and well and cared for. She sounded quite angry about it, because we all get to grow old one day (God Willing!) and we should be celebrating our great ages. It's all down to better health care, healthier lifestyles, more good food and less pollution, as well as all the medical advances. We should be proud that we 'grow our old folk' instead of us being thought of as a burden.

She wanted to talk about End of Life care (not very tactful given that we're all decrepit and sitting around in God's Waiting Room) but she made some very good points that we should be thinking about what our wishes are when we gradually decline and are approaching our last days. It's a good thought but not one easy to deal with.

We sat around and talked and we all agreed 'life is more than a beating heart' and none of us wants to be so ill that we can't function any more and we can't do anything for ourselves. I can't imagine just being kept alive with pills and things. Half of us had talked about this before and we all thought that withholding some antibiotics and that sort of thing is reasonable if you're at death's door anyway, and what's the point of giving us 'flu jabs! I ask you!

Mrs MacBlog

Mrs Mac is now 92 years old. She has lived in extra care accommodation for more than 6 years and she has been widowed for over 12 years. She gets 4 calls a day.

I've told my daughters, please do not resuscitate me when it's my time to go.

Challenge for care workers – discuss the following issues.

1. Does your organisation arrange talks on ‘the wicked issues’, difficult topics like End of Life care?
2. Have you ever had a conversation with your clients about their wishes for their last days? How did you approach the subject? How easy was it to find the right words?
3. Should older people when they’re very frail be given a flu jab? Would you advocate withholding medicines to see someone recover a little, but only to become very ill again very soon?
4. Do you get to talk to families about this? Is it all written up on the clients’ files?
Let’s make sure our residents are connected to their local communities

For the third year running, Care Home Open Day is being held across the UK on 19\textsuperscript{th} June 2015.

The idea behind the day is to connect communities and showcase the high quality care being carried out by caring staff every single day.

We would like to encourage as many care homes as possible to register on the website at \url{www.nationalcarehomeopeniday.org.uk} to take part in 2015.

This year the two themes being promoted are The Arts and Valuing Staff. However, the home is free to put on any activities they think will attract their local community into their homes and the aim is to dispel some of the myths about residential care and show local people what excellent services are at the heart of their community.

For more details visit the website at \url{www.nationalcarehomeopeniday.org.uk}
Accidents are unfortunately a common occurrence and cause distress to the service user, their families and care workers. We asked a group of registered managers:

“What are the biggest causes of accidents and how can these be prevented?”

**Tracy Fullard**
North Yorkshire County Council

Usually falls, due to poor footwear, or if residents are confused and don’t use their walking aid properly. Advice is the best prevention, reminding them to use their aids and to wear well-fitting shoes. Be conscious of keeping floors clear and it’s vital to make sure people eat and drink properly – educating them to look after themselves as much as possible.

**Catherine Watters**
Cumbria Care

Insufficient fluid intake! Residents can become dehydrated, especially walking around a lot as they can fall from dizzy spells. If the nutritional intake isn’t right, it has an effect. So diet is really important and we introduce more mini-drinks throughout the day and use smoothies to increase nutritional content. Medication can be a major factor in falls, especially if people become overly sedated.

**Ann Golightly**
MHA Care Group

We look at the person and the environment they’re in to make sure it’s suitable. We follow through with a ‘moving and handling’ assessment to see what the needs are – look at the medication, see if there’s a health issue. Also we look at footwear, risk assess all the time and fit the plan around the person.

**Natalie Adams**
Tovic Ltd

Slips, trips or falls, I would say, because people lose their balance or try to maintain their independence when not being able to, at times. So it’s always good to make sure you have risk assessments in place for individuals and see how we can look at hazards, and eliminate or change things.

**Jackie Wright**
BUPA

Biggest cause of accidents might be residents not understanding changes happening to them; you might get a resident who thinks they’re still able to walk but may have had a change in physical health that means they’ve become more unsteady. I’m red hot on documentation, making sure we see any slight changes really quickly so we can avoid those types of accidents.

**Things to remember!**

- Ensure service users don’t become dehydrated
- Ensure service users understand limitations due to changes in health
- Identify hazards that may lead to a fall
- Ongoing risk assessments
Local care home has a hoot!

Residents at Gleavewood, the CLS care home in Weaverham, had a real hoot recently, when staff from Stockley Farm’s Birds of Prey Centre paid a visit to the home, bringing two of their magnificent owls along with them. Residents were given the chance to hold the birds of prey, while a representative from Stockley Farm taught the residents about the owls, and about their habits in the wild.

One resident, Sylvia Bracegirdle, took a real shine to the beautiful creatures, particularly enjoying her meeting with Spike, the Barn Owl. Sylvia, 92, originally from Whitegate in Northwich, is a very popular member of the local community, and has been active in the local church for many years. Commenting on the owl visit, Sylvia said: “They always have good things going on at Gleavewood, but I really enjoyed meeting the owls. It was certainly a very different and unusual way to spend the afternoon!”

Gleavewood arranged for the visit from the Stockley Farm Birds of Prey Centre as part of their extensive programme of activities. All CLS homes employ dedicated activity coordinators, who try to create a programme of stimulating, sociable and enjoyable events and activities for residents. Frequent socialising and regular mental stimulation can play a huge role in preventing or slowing the onset of dementia and related mental illnesses. Activities at CLS homes also regularly focus on improving the physical health of residents.

Georgina Buckler, Activity Coordinator at Gleavewood, commented: “Watching the residents get close to these beautiful and impressive birds was just brilliant. Not many people get the chance to hold an owl, and it clearly brought a great deal of joy to everyone who joined in, not least Sylvia. She is so lovely that it really makes your day to see her smile. We always try to have plenty of fun and interesting activities going on at the home, and it’s great when we have something such as this that really gets everyone excited.”

Home Manager at Gleavewood, Julie Gerrard, also commented: “We aim to provide a wide range of activities for the residents, to make sure that there is something for everybody. Activities such as this always get everybody excited, and everybody enjoyed learning about the birds. We will look to have more activities like this in the future.”

Carebase, The Care Employer Award

Care Base were the proud winner of the Care Employer Award at the Great British Home Care Finals 2015

What the winner said...

“What an honour it is to have been nominated and to have Care Employer! At Carebase we wholeheartedly believe that our teams are the very product we provide and the very product we deliver. Their role is so important as they are the vital link to our residents and their families.”

What the judges said...

“Carebase was represented by the managing director and the HR officer. Their enthusiasm was infectious and the commitment and innovation they demonstrated to encourage and reward staff should be a role model for employers”
24 April 2015
ICC Birmingham

Meet the winners

The Care Employer Award
Carebase Ltd

The Care Home Worker Award
Raphael Akinwumi - Voyage Care

The Care Newcomer Award
Heidi Hovell – Voyage Care

The Care Home Registered Manager Award
Lorraine Greggory – Young Options

The Care Home Nutrition and Hydration Award
Amanda Hodge Greensleeves

The Dignity in Care Award
Vilma Toledo, Camden and Islington NHS Trust

The Dementia Carer Award
Robin Eddlestone Springhill Care

The Care Team Award
Valerie Manor

The Care Activity Organiser Award
Claire Foale – Pilling Care Homes
The Ancillary Worker Award
Ken Speed – PJ Care
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The Care Trainer Award
Jane Baldwin
RMBI
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The Care Innovator Award
Projects Team – Woodleigh Care
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The Frontline Leaders Award
Michelle Jones – Belong
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The Putting People First Award
Gary Mathews – Eden Place Ltd
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The Good Nurse Award
Charlotte Little – PJ Care
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The Outstanding Contribution to Social Care Award
Karen Rogers – Herefordshire Care Homes
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QCS are excellent in keeping us up-to-date with the regular changes that occur within legislation, policies and procedures. ...I have no hesitation in recommending them to anyone.
Claire, Abacus Homecare (Bromley) Ltd

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As a lone care home manager with no organisation at the back of me I have found the compliance system absolutely brilliant. It has everything that I have needed and more!!
Sue Smith, Manor House Residential Home

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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.

**Care Talk on the road**

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We all know it is important to brush our teeth twice a day to help avoid dental decay and gum disease but this can be difficult for some residents in care homes. The Improving Oral Health of Older People Initiative (IOHOPI) is a project that aims to help carers improve the oral health of older people. We provide training to care home staff and also an online education resource. The interactive training sessions aim to give staff the confidence to be actively involved with resident’s oral healthcare. The project will begin in Kent, Surrey and Sussex, but it is hoped that it could be rolled out to more areas in the future.

“More and more people are keeping their teeth into their senior years”

All this is important, because more and more people are keeping their teeth into their senior years and if not looked after, they may cause a range of problems. Residents with poor oral health may present with behavioural changes including changes in eating as well as aggressive behaviour. Additionally, oral infection has been linked to poor diabetic control and has been associated with aspiration pneumonia. By brushing a resident’s teeth we can improve their quality of life and overall health.

Some residents in care homes will be capable of cleaning their own teeth and prompting alone will be sufficient. For many residents though this is not the case and carers will need to help brush residents teeth. This may be a daunting task for some carers, but with the proper training, concerns can be overcome. The following tips and tricks may help:

- First practice cleaning someone else’s teeth. Choose someone who can give feedback.
- When you clean a residents teeth, make sure you pick a time when they are relaxed and comfortable, this may be different for individual residents and if you find a time that works well for a resident it will be worth recording it.
- Standing behind or to the side of a resident can make cleaning their teeth easier and more natural for you.
- Remember to use a toothpaste which contains fluoride.
- Encourage the resident to spit the toothpaste out but not to rinse their mouth out afterwards with water. This allows the toothpaste to remain on the teeth and helps to prevent decay.
- If a resident can manage it, offer a fluoride mouth rinse after eating.
- Dentures should be taken out of the mouth and cleaned daily. Removing and replacing dentures can be tricky. Often the resident can do it for you. If not, it may be easier from behind or to the side of a resident.

The training provided through the IOHOPI project focuses on small changes, like a simple assessment of the oral health needs of residents and how to make a daily care plan. There are hands on training sessions on carrying out tooth brushing and denture care for residents who have difficulty, as well as managing some of the other issues that can occur such as dry mouths.

“Carers will need to help brush residents teeth - this may be a daunting task for some carers,”

In addition to training days there is also a website (www.iohopi.co.uk) which provides further information on the project, the oral health needs assessment and care plan, learning materials and links to further resources, including a video on tooth brushing for those in care. An on-line interactive learning program is also in development.

Clare Yates, Core Trainee in Dental Public Health
Anchor Care Home Launches Pioneering Nutrition Initiative

Pioneering nutrition and hydration stations are to be installed at Buckingham Lodge, Anchor’s new residential care home in Aylesbury, which will welcome its first residents next week.

Anchor, England’s largest not-for-profit provider of housing and care to older people, is installing the stations at Buckingham Lodge as part of a nutrition and hydration initiative that will eventually see them fitted in all Anchor care homes.

“Loss of weight is a real issue for older people nationwide”

The new nutrition and hydration stations will be stocked with a variety of snacks and soft drinks to enable residents to graze all day, ensuring everyone in the care home is hydrated and well fed at all times.

Wendy Luck, Home Manager at Buckingham Lodge care home, said: “Although we specialise in dementia care, the nutrition and hydration stations are for all our residents and will have a real positive impact on their day-to-day lives.

“Loss of weight is a real issue for older people nationwide, whether they are living in a care home or in their own homes. These new nutrition and hydration stations will encourage Buckingham Lodge residents to remain hydrated, especially on hot days.

“They’re also particularly beneficial for people living with dementia, many of whom like to wander; the stations provide easy access to food and drinks throughout the home so that residents can move around freely, maintaining their independence and receiving the nutrients they need.”

Buckingham Lodge will be the first Anchor care home to feature the nutrition and hydration stations when it opens on 27 April; the stations will then be standard in all of Anchor’s new care homes, such as Moore Place and Clayburn Court which are opening this year.

Richard Herne, Anchor’s Catering Manager, commented: “These nutrition and hydration stations are a fantastic development, which reflects Anchor’s ethos of giving residents as much control as possible over their day-to-day decisions.

“Buckingham Lodge residents will be free to choose from a mixture of high-calorie snacks and nibbles, as well as juices and other cold soft drinks to help keep them hydrated and provide them with vital vitamins and minerals.

“I’m really looking forward to demonstrating the stations to other Anchor care homes at the Home Managers Care Conference in Peterborough on 28 April, so colleagues can see the benefits for themselves and help us take the initiative nationwide.”

Buckingham Lodge will provide care for older people, as well as specialist dementia care. Meticulously finished to a very high standard, Buckingham Lodge offers en suite rooms for up to 64 residents in a light, spacious and elegant setting. The home will provide 24 hour care and support in a warm and considerate environment. High quality, nourishing cuisine will be served in the dining rooms and there will be a café, lounges, a hair salon and landscaped gardens for residents to enjoy.

“They are particularly beneficial for people living with dementia”

With over 45 years of experience, Anchor prides itself on giving older people a choice of great places to live. Anchor is England’s largest not-for-profit provider of care and housing for older people. It has more than 1,000 properties across England, ranging from rented and leasehold retirement properties, to residential care homes, specialist dementia care homes and retirement villages.
Valuing nursing in care homes

Dr Hazel Heath is an Independent Nurse Consultant for Older People, Honorary Senior Research Fellow City University London Consultant Editor to the Journal of Dementia Care and Chair of the R.C.N. Older People Forum. In 2013 she was awarded a Fellowship of the Royal College of Nursing.

Improving the health of older people who live in care homes features strongly in the emerging UK policy documents around service commissioning, integration, enhanced primary care and partnership working. Unanimously these raise concerns about access to health care for care home residents, who typically have greater and more complex health needs than their peers living in the community (British Geriatrics Society (BGS) 2015).

Research in care homes clearly demonstrates that good RNs can make a significant difference to the health of residents. Receiving limited attention in these documents is how care homes support the health of residents and rarely mentioned is the contribution of registered nurses (RNs). Where nursing is discussed, the emphasis is commonly on shortages and the consequent detrimental effects on care (e.g. Older People’s Commissioner for Wales 2014). RN shortage is a major issue and, estimating current nursing vacancies alongside projected increasing need, the Registered Nursing Home Association (RNHA) (2014) describes Adult Social Care as a ‘sector in crisis’. To move forward, however, we need to acknowledge the positive contribution that all care home staff can and do make to residents’ health and quality of life, to optimise these contributions and to support staff in making them. This article focuses on the contribution of RNs.

Research in care homes, which encompasses the views of residents, relatives, RNs, carers and managers, clearly demonstrates that good RNs can make a significant difference to the health of residents (Heath 2006, 2010, Heath & AIGNA (2010). The foundation of RN work is assessment, which can be carried out comprehensively in order to create a person centred care plan or can also be achieved through just looking at residents and their reactions. Rehabilitation is not only the work of physiotherapists - RNs can support older individuals to co-ordinate reablement activities into their everyday lives and there are examples of individuals who moved into care homes supposedly for life but who, through good care home input, were able to go back to live in their own homes (Heath 2010).

Importantly, in care homes and housing-with-care settings such as care villages, the RN leadership role should not be undervalued. RNs co-ordinate people, resources, systems and processes to lead, direct, manage, supervise and support care. They also have a vital function in securing a full range of professional services for residents, ensuring appropriate referral, ensuring that all relevant information is available when professional visit, report all relevant background in a professional manner and maintaining an ongoing multi-professional dialogue (BGS 2010).

“They also have a vital function in securing a full range of professional services for residents”

Emerging policy agendas around the UK prioritise improving health care for older care home residents in areas such as chronic disease management, falls, continence, nutrition, rehabilitation, pain, and reducing unnecessary hospital admission (e.g. BGS 2013). As research has demonstrated, RNs in care homes can make a major contribution in all of these aspects. Nursing shortages are a fact of life and the RN role in care homes needs reconsideration, particularly where nurses take responsibility for ‘anything and everything’ because there is no one else on site. However, this rethinking should avoid focusing on tasks of care, rather we should value the skills that each staff member brings to care, including the clinical expertise, professional judgement and leadership that RNs can offer. RN expertise becomes increasingly essential as a resident’s needs become more complex, unstable or unpredictable. If quality care is to be delivered, all care home staff need support and ongoing education in order to be able to work to their potential. Ultimately, effective teamwork is about the skills that each staff member brings to the work and how teams can work together to improve the health and wellbeing of all older individuals who live in care homes.

References

Specsavers Healthcall: Dawn Roberts, clinical director at Specsavers

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

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

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

A familiar face

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

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

Personal eyecare for every resident

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

The Personal Eyecare package contains each resident’s personal eyecare information, including results of their eye test, the glasses dispensed and top tips for staff to help individuals get the most from their vision. The double-sided A4 document has pictures of vision with various eye conditions such as cataracts or glaucoma. Your Specsavers Healthcall optometrist will tick the box on the picture relating to the resident – so you’re able to get a better idea of the types of vision problems they may face.

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

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

Value and choice

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

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

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

Glasses with a professional touch

In order to make it easy for you to tell whether a resident is wearing the right glasses for a particular activity, Specsavers will engrave the customer’s name into the frame and will also provide an indication of whether they’re for near or distance vision and the month and year of dispense. The Personal Eyecare Package will also show a photograph of the frames they have chosen whenever possible. That’s one less thing to worry about.

Designed to make life easier

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

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

Optical training for staff

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

We care about care workers too

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

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

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To find out if you’re eligible for a free home visit call 0800 198 1135 or go to specsavers.co.uk/home-eye-tests
SureCare create “hundreds of new jobs” as part of an expansion drive across the UK. The company wants to open a franchise in every county in England and Wales in order to meet the increasing needs of the elderly and working families.

At the moment, the company operates more than 30 franchises and branches providing a range of services including personal care and support, childcare, holiday and respite care, home services and dementia care.

“Companies like SureCare have an obligation to meet the growing needs of our ageing population”

SureCare offers two types of franchises – full franchises covering large territories such as Oxfordshire, Cheshire East and Dorset, and SureCare Local micro franchises covering smaller territories (typically 100,000 population).

The cost of a full franchise is £32,000, while the micro franchise opportunities start at £8,995.

The expansion drive follows the acquisition of SureCare by Managing Director Gary Farrer from previous owner Housing & Care 21 in November last year.

Farrer has an established track record in the care sector having previously built Lancashire-based Safehands Group into a £5.5million turnover business before selling in November 2011.

Farrer, who is based at SureCare’s head office in Chester, said: “The care sector is one of the fastest growing and most exciting sectors in the UK and companies like SureCare have an obligation to meet the growing needs of our ageing population and working parents trying to find quality childcare for their children.

“SureCare already has a good profile in the UK, but there are plenty of towns and cities in which we currently do not have a presence.

“We would like to cover the map of England and Wales with SureCare franchises and branches to ensure that everyone is able to access the highest standard of care and home services.

“Even if we open ten new franchises, we have the potential to create more than 1,000 new jobs, and this will be just the start.”

Farrer added: “We want to hear from people who may be interested in becoming a full franchisee but also from those who like the idea of becoming their own boss but can only afford the budget of a micro franchise.

“About half of our franchisees come from a care background, the rest simply have a desire and drive to become their own bosses.

“I have put in place a senior management team with experience across all areas of setting up and running a successful franchise in the care sector. We have specialists in operations, business development, marketing and PR, Care Quality Commission (CQC), Ofsted, finance and HR. All new franchisees receive an intensive induction course and are then supported with ongoing training and development.”

“If we open ten new franchises, we have the potential to create more than 1,000 new jobs, and this will be just the start.”

Keith Hume became a SureCare franchisee in October last year covering the Merseyside area.

Keith said: “We have been extremely pleased with the response we have had to our home services, babysitting and mobile crèche services since launching in October. A number of local hotels have made us their preferred partner for babysitting.

“As soon as our CQC accreditation is in place, we will be rolling out further services including personal care and support, live-in care and respite and holiday care.”

Keith, whose office is in Waterloo, decided to become a SureCare franchisee after carrying out research which revealed that there was a gap in Merseyside for a high quality, innovative care provider.
As a care assistant, it is likely that at some point you will be involved in caring for patients receiving end of life care. As such, it is really important that you are aware of some of the key issues in this area of law.

Capacity and best interest decisions

Provided a person has capacity, every person has the right to refuse medical treatment. This is the case whether their decision seems sensible to health professionals or not. If there are doubts about whether a person does have capacity to make decisions, they should be given an MCA assessment. Your employer should have policies on how this will work and you should be raising any concerns you have about a patient’s capacity to your employer. If the assessment concludes that capacity is lacking, decisions must be made in the patient’s best interests, after consultation with family members and other healthcare professionals.

Advance statements and advance decisions

It is also important that any advance statements made by the patient prior to losing capacity are taken into account. These could be written statements explaining how they would like to lead their life if they lose capacity or a statement they made about wanting to refuse certain kinds of life sustaining treatment in the future. The courts have often attached significant weight to such informal verbal or written statements but advance statements are not binding.

To be binding, such desires must be contained in an ‘advance decision.’ This document is formally recognised under the Mental Capacity Act. An advance decision is only binding if it is written, made by someone over 18, they had capacity when they wrote it, it relates to the refusal of treatment, it relates to the treatment in question, there are no circumstances specified in it which are absent and there are no new circumstances in existence which the patient did not anticipate at the time of making the statement. If the decision about refusing treatment could bring about their death, the document must specifically state that it should apply ‘even if life is at risk’ (MCA Section 25(4)). If one or more of these requirements is not met then the advanced decision becomes an advanced statement. If all these criteria are met then the advanced decision actually overrides any best interest decisions made by health professionals.

Lasting Powers of Attorney (LPAs)

A key thing to remember with lasting powers of attorney is that there are two main kinds: one for health and welfare and one for financial affairs. Sometimes healthcare professionals assume that a relative with a financial LPA also has rights in relation to health and welfare. They do not. They only have rights in the health sphere if they also have the health and welfare LPA. Health and welfare LPAs are legally binding if they were written when the patient had capacity. The recipient of an LPA stands in the locus of the patient. So they do not have the right to demand treatment but their views must be taken into account and they have the power to refuse treatment. However, unlike the financial LPAs, they only become effective once the patient loses capacity so a relative would never have the right to refuse treatment for their loved one if the latter still had capacity to decide on the issue themselves. LPAs must be registered with the Office of Public Guardian. They can be challenged in the Court of Protection if it is believed that the holder of the LPA is not acting in the person’s best interests. Where there is a potential conflict between an advance decision and the LPA, the law is ambiguous. The current MCA Code of Practice suggests that an LPA made after an advanced decision may actually override it (para 7.27) but there is little legal precedent on this and it is always best to go to the Court of Protection if there are any disputes about best interests and whether treatment should be provided.

DNARs

Until the case of Tracey in the Court of Appeal (17 June 2014) there was no legal requirement for medics to consult with patients or relatives prior to putting a DNAR on a patient’s records after considering the patient’s best interests. Indeed the Resuscitation Council (UK) even indicated this should not be done unless there was an LPA in place! Tracey has changed the legal landscape and a healthcare professional must now consult with the patient and relatives before putting a DNAR in place, whether there is an LPA in place or not. The Resuscitation Council (UK) has also amended its position to reflect Tracey.

Although there is no requirement to adhere to a relative’s wishes if they object to a DNAR and the medic believes they are acting in a patient’s best interests in having one in place, if there is any such dispute over a patient lacking capacity, the matter should be determined by the Court of Protection.

Other developments

The legal position on when life sustaining treatment can be withdrawn for someone lacking capacity has been slightly clarified by the recent case of Aintree, which went to the Supreme Court in 2013. Treatment can be withdrawn in the patient’s best interests if it is futile, overly burdensome and there is no prospect of recovery. According to the Supreme Court this is a subjective decision. Treatment is not futile if it brings some benefit to the patient, even if it does not cure their condition. Recovery means resumption of a quality of life which the patient would consider worthwhile (whether others might agree that it is worthwhile or not). Consideration should also be given to the patient’s family life. If there are any disputes the matter must be considered by the Court of Protection.

The statutory prohibition on euthanasia and assisted suicide remains in place though there is an Assisted Dying Bill relating to certain groups of terminally ill people which is still currently being debated in parliament. It will be interesting to see what the outcome is.

The Liverpool Care Pathway, which was supposed to provide a clear pathway for palliative care, received such negative media reports that it was withdrawn by a panel led by Baroness Neuberger in July 2013. However, the panel did make a number of recommendations for overhauling care at the end of life. NHS Trusts should now have their own pathway in care for palliative care so you should check what your local policy is. CQC is also currently undertaking a thematic review, with findings due for release in the Autumn of 2015.
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