

The Voice of Excellence in Social Care

# care talk

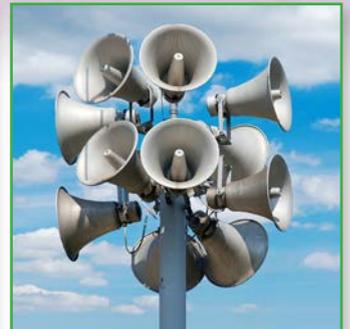
Let's talk  
social care!

Issue 47

Winter 2015/2016

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## Christmas 2015 & January 2016 Issue



● **DES KELLY –  
REFLECTIONS ON  
LEARNING AND PAY**

● **WINTER WARMERS**

● **WORKING TOGETHER  
TO IMPROVE THE  
CARE OF THE DYING**

● **VOICE OVER –  
LEARNING ON THE JOB**

# Contributors

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



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Welcome to our combined December and January issue of Care Talk.

While the rest of the nation is winding down for its Christmas break, the social care sector seems to go into overdrive. Ensuring people living in their own homes join in the festivities seems to be the norm, with care workers up and down the country not only organising Christmas parties for service users but also visiting them in their own time to ensure they are not isolated and lonely.

Residential homes too will be full of the joys of the season, with care workers arranging a host of festive activities from pantomimes to carol singing - and any excuse for the handyman to dress up as Santa!

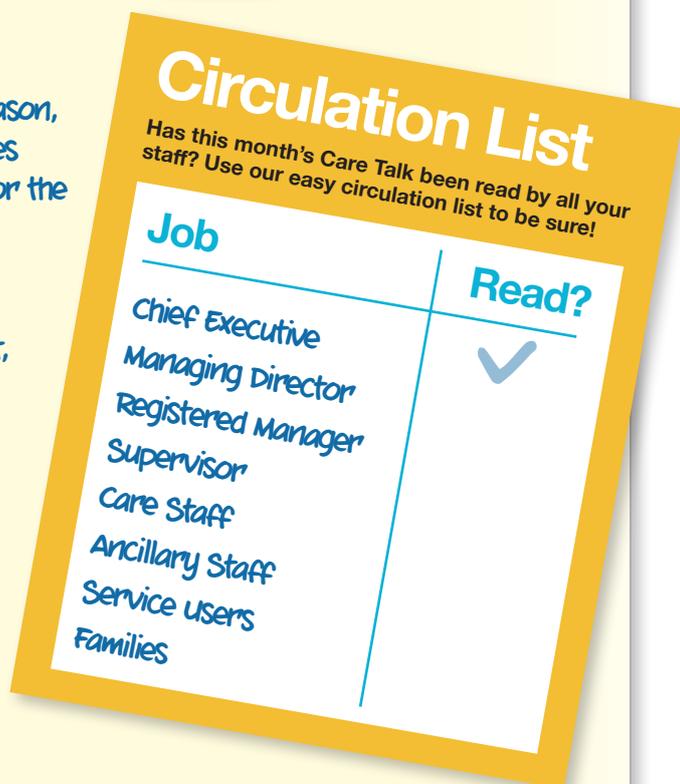
The focus of this month's issue is on the job learning. Whilst formal qualifications and training are important, learning from colleagues, family carers and indeed service users is invaluable. Our article on page 23 looks at the issue of 'Emotional Intelligence in the Caring Sector; and asks 'can this be taught?' We can also learn from other innovations abroad, as well as at home. 'Exploring the Experiences of People with Early Stage Dementia', on page 5 is an excellent example of how we can learn from a Danish project who use photography and storytelling to support people living with dementia.

The nine regional Great British Care Awards have now come to an end, and what an honour and a privilege it was to meet so many dedicated and committed social care professionals -and what better way to pay tribute to them than through these wonderful awards? The national finals will soon be upon us, and March next year will bring together the winners of the nine regions to further shine at the judging days with the winners being announced at a glittering ceremony in July 2016.

We do hope you enjoy this issue and thank you for supporting Care Talk. And please keep your wonderful stories, news and suggestions coming.

Wishing you a very happy Christmas and a most joyous and peaceful new year!

Team Care Talk



# Working together to improve the care of the dying

By Marie Cooper,  
Practice Development Lead at Hospice UK

**We have just heard that the UK leads the world in terms of services, care systems and pain management at the end of life according to the *Economist Intelligence Unit* (Oct 2015) but this report also challenges us to do more. To be able to offer the best possible end of life care for everyone in the UK we need to address the things we can still do better. That is the responsibility of everyone directly or indirectly involved in end of life care.**

We expect the number of people in the UK over 85 to double in the next twenty years so the demand for care in later life, often including complicated and long-term medical issues, will inevitably rise. With this in mind, the number of people involved in providing this care will have to rise too. The unacceptable failings highlighted by the recent **Dying Without Dignity report** into end of life care show that we need to think carefully about how we resource and improve care in all settings, and also how crucial providing education and training is to our success.

According to the National End of Life Care Intelligence Network's What We Know Now 2014 report, more deaths are occurring in care homes every year, in 2013 this accounted for 22% of all deaths in the UK. We know that most

**“At the heart of hospice care is a belief that everyone with a life-limiting or terminal condition should receive the very best care”**

people in the UK would prefer to die at home, or more accurately their place of residence, but generally 50% of us die in hospitals. It is, therefore, encouraging that the number of long-term care home residents who are spending their last days in their care home, rather than hospital, has been slowly rising and is currently around 71%. There is also very encouraging data that increasingly discussions about an individual's needs and wishes at the end of life – which importantly includes what they don't want to happen – are taking place in care homes.

The new Care Quality Commission inspection data for hospices has been a great success story with 90% of those inspected being rated as “good” or “outstanding”. This is fantastic news for a sector that prides itself on enabling excellent end of life care based around the person. I would argue that it also provides hospices with a mandate and duty to help spread their expertise and experience with other care providers supporting people at the end of their lives. In October we had Hospice Care Week in the UK and the theme for 2015 was “Connecting Care”. This was an opportunity for hospices to showcase the connections and collaborations that mean the ethos of hospice care can extend beyond the bricks and mortar of your local hospice in-patient unit. We have heard how East Cheshire Hospice has partnered with Barchester Healthcare so that hospice and care home staff can exchange care environments for two weeks; how Hospiscare in Exeter sends its Health Care Assistants into care homes to help their staff support those with palliative care needs and share best practice; and how St Christopher's in south London has been taking the Gold Standards Framework into nursing care homes as well as providing a Residential Care Homes Steps End of Life Care Tool Kit to accompany the one-year programme that they offer.



Marie Cooper

**“We know that most people in the UK would prefer to die at home”**

If you would like to know more about how the expertise of hospices could help you support individuals with end of life care needs then I encourage you to get in touch with your local hospice. Hospice care is more than the physical buildings we might initially think of, in fact 90% of hospice care is delivered at home or through day services. Hospices are champions of excellent end of life care benefitting communities throughout the UK.

At the heart of hospice care is a belief that everyone with a life-limiting or terminal condition should receive the very best care. At Hospice UK we believe hospices are critical to achieving this, wherever the person spends their final, precious days. These days will be forever remembered by families and we only have one chance to get it right.

Ref:

*The 2015 Quality of Death Index : ranking end of life care across the world. Economist Intelligence Unit*

*Dying without Dignity. Parliamentary and health Service Ombudsman June 2015*

*What we know now 2014. National End of Life Intelligence Network. Public Health England*

# Exploring early stage dementia through photography & storytelling

**Alison Ward, Researcher at the University of Northampton's Institute of Health and Wellbeing, has recently returned from a Churchill Fellowship to Denmark. Her aim was to lead a photography and storytelling project and to find out about creative activities and services which are being delivered in Denmark to support people with dementia.**

The four-week Fellowship was largely placed at VUK (Voksenskolen for Undervisning og Kommunikation) in Aalborg Municipality, Northern Denmark. VUK is a school which provides special education for adolescents and adults. As part of their educational service, the school delivers lessons for people with dementia, who attend the school as students. Lessons cover a range of subjects including cognitive training, music therapy, computing and woodwork, supporting with decision-making and daily functioning. This unique approach is enforced by a belief that the focus should be on the person rather than the diagnosis, and that everyone should have access to lifelong learning.

The photography and storytelling project aimed to gain an understanding of the experiences of people with dementia who attend VUK, the activities they do and what it means to be a student, from their perspective. Ten students took part, all had a diagnosis of dementia and were over 65 years of age. Students were provided with digital cameras and asked to take photographs at school and home of 'objects, places or things which have meaning to you as a student'. These photographs were then used as prompts for conversations and to create storyboards and poetry about school life.

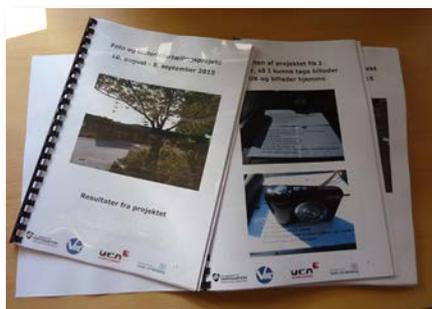
*"Being able to work closely with people with dementia on this project was inspiring," said Alison. "They placed great value on their experiences at VUK*

*VUK, and on their identity as students rather than patients. It was important for them to tell people about the school and what a positive impact it has on their cognitive function, wellbeing, social activities and supporting daily living."*

Using photography supported the discussions with students, who talked about the different classes and activities they attended. They spoke very highly of the school, the teachers and classes, they enjoyed the 'challenge' of being at school, valued the experience of learning and as one student commented, 'participation in the school is important for us, is contributing, is experiencing the school as positive learning'. Another student said attending the school was 'to be renewed [and] repeated'. Students also took pride in their achievements, for example in making a rolling pin or in developing strategies to complete and improve their speed on a timed activity to complete a jigsaw puzzle.

The students spoke about the friendships and the importance of socialising at the school. They spoke often of feelings of 'togetherness', of being with 'like-minded people' and being able to share their experiences with others who understand them. This aspect of the school was explored through the student's photographs and stories of the school but was also observed through the time spent at VUK. Students were seen to support each other, they showed an interest in each other's lives, and enjoyed each other's company, talking and sharing jokes together.

Students were able to speak openly about their dementia.



*Alison Ward, Researcher Institute of Health and Wellbeing, The University of Northampton*

They not only acknowledged when they experienced difficulties, such as forgetting a word, but also talked about how it felt to have dementia with great insight. One student felt the value of attending the school was that they had a reason to leave the house and were not just sat at home without a purpose. This student described how difficult it could be to go out, saying that the 'doorstep can get higher and higher' every day.

Using the student's photographs was a valuable way to explore personal experiences, images were used as prompts to recall school activities, they started discussions amongst the students and prompted recall of memories from their past. The students also showed enjoyment at recognising images they had taken or seeing themselves in other people's photographs. The activity of taking the photographs also left an impression on most of the students, who recalled the day spent taking images in and around the school up to four weeks later.

There were many things to take away from the time spent in Denmark visiting dementia organisations and running the project at VUK, however, the key lessons were that we can provide a more challenging environment for people with dementia, such as the school, where lifelong learning has a place and a value. The use of creative activities, be it photography, signing or woodwork, can be incredibly rewarding for a person with dementia. Finally, people with dementia have many stories still to tell and the use of photography is one way they can be supported to tell us about their experiences now and from the past.

# A shared life is a healthy life

By Alex Fox,  
CEO Shared Lives Plus



**“It is clear that we need a health and wellbeing service, not an illness treatment service.”**

The report calls on Government and Councils to recognise and develop the role that Shared Lives can play in delivering both preventative and ongoing healthcare support in a home setting.

The NHS's Five Year Forward View is clear that we need a health and wellbeing service, not an illness treatment service. To achieve that, healthcare services will need to learn from the more community-rooted and personally-tailored social care sector. With winter approaching, it is a timely illustration of the potential Shared Lives has to play a wide and positive role in tackling long and short term challenges that social care and the NHS face.

We aim to establish Shared Lives as a credible healthcare option, but the wider goal is to embed whole-person, whole-family and whole-community thinking at the heart of the NHS, so people with long term conditions can not only get the treatments they need, but can live good lives.

You can find out more and view the report and film at [www.sharedlivesplus.org.uk](http://www.sharedlivesplus.org.uk)



Alex Fox

**To mark Shared Lives week (17th-25th October), Shared Lives Plus released A Shared Life is a Healthy Life, a report showing how the Shared Lives model of care is improving health outcomes and supporting the NHS.**

Shared Lives is increasingly accepted as a low-cost, high outcome approach in social care. Like many social care services, we face the challenge of establishing credibility in the NHS. Thus, it is encouraging that in his foreword, Simon Stevens - Chief Executive of NHS England - praises Shared Lives as *“an option where people can receive the treatment they need whilst remaining in their community, living amongst family and friends, and thus have the best chance of building long term health and resilience”*.

A Shared Life is a Healthy Life is based on a survey completed by Shared Lives carers about how their support achieves positive health outcomes. Some of the 200 plus responses were staggering.



87% believed their support had improved the mental health of participants, and 75% had received positive feedback from an NHS professional about the effect of their support.

Throughout the report, we see a number of stories from those who use Shared Lives as well as Shared Lives carers. Moved by some of the stories we saw, we decided to create a film to highlight the impact those who experience it, believe it has. We followed Robert and Karen and their Shared Lives carers, Pauline and Joe.

Prior to Shared Lives, Robert suffered badly from asthma and chest problems. He has lived with Pauline and Joe for eleven years now and has not had a single attack. Whilst in residential care, he became underweight and very withdrawn. With Pauline and Joe's support, he has grown in confidence, telling us *“I'm not shy at all. I love talking to people and meeting people.”* This was evident from his busy day with Pauline going to a meet to eat group in Lancashire and then to a nearby drama class.

When Karen came to Pauline and Joe she was overweight, very shy and only communicated using Makaton (form of sign language). Now, thanks to Shared Lives, Karen is a size 8 and eats healthily, helping Joe grow the fruit and vegetable in their garden. She loves to show people photos of herself before her transformation. According to Pauline, Karen *“loves herself now as she didn't before”*.

The report demonstrates how those in Shared Lives arrangements are given better, more personalised and more effective health care support through the family based nature of Shared Lives. They are less likely to need to access acute or emergency care as a result of their situation.

The report calls on Government and Councils to recognise and develop the role that Shared Lives can play in delivering both preventative and ongoing healthcare support in a home setting.

# Reflections on learning and pay



Des Kelly

**At the time of writing this opinion piece The Times is carrying an article with dire predictions about the consequences of introducing a new National Living Wage (NLW) from next April. The article makes a claim that more than 9,000 care homes could become unviable because of the impact of the NLW. This claim is being made by five of the largest care providers although similar concerns have been expressed by other providers including those providing home care services - clearly it is a serious issue.**

The strength of the warning is intended to make clear to the Chancellor and the Treasury the potential consequences of the proposal to increase pay rates to £7.20 per hour minimum from April 2016 and rising to £9.00 per hour by 2020. The think-tank, the Resolution Foundation has calculated that the cost of the care sector of this policy change is £2.3 billion.

**“More than 9,000 care homes could become unviable because of the impact of the NLW”**

I realise that this is a long introduction in a short opinion piece but it is important to set the context, for while the sector debates the cost of implementing the NLW, in my view the importance of valuing the social care workforce somehow gets marginalised. I have seen plenty of statements recently that preface their concerns about costs by saying it is right that staff are properly rewarded - why is it that this message is overshadowed by alarm at the actual prospects of putting this into practice? It is a sad fact that frontline carers have always been in the category of low paid workers and there have been many theories to explain this position. Of course there have also been plenty of

**“The cost of the care sector of this policy change is £2.3 billion”**

surveys that highlight the fact that pay alone is not what motivates most care workers or gives them satisfaction. The fact is ‘feeling’ valued is much more complex than simply pay. Conditions of working, other benefits and learning opportunities are also relevant. In my experience the opportunities for learning and development, the provision of training and career progression are vital factors for providers to consider. My fear is that the increase in pay introduced by the NLW will result in the erosion of other terms and conditions including opportunities for learning and development. That would be an extremely unfortunate short term measure that could have serious longer term consequences for the care sector and future recruitment. I hope my prediction turns out to be as inaccurate as the loss of 50% of the care sector services once the NLW begins next year!

**Des Kelly OBE  
Executive Director  
National Care Forum**

# Investing in care sector skills



Paul Patarou

**Over six months on since the new Care Certificate became mandatory on 1 April 2015, care providers and care professionals are getting to grips with the new qualification.**

Within 12 weeks of employment, all new workers are expected to have attained the certificate which covers 15 standards including duty of care, privacy and dignity, safeguarding, mental health awareness, infection control and communication.

The new certificate puts a stake in the ground to ensure that everyone has a certain level of training right from the start. While working towards the certificate can be carried out mainly on-the-job, there is a need to ensure that everything is accurately documented and that the provider can monitor and make sure that all employees that are required to take the certificate are indeed on track to do so.

Managing the whole process can be quite difficult without the tools necessary to track that everything has been completed on time and correctly. Having the right technology in place to manage learning and development can help to support this because the Care Certificate really has wider significance - mainly that of investing in staff and developing skills to ensure quality care is of the highest level and that it is maintained on an ongoing basis.

There are many benefits to doing so. Not only does it ensure compliance and guard the safety of those in their care, but it also means that there is the opportunity for a more defined career path for those taking the courses. It may encourage wider training and further development of skills – skills which will only benefit the carer, cared for and the care provider to a greater degree.

Giving carers the tools and the knowledge to do their job to the very best of their ability further underpins a sense of pride that so many feel knowing that they are making a difference to the lives of the people they care for. Carers so often go above and beyond the call of duty and part of the role of training should be to develop their capabilities and talents further.

By managing learning and development electronically, care providers can much more easily devise training plans and have the means to better track, analyse and measure the improvements in standards and quality of care within their organisations.

**“By managing learning and development electronically, care providers can much more easily devise training plans”**

It means when it comes to inspections for instance that your care provision will be seen as exemplary with more opportunity to further develop the business. It is also more likely that if career opportunities are nurtured from within the organisation that you will keep your highly trained staff for longer – and other high quality carer candidates will want to work for your organisation too.

The knock on effect is that if staff feel they are supported in their roles, then they will be happier as a result and this impacts on the people they care for as well as permeating throughout the whole of the organisation. With the focus on a more people-centred approach and the fact that care users will increasingly have more control over their own care provision, this will only put the organisation on a better standing for being the care provider of choice.

**By Paul Patarou  
Divisional Manager,  
Health & Social Care Division,  
Access Group**

**“The new certificate puts a stake in the ground to ensure that everyone has a certain level of training”**

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Steve Scown  
CEO of Dimensions

# Homes not hospitals: a halfway house

**NHS England's report "Homes not Hospitals" recently announced the closure of up to 50% of NHS long stay hospital beds for people with learning disabilities including the closure of Calderstones, England's last dedicated facility. A parallel announcement was made of £45m funding over 3 years for community based support to replace these services.**

This has been a long time coming. At long last, deeds may be about to back up words. Winterbourne View may have launched a thousand debates but until now, meaningful change has been elusive. As many people continue to enter so called "Assessment and Treatment Units" as leave them. Despite these units being intended for the short term, stays are measured in years not weeks.

In response, local authorities point to a lack of suitable community based services. Providers of long term hospitals also have the profit motive, and their "responsible clinicians" can be risk averse and disinclined to recommend discharging people. Isn't there a conflict of interest if the sustainability of your employer is compromised by your decision to discharge?

There can be absolutely no doubt that in almost every case a move to community based support would be the right one.

Thirty years ago when I trained as a learning disability nurse in a high security hospital, very few of the inpatients believed they could live in their own home, be part of their local community, have a job or be in a loving relationship.

But these same people, once out of hospital, have made fantastic progress. Many are living with less support and

**"At long last, deeds may be about to back up words"**

are exercising choices about when they get support to do what and with whom. Some are contributing to their local communities through voluntary jobs, and contributing to wider society by voting in elections. None of this was thought possible in the days of institutional 'care'.

So real change, backed up with real funding, is welcome. But the announcement only covers NHS facilities. From what I can see there is nothing to stop the commissioning of similar inappropriate beds outside the NHS. Unless the announcement is given teeth, and a real commitment to developing local community-based services is made, I fear we may yet look back on "Homes not Hospitals" as an opportunity missed.

My second concern is the announcement of a dowry arrangement whereby NHS funding automatically transfers to the local authority for people who have been in an institution for 5 years. The dowry itself is a good idea and draws upon learning from previous closure programmes. But why 5 years? A lower threshold – say, 2 years – would reflect the intended nature of such placements and would allow the local authority to consider a broader range of support options for more people sooner. The five year qualification may become an unintended disincentive for cash strapped local authorities. It must be rethought.

And what of the £45m transformation budget to provide facilities for half (just half!!!) of the 2600 people currently living in long stay institutions? Well, Dimensions has considerable experience of how to provide proper support for these people. We know what it takes to provide the support that many will need in order to transition to supported living arrangements. The Slieve, a brand new service we have recently developed in partnership with Birmingham city council and Bromford housing is illustrative.

Services like the Slieve are expensive to develop. The government expects to shift 1300 people out of long stay



hospitals into community living over 3 years. If half of these end up living at homes like the Slieve, with the other half spending a year in such transition, my back of envelope calculation is that the country would need about 300 new facilities like the Slieve, on a budget of about £150,000 each. That is simply not going to happen. Not remotely close. But each individual supported into the community represents a huge lifetime cost saving. Homes not Hospitals is a welcome starting point but it needs to be properly resourced. And let's never forget the unlucky 50% who are still going to be locked up unnecessarily.

### Step Down service supports people out of Assessment and Treatment Units

Built on the site of a former Birmingham care home, The Slieve is a transformative service to support people out of Assessment and Treatment Units (ATUs) and into the community.

Providing a “step up/step down” service, The Slieve is designed for people with severe challenging behaviour. It is a modern and effective solution, located in a typical suburban cul de sac, for local authorities seeking to improve the support they offer to people who would otherwise be confined in a hospital setting. Through creative and purposeful design, the service provides three individual self-contained flats. These flats give people the opportunity to be supported safely while living independently. This helps reduce behaviour that challenges and prepares residents to move into a supported living environment.

### Design features

- The entire building is soundproofed and built using waterproof materials.
- There is no gas, and staff can shut off the water and electricity remotely.
- Doors have opening sensors and there is secure fence around the building
- Stairwells don't have sheer drops so no one can fall down them.
- The apartments have a mix of underfloor and ceiling heating so radiators can't be pulled from walls.
- Each flat has a walk-in wet room.
- Blinds are integrated into the windows so they maintain privacy but can't be pulled off.
- There are intercoms from the flats to the staff hub.

Alongside high quality staffing, housing like the Slieve means that people don't have to be kept in ATUs, often far away from home. They won't have to adapt to set hospital routines and will have the opportunities to exercise choice and control over their lives. This leads to reduced incidents of behaviour that challenges and widespread positive outcomes.

# Dementia adventure

**People living with dementia can often feel that holidays, travel and outdoor activity are things that are no longer available to them. Specialising in designing and delivering small group short breaks and holidays for people living with dementia, Dementia Adventure allows people living with dementia and their partners, family, friends or carer to enjoy a holiday together.**

All travel, tickets, accommodation and itinerary are arranged and each couple is supported by a trained Dementia Adventure team member throughout the break—an extra pair of hands to help with as little or as much as is needed. All Dementia Adventure asks is that people living with dementia come with someone who knows them well. It could be a partner or main carer but it could also be a friend or relative. Professional carers can also be arranged to join a couple if required.

In 2015, Dementia Adventure delivered 17 holidays and short breaks, benefitting 109 people.

This year, Dementia Adventure was recognised as a leading social enterprise, shortlisted for the Growth Champion Award in the 2015 NatWest SE100 Awards, an online listing of social ventures, ranked and scored according to their growth and social impact.

In 2014-15, 2,450 people were recipients of Dementia Adventure's training, or attended the organisation's seminars, and 989 people have been direct beneficiaries of their supported holidays and park.

## Rachel and Brian Arnold

Rachel Arnold and her husband Brian joined Dementia Adventure on one of the holidays this year.

*"My husband, Brian, and I have always enjoyed holidays. Taking time away from home is something that we want to keep doing however this has become*



Rachel and Brian Arnold

*increasingly difficult due to Brian having frontotemporal dementia. I read about the Dementia Adventure break on the Isle of Wight – five days, everything organised, all-inclusive, with a small number of couples (person with dementia and family member) attending, and support for each couple. It sounded like it could be brilliant or a nightmare. I was worried that it would be all about dementia rather than an escape from it. My fears were quickly allayed. We were with people who understood. I could relax and enjoy being looked after too. The other couples had very different issues but we all understood each other's predicament and everyone pulled together. There was support when we needed it and space to be on our own as well. On being asked what he thought of the holiday, Brian, a man of few words these days, captured it brilliantly: "Wonderful!"*

*"For weeks after the holiday, I found myself smiling and feeling relaxed. Brian equally seemed to feel the benefits. We had felt normal again and could be hopeful about the future."*

## Frank and Kate Cashmore

Dementia Adventure offers bespoke holidays - planning a holiday according to a client's needs and enjoyment. One example is the trip organised this summer for Frank and Kate Cashmore who wanted to take a short break in North Wales.

Frank, who lives with dementia, absolutely loves trains. Dementia Adventure created a holiday just for him that explored the railways and sights of Snowdonia National Park with the support of Adventure Leader Jesse Reed.

Jesse collected Frank and Kate from their home and together they travelled to a "cosy and well-equipped" cottage in Harlech in Gwynedd. The town lies close to the foothills of Snowdon, on the

edge of Cardigan Bay. The cottage was ideally placed for the local amenities and was within walking distance of the beaches, golf course and Harlech Castle.

Harlech is famous for its medieval castle which proved to be a fun day out as was an afternoon at the unique and beautiful village of Portmeirion, most famously known as the set for the 1960's TV programme *The Prisoner*.

During the course of the week they also managed to travel 3 popular steam and diesel railways within the Snowdon National Park. First up was the Welsh Highlands Railway, a 25 mile heritage railway that operates from Caernarfon to Porthmadog. Jesse then took Frank and Anne on the Ffestiniog railway which is roughly 13 miles long and runs from the harbour at Porthmadog to Ffestiniog, travelling through forested and mountainous scenery. Finally they ventured on the Snowdon Mountain Railway which runs for just under 5 miles to the summit peak of Snowdon, the highest peak in England and Wales. Frank thoroughly enjoyed each trip as evidenced by the radiant smile on his face the whole time.

For Frank and Kate this holiday provided a much needed break. Kate said they felt "well supported" which allowed them to do things they cannot do alone. She described the holiday as giving them an opportunity to "create great new memories and revisit old ones." She said she loved everything about the trip and "wouldn't change a thing".



Dr Frank and Kate Cashmore

# Supporting care homes residents through art

**An inspirational project which uses creative arts to engage with older people is being embraced by those living with dementia.**

Launched in all Sanctuary Care homes across the country by parent company Sanctuary Group, the Shine! programme offers a range of quality experiences for residents through specialist arts partners.

Activities include movement, dance, poetry, art, music and film, and are fully participative and inclusive for people living with dementia and also those with disabilities.

The unique approach of the programme is having a hugely positive impact on residents' lives, using creative arts to stimulate interest and engagement amongst older people.

## The approach

Sanctuary is working with a range of carefully selected partners on the programme, each chosen for their skills in connecting with residents and providing opportunities for them to express their feelings in ways they find meaningful.

The Group commissioned London-based theatre group Phakama to work with staff and residents across homes in the capital, producing performances based on real life stories.

The Edible Garden project at one home brought together young and old people to grow food, tell stories and celebrate life. Local students worked with residents and artists in storytelling classes, food growing sessions and a performed feast.

The interactive nature of the programme evoked many memories for residents

**“Residents have taken part in their own production and acting of a classic film”**

living with dementia. Young and old were able to find shared connections and share stories about their past. One resident in particular reconnected with one of their most treasured and previously forgotten memories, recalling the time they received a message hidden in the leaves of an artichoke reading ‘Will you marry me?’

Residents and their wishes have been at the forefront of the programme to help stimulate engagement and allow them to reconnect with their past.

In a number of homes, residents have taken part in their own production and acting of a classic film chosen by them. Delivered in partnership with creative arts group Ladder to the Moon, the approach allowed residents to take part in the activity how they wished, giving them the freedom to express their thoughts.

Through the activity, one resident rediscovered his passion for drawing and produced a parrot for the film's set, while another revealed his own hidden talent and starred in a role doing different accents for the production.

The innovative techniques used through the programme have demonstrated real benefits for residents, giving them real choices and allowing them to continue doing the things they love.



*Phakama project*



*Ladder to the Moon project*

Additionally, the programme has further increased engagement with residents and a real sense of inclusion generated through the activities.

## Benefitting staff

In addition to supporting residents, Shine! is also providing benefits to staff, allowing them to learn valuable techniques and develop their own personal skills so they can deliver the principles of the programme beyond its two-years.

Staff have been able to develop deeper relationships with residents and have taken inspiration from the activities on offer. They have given them new ideas they can implement into their future plans, and helped highlight the strengths and talents in the care home team.

Furthermore, there have been opportunities for professional learning. Through one partnership with dance group Green Candle Dance Company, two activities leaders have been supported to study for a nationally recognised diploma in the area, a qualification that will give them the skills, knowledge and confidence to lead engaging dance classes with residents after the programme.

For more information on Shine! visit [www.sanctuary-care.co.uk/shine-arts-programme](http://www.sanctuary-care.co.uk/shine-arts-programme)

# Middleton Hall Retirement Village celebrates living wage commitment



Jeremy Walford, Managing Director of Middleton Hall

**Middleton Hall Retirement Village, in County Durham, has become the first accredited adult social care provider in the North East to become a Living Wage employer.**

The Living Wage Foundation recognises and celebrates the leadership shown by Living Wage employers across the UK. There are currently over 1,800 accredited employers.

The Living Wage commitment will see everyone working at Middleton Hall Retirement Village, near Darlington, regardless of whether they are permanent, on a short-term contract or casual employees receive a minimum hourly wage of £7.85 - significantly higher than the national minimum wage of £6.50.

The Living Wage is an hourly rate set independently and updated annually. The Living Wage is calculated according to the basic cost of living using the

**“The best employers are voluntarily signing up to pay the Living Wage now”**

‘Minimum Income Standard’ for the UK. Decisions about what to include in this standard are set by the public; it is a social consensus about what people need to make ends meet.

*“We have invested millions of pounds in creating the best possible facilities in the retirement village but the reason our clients recommend Middleton Hall all the time is because of our extraordinary team of employees”,* said Living Wage employer, Jeremy Walford, managing director.

*“We’re a people business through and through and our vision to be the best retirement village in the UK will only be achieved by investing in people as well as buildings. The social care and hotel sectors do not always have a good reputation as places to work. Middleton Hall has had an investor in People Gold Award for the last five years as we truly understand the importance of looking after our staff. The Living Wage will ensure that we are also offering leading pay rates in the region and help attract the very best people to work at the retirement village.”*

*“I feel that it’s our responsibility as a leading business in the sector to ensure that we’re valuing staff in all ways and that includes financially.”*

Employers choose to pay the Living Wage on a voluntary basis. The Living Wage enjoys cross party support, with public backing from the Prime Minister and the Leader of the Opposition.

Rhys Moore is The Living Wage Foundation Director, said, *“The best employers are voluntarily signing up to pay the Living Wage now. The Living Wage is a robust calculation that reflects the real cost of living, rewarding a hard day’s work with a fair day’s pay.”*

*“We have accredited more than 1,800 leading employers, including Middleton Hall Retirement Village, ranging from independent printers, hairdressers and breweries, to well-known companies such as Nationwide, Aviva and SSE. These businesses recognise that clinging to the national minimum wage is not good for business. Customers expect better than that.”*



Christine Fishburn, Personal Assistant/Carer



# OSJCT Care Workers commended for excellence

On the job learning was demonstrated recently when twenty care workers from The Orders of St John Care Trust were recognised for their outstanding achievements and quality of care. A special awards ceremony was held by the company at the Guildhall in Salisbury recognized, and paid tribute to, the achievements of these dedicated individuals.

Nominated for their dedication, commitment and continually going above and beyond the call of duty, OSJCT Chairman, Don Wood presented the OSJCT employees with awards at the Trust's Chairman's Commendation Awards ceremony.

Dan Hayes, Acting Chief Executive for OSJCT, said: "Every single one of our employees works extremely hard throughout the year delivering and maintaining the best standard of care to our residents."

"It is great to be able to recognise employees for their exceptional commitment over and above their

day-to-day duties and celebrate their hard work at such an important and prestigious event."

"This is the perfect occasion for us to shine the spotlight on our very own stars and is our way of showing how much we value the hard work and dedication of our employees, honouring those who have really stood out during 2015."

## CHAT

# Care Creatures

## Care home uses 'hen' to find 'zen'

A Bupa care home in Glasgow has provided an innovative form of "therapy" for its residents by introducing a range of pets to the home.

Bupa's Darnley Court, on Nitshill Road, has seen a boost in the moral and mood of its residents after the arrival of the animals.

The care home hosts three chickens named Snap, Crackle and Pop alongside two rabbits - and two budgies which were purchased at the request of residents.

The home now also has plans to add to its growing collection of pets, by ordering incubators to allow residents to birth their own chicks.

Recent research by the University of Northumbria has suggested that chickens as pets can improve depression, wellbeing and loneliness among older people.

Tracy Barker, Home Manager at Bupa's Darnley Court, said the impact of the animals at the home has been overwhelming - and they looking forward to this being further enhanced with the arrival of the new incubators.



She said: "The residents love having the pets in the home. It is wonderful to see the interaction with the pets and how they help to lift everyone."

"We are always trying to find the best ways to give our residents the best possible care and quality of life and try to think outside of the box on how we deliver this."

Tracy also described how the animals have also been a big hit with relatives who have come to visit family members.

She added: "It makes the visiting experience far more unique, and many relatives have found the pets have made a fantastic addition to the home."



As the newly appointed Chief Executive of the LNT Group, Matt Lowe's role has now increased encompassing the Ideal Carehomes business. Care Talk caught up with Matt and asked how he plans to meet the impending crisis of expectations in the social care market.

**"We want to future-proof our business and this means meeting increasing expectations of care"**

## Up close and personal with Matt Lowe

Quite often, we hear commentary on financial and regulatory constraints but these have to be contextualised by the increasing demands of what this, and the next, generation expect from care.

Ideal Carehomes is lucky to start from the basis of having 15 built-for-purpose care homes, all of which have ensuite bathrooms, a variety of day spaces and modern décor throughout. These are a fantastic foundation on which to build our care offering. In terms of physical environment, we tick all the boxes, and we pride ourselves in the quality of care we provide.

We want to future-proof our business and this means meeting increasing expectations of care. I have therefore charged myself and the team we make sure we pass the "mum-test" consistently and create aspirational lifestyles for our residents within the home. CQC is already reflecting the changing expectations of care (and rightly so) through their inspection process and we are seeing an increasing focus on the provision of activities within the home. Regardless of the financial pressures of the industry, without achieving this, residential social care is not going to meet the expectations of residents and their next of Kin.

This is clearly easier said than done. The financial constraints of the industry cannot simply be divorced from all considerations. With the introduction of the mandatory national living wage from next April, margins are only going to get tighter and until we hear the Chancellors plans in the Autumn Statement, the sector has no surety around whether there will be any ring-fencing for Local Authority budgets to meet the increased cost base. Even if budgets were protected, most in the industry would agree that fee levels as they stand are not sustainable, even in the short-to-medium term, and regardless of wage increases, the sector is struggling to provide good care within current funding levels.

Ideal Carehomes already attracts a majority of private fee-payers but we are now taking matters into our own hands to ensure we are independent of

these financial restraints by moving to a model of care which will attract evermore self-funders. The first step on this path is to take the bull by the horns and move to an above living wage for our staff immediately. We introduced our higher wages in October to enable us to attract and retain people who can deliver the high level of care Ideal Carehomes expects. Within the homes, we want to have the security of a motivated team who understand that care is not about the completion of tasks but tailoring care to individual needs, promoting independence.

**"We want to have the security of a motivated team who understand that care is not just about the completion of task"**

To accompany these higher expectations of care delivery, I've also instigated a programme of investment in the built environment, to transform spaces within the home to create destinations and facilities which inspire an active lifestyle for our residents. We want the homes to not just be a series of rooms, but places which contribute to the activities available within the home and inspire our residents to be more mobile and engaged with home life. For example, some day space is being repurposed from a simple lounge into a cinema room or garden rooms where residents can interact with their surroundings.

The path forward for us is clear, overcome the crisis in expectations through a high quality care offer, creating stability in the business through a proposition which is attractive to self-funders and their family. By circumventing the instability that local authority fees create in the industry, we can meet the regulatory requirements, and create great places to live that make a real difference to the lives of our residents.



# What is the most important skill or quality you have learned?

The role of a Care Worker is ever evolving, and with training and on the job learning intensifying the social care sector is a rapidly growing pool of skills and experience. We asked a group of staff from Nurse Plus, “What is the most important skill or quality you have learned since being with your company”

Since joining Nurse Plus, I have found the most important skill to have is definitely good communication. It is important to be able to communicate with a particular service user in whichever way is easiest for them. Effective communication helps me to find their likes and dislikes, to fulfil their needs, to ensure their general wellbeing and to support them socially.



Learning different forms of communication has also enabled me to understand if anything is wrong, to help protect them and their rights and to pass on key information, ensuring that all of our service users’ needs are met by fellow healthcare professionals, aiding a brighter outlook for the service user.

**Sal Foster – Support Worker, Bournemouth Branch**

The most important quality I have learnt from working at Nurse Plus is to have great respect and admiration for my clients. From hearing their life stories, many of them have led incredible lives and have a wealth of knowledge and experience but due to their advancing years have become less able to look after themselves.



I feel they have a lot to offer through their stories and knowledge and it is important to respect this and treat them how you would like to be treated, by talking to them and listening to try to understand their unique characters and interests.

**Georgina Grimble – Homecare Worker, Orpington Branch**

I think the most important skill I've learned since working with Nurse Plus and care in general, is to be friendly and treat every client as you would want your loved ones to be treated. After a long day, a 30 minute call may feel like nothing to you, but for the person you're visiting, it could be their only human contact that day and your companionship could brighten their entire mood.



**Molly Giles – Homecare Worker, Cambridge Branch**

I believe the most important thing I have learnt since starting work with Nurse Plus is undoubtedly compassion. We encounter such a wide range of mental and physical impairments in the community that it is essential to be able to empathise with different people who have different individual needs.



Having worked in retail previously, the requirements of this job have been quite different, but as I have gained more experience of working in the community and in care homes, I have also found it very rewarding.

**Kim Fleming – Homecare Worker, Chichester Branch**

Upon working for Nurse Plus, I have learnt to be patient and to organise my time effectively. The job is very involved as you work with variety of personalities in a range of settings, but it is so important to be punctual when people are relying on you.



**Rose Middleton – Homecare Worker, Eastbourne Branch**

## Conclusion:

- Communication
- Compassion
- Respect for the service user
- Patience
- Time management
- Compaionship

# ICC Show to return for 2016



31ST JAN - 1ST FEB 2016  
MANCHESTER CENTRAL

**2016 is set to see the return of the North's super sized trade and consumer event; the IIC Show. Taking place in Manchester Central between 31st January- 1st February, the two day event is FREE to attend and acts as a comprehensive resource and shopping event for people of mixed ability and those associated.**

The largest event of its kind in the North of England, the IIC Show's mission is to actively promote Inclusion Independent and Choice. Uniting attendees to celebrate the lives of people with varying abilities, the IIC Show specifically covers all categories of mixed ability. Visitors are able to take advantage of a vast array of industry exhibitors as well as being able to engage in high quality CPD accredited seminars. In essence the show is an opportunity to engage with a beautifully complex community that is both mixed and with ability. IIC Show is advocating a cultural independent identity about disability based on The Social Model. The show will place emphasis on the individual community members effected by disability in anyway, with a show experience that will deliver content based on can do!

Welcoming up to 150 exhibitors, the IIC Show is a must attend for trade visitors and professionals. From carers to teachers as well as suppliers and manufacturers the event gives attendees the opportunity to access a wealth of industry support and expert advice. Covering areas such as mobility, physical and motor skills, as well as

sensory and neurological, visitors can compare a wide range of products and services as well as accessing current trends.

The Care sector plays a huge role in the IIC Show, covering innovative products and services such as mobility, safety, as well as health and hygiene. Carers will have a wealth of exhibitors relevant to their field to compare and evaluate the products and services available.

There are a large number of exhibitors at the IIC Show who can offer advice and support to those in the Care sector. Welcoming exhibitors such as Kuradocs, Access for wheelchairs, Osprey Healthcare, Your Direction, and TBC Conversions to name a few! The IIC Show offers contemporary products, reviews and news to suit all abilities and needs. Whether you're a support passenger, wheelchair user, carer or family member the show offers a range of exhibitors showcasing the latest products and services that are available to suit a range of abilities.

Show Manager Matt Haynes says *"The IIC Show is the first of its kind in the North West, and acts as a huge platform for exhibitors to showcase innovative products and services for people of mixed ability and those associated. This year there is a specific focus on the Care sector, from disability equipment and mobility products to wheelchair accessible vehicles, there will be a range of industry exhibitors on hand to offer their products and services relevant to attendee's roles."*

Education and Leisure also plays a key role in the event, with a Sports zone and three Educational Theatres offering a whole host of seminars. The Moving and Handling Theatre Sponsored by Renault UK offers professional advice regarding personal care, whilst the Business Development Theatre sponsored by MG Retail Consulting. Elsewhere the SEN Seminar Theatre sponsored by Experia Innovations attracts teachers and educational professionals looking to gain knowledge of special educational needs. On the whole the seminars are able to provide a great insight into topics surrounding disability.

The IIC show also provides a fantastic insight on how the leisure industry is

**"This year there is a specific focus on the Care sector, from disability equipment and mobility products to wheelchair accessible vehicles, there will be a range of industry exhibitors on hand to offer their products and services relevant to attendee's roles."**

inclusive to people with mixed abilities. Aiming to encourage people to take up hobbies the shows Sports Zone will provide sports and activities for attendees to trial. The IIC Show supports disabled people to be active and offers valuable advice on building confidence and improving their continuous health and advice.

With The IIC Show just three months away, it is set to be a great success. The event invites, carers, health and care professionals, trade visitors as well the general public to visit the two day event for the opportunity to gain significant insights into the lives and community surrounding those of mixed ability. In essence the show is a celebration of the lives of people with varying ability and aims to engage, promote and educate on all categories of mixed abilities.

Attendees are invited to register FREE at [www.iicshow.co.uk](http://www.iicshow.co.uk)



**INCLUSION INDEPENDENCE CHOICE**  
**31ST JANUARY - 1ST FEBRUARY 2016**  
**MANCHESTER CENTRAL**

**IIC Show** is the largest trade and consumer event in the North of England that actively promotes

**Inclusion, Independence & Choice**

for people of mixed ability and those associated.

- Up to 150 exhibitors
- Advice and Support for everyone whether you are a health professional, carer, parent or are directly affected by mixed ability.
- Compare thousands of products and services
- CPD accredited seminars

Visit  
[www.iicshow.co.uk](http://www.iicshow.co.uk)  
to register for  
**FREE ENTRY**



# Local leadership

**Last month, I described what it was like to lead outside your organisation. If you're a manager working in social care, or someone working on the front line, you'll have direct experience of this from dealing with families, GPs, people in acute and community hospitals, and voluntary or community groups.**

What you're doing, when you work in this way, is Systems Leadership – leading across boundaries, building strong working relationships with other people and coming together on the basis of some shared aims. Because often, we all want the same thing. Fewer visits to hospital, more people getting care and support in their own homes, and an emphasis on catching people early, before things have time to get serious.

This is actually happening in places around the country, and at a time when there are so many stories of gloom and doom around social care and health, they deserve to be recognised and celebrated.

In Dudley, for instance, taking a Systems approach to delivering more healthcare at community level has meant the introduction of GP-led multi-disciplinary teams, including community nurses, mental health workers, pharmacists and social care link workers. Local voluntary and community services are also playing a central role in delivering integrated care. Reports from GP surgeries suggest that this is leading to a reduction in demand for medical care from care homes and home care services, and more emphasis on links across the community.

Across the way in Shropshire, Karen George, a lead nurse in an NHS community trust, is making a real impact. Karen is funded through her

**“What you're doing, when you work in this way, is Systems Leadership”**

Clinical Commissioning Group to go into care homes and home care services and train social care staff, not least in spotting early signs of deterioration so that people can be treated before things get serious, and out of hospital where possible.

**“These are examples of social care and health coming together, often with social care managers taking the lead”**

Similarly, The Royal Masonic Benevolent Institution (RMBI), in its homes in Leicester, is working closely with local GPs to get advanced agreed plans of care in place to help prevent hospital admissions. In Porthcawl, the RMBI is piloting a scheme with the NHS in Wales to help reduce unnecessary hospital admissions out of hours, as this is often when people are sent to A&E by covering GPs. They connect directly with a central hospital, where a consultant sees the person via video link and have access to their observations. They can then decide whether they do, in fact, need hospital treatment or whether they can remain in the home with appropriate care.

In the north-west, Community Integrated Care is working with hospitals in South Manchester on Intermediate Care Schemes for older people, so that they can leave hospital in a timely way and still have easy access to medical care.

And in Plymouth, a national Systems Leadership programme has been supporting the development and implementation of a Strategic Alcohol Plan for the city, working with people across health, social care and the local council. Outcomes have included measurable reductions in alcohol-related hospital admissions, and a fall in the number of children going into foster care as a result of parents having alcohol problems.



Debbie Sorkin

Plymouth has done this by taking a whole-systems approach, looking at a range of issues and putting integrated packages of care into place to support people and pre-empt the kind of crises that lead to A&E in the first place.

All of these are examples of social care and health coming together, often with social care managers taking the lead, working through problems and coming out with solutions. It shows how leadership – and your leadership – can influence the quality of care, and quality of life, that people experience. And it shows why leadership, and Systems Leadership, matter more than ever in social care.

If you have examples of good leadership and systems leadership in action, please let us know at Care Talk:

[editorial@caretalk.co.uk](mailto:editorial@caretalk.co.uk)

Debbie Sorkin is National Director of Systems Leadership at the Leadership Centre

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# Fire watch

**Vulnerable people living at home are at increased risk from fires. Care providers are on the frontline of spotting the signs. New fire safety guidance offers advice on identifying clients at risk and fire protection that could save their life. Nigel Firkins explains.**

New statistics from London Fire Brigade show that a high proportion of people who die in accidental dwelling fires share a number of common characteristics. These are age (being over 60), lack of mobility, living alone, and vulnerability due to illness, alcohol or drug use (including prescription).

Among these fire fatalities, many of the victims were receiving care services. Some had displayed what are described as 'easily recognised signs' of near misses with fire, such as burn marks to clothing or furnishings - from smoking, or unsafe use of candles or heaters.

The introduction of the Care Certificate this year has raised awareness of home fire risk with carers. But care providers must ensure their client fire risk strategies keep step with new developments.

London Fire Brigade in association with BRE has published new guidance on risk assessing 'priority' vulnerable people for Personal Protection Systems (PPS). These are mobile watermist systems that can be quickly deployed to protect against specific fire risks, automatically activating over a bed or chair that is the source of a fire, or close to it.

At the same time, BRE Global has developed a certification standard for PPS to evaluate their performance and effectiveness and give confidence



Nigel Firkins

in their reliability (LPS 1655 - Requirements and test methods for the LPCB approval and listing of Personal Protection Water Mist Systems).

### People who fit the risk profile for a PPS will have physical or mental impairments that could:

- inhibit their response to fire and alarms
- limit their ability to escape without assistance - or increase their risk of starting a fire.

### Typical fire risk factors to look for include:

- Having previous fires
- Burn marks on carpets, furniture, clothing or bedding
- Evidence of unsafe use of candles
- Poor quality or damaged electrical wiring
- Unsafe use of electrical equipment (overloaded socket or extension leads)
- Unsafe use of space heaters
- A history of falls
- Suffering from dementia or similar cognitive impairment
- Having mobility difficulties
- Hoarding issues
- Decision making difficulties
- Carelessness with smoking materials
- Alcohol or drug misuse
- Home oxygen use
- Sensory impairment e.g. being hard of hearing or deaf

For some vulnerable people, usual fire detection – smoke alarms, fire-retardant bedding, fire alarms linked with telecare – may not be enough. London Fire Brigade advises: *“When behaviour is with a limited ability to respond and/or impaired mobility, automatic fire*

*suppression systems offer the only effective risk reduction alternative.”*

It is vital that fire risk assessments of the vulnerable are part of robust and systematic processes embedded within care management. This can maximise the cost return and compliance of management activity of client fire risk.

Thorough approaches for assessing client fire risk in the home must be supported by reliable systems for reporting and timely action to reduce risk, such as a referral for a home fire safety visit. Systems should provide for regular reviews, since the fire risk profile for vulnerable people will change as their medical conditions progress and lifestyle alters.

Inevitably, other fire risks are evolving as we support more elderly and infirm people at home. New BRE research shows that mobility scooters, while being a potential obstruction to escape in the home, can present a fire risk in themselves, often while charging. Ablaze, they can produce quantities of hazardous smoke and heat, as well as precipitating fire spread. See the results from the dramatic fire test here: <http://www.bre.co.uk/page.jsp?id=3667>

This and other emerging work is likely to influence future changes in the design, fire safety legislation and management of occupancies where we care for the vulnerable. So watch this space. In the meantime, watch out for those 'fire risk' signals from those people on your watch.

**Nigel Firkins is a fire safety specialist in the Fire Sciences and Building Products Division of BRE Global Ltd based in Watford.**

### Reference documents:

*“Guidance on the use, deployment and limitations of Personal Protection Watermist Systems in the homes of vulnerable people”* published by London Fire Brigade in association with BRE Global. Download free at: [www.bre.co.uk/ppsguidance](http://www.bre.co.uk/ppsguidance)

*“Loss Prevention Standard LPS 1655: Issue 1:0. Requirements and test methods for the LPCB approval and listing of Personal Protection Watermist Systems”* published by BRE Global Ltd.

*“Review of Accidental Dwelling Fires and Fatalities, 2014/15”* (from London Fire & Emergency Planning Authority report, 21 July 2015)

# Winter warmers

## Tips on good nutrition for care home residents this winter



Roz Witney

**Dine Contract Catering Nutritionist, Roz Witney, shares her advice on ensuring care home residents get the nutrition they need to remain healthy and well this winter...**

During the colder months, more nutrients are required to boost immunity and provide enough energy to keep warm, especially for the elderly, who are at a higher risk of malnutrition.

However, encouraging residents to eat more nutrient dense foods to help immunity and cognitive function throughout the season is not without practical problems. Here are my top tips on catering to residents during the winter months...



### 1. Help beat the blues

During the shorter days, a big challenge is compensating for lower exposure to sunlight. This can lead to a drop in the production of the hormone serotonin, which in turn can cause depression and cravings for foods heavy in carbohydrates, but not necessarily rich in vitamins, minerals and fibre. Be sure to include healthier carbs such as wholegrains, sweet potatoes, pumpkin and squash in your menus as these ingredients can boost serotonin levels naturally.



### 2. Boost vitamin D

It's well known that this lack of sunlight can also lead to a shortage of vitamin D. Limited time spent outside in the winter, coupled with the fact that age significantly impairs the skin's ability to create vitamin D, means the elderly are particularly vulnerable to a deficiency. To help residents get more at mealtimes, the most palatable sources are offal (dishes such as liver and onions and steak and kidney pie), as well as eggs and oily fish. Aim to serve organ meats and oily fish once a week and also consider introducing vitamin D supplements.



### 3. Serve comforting drinks

'Comfort food' options are always popular in winter and it may sound obvious, but don't forget that this extends to drinks too. Warm drinks are a simple source of comfort in the colder months and including antioxidant rich choices such as breakfast tea and green tea is an extra opportunity to help boost immunity.



### 4. Encourage snacking

Providing plenty of snack options available throughout the day will help keep blood sugar stable, providing residents with extra fuel and nutrients. This is particularly important for those with smaller appetites who prefer to eat little and often.



### 5. Include flu fighting ingredients

While research shows that a higher intake of vitamin C can't actually prevent colds or flu, it can certainly help fight them off. Including fruit and vegetables with a high concentration of vitamin C in your menus will give residents the extra flu busting power they need to recover more quickly. For example, Brussels sprouts, cauliflower, strawberries and kiwifruit are all great sources and in fact contain more of the vitamin than oranges.

# Emotional intelligence in the Caring Sector: can it be taught?

**We may be entitled to expect that everyone working in the caring sector would already possess the necessary skills to be able to demonstrate compassion and empathy towards those receiving care. However, we continue to hear about too many examples of poor attitudes towards some very vulnerable people by a small but significant minority of staff.**

The fact that some care providers perform better than others suggests that standards can be improved. Clearly there are fundamental conditions that have to be in place including quality leadership, adequate resources, open and respectful communication but the real key to delivering quality person-centred, compassionate care is to have the right staff in place.

The best organisations will invest time and energy into their recruitment and selection processes and, while there are no guarantees, this is likely to pay dividends. You can also be sure that the best staff will be attracted to the best organisations and will also be more likely to stay. So, what should we be looking for in care staff? Qualities that are often highlighted such as reliability, flexibility, honesty, empathy and respect, tend to be the types of qualities that enable relationships to be formed and trust to be developed. However, how can we be sure that new recruits possess such qualities and what can we do with existing staff who appear to be lacking?

The qualities mentioned above are more evident in individuals who are higher in emotional intelligence (EI). This is because emotionally intelligent individuals are able to recognise and manage their own emotions as well as the emotions of others. They are more receptive to the needs of people who find it difficult to articulate their concerns. Measures of EI have been available for many years in the business world and it is now possible to apply a measure of EI to the caring sector to assess new recruits and identify problems in existing staff.

**“Selecting staff who are high in emotional intelligence should be a priority”**

EI is distinct from IQ. It is generally accepted that IQ is fixed. It might be possible to enhance scores through repeated testing but essentially IQ is a stable measure of general intelligence. EI on the other hand can change. One of the key elements of EI is self-knowledge. We can always learn more about ourselves as long as we are open to the concept. Experience is important but learning through experience requires critical reflection and this can be taught. Reflecting on critical incidents also enables us to modify how we respond to similar future situations. An organisation that promotes critical reflection in an open blameless fashion will always learn through experience and continue to grow. Critical reflection also enables us to recognise our limitations.

Vicarious learning requires the person to be able to experience learning through the behaviour of others and this is linked to empathy. Sharing experiences in a safe environment helps others to learn without necessarily making the same mistakes and helps to promote positive risk taking rather than stifling innovation and development. Recognising that we can all make mistakes reminds us that we are human and also makes us more tolerant of others, which is an essential quality in the caring sector.

Selecting staff who are high in emotional intelligence should be a priority for care organisations. However, providing an environment that promotes openness, critical reflection, sharing and tolerance will also help the organisation to retain the best staff. It is not always necessary to organise formal ‘on the job’ learning. A philosophy which promotes self-development for staff will undoubtedly lead to the promotion of independence for those who receive care.



*Dr Bob Rankin, Director, Rankein Scale  
www.rankeinscale.com*

**“The best staff will be attracted to the best organisations and will also be more likely to stay”**

# Being active through the winter

It is widely recognised that regular contact with nature can improve our physical health and mental wellbeing.

Taking a short walk outdoors, working together as part of a sociable group or simply enjoying handling natural materials such as crunchy, golden autumn leaves can help relieve anxiety, reduce agitation and promote a sense of purpose and pride.

However, during the winter months, when it is cold outside and the days are short, enabling care home residents to stay active and connected with nature can feel very challenging.

Growing Support are specialists in social and therapeutic horticulture, providing a rich and varied programme of gardening activities for people in care. In our experience, you don't need to be green-fingered or have access to an established garden to enable the people in your care to enjoy the benefits of gardening activities. There are a wide range of affordable activities that can be carried out indoors and easily led by care staff, volunteers or a family member too. At Growing Support we try to get everyone involved, we find the cheerful, social atmosphere generated by everyone working together to be one of the key benefits to residents.

Here are some top tips for straightforward winter activities that are rich in sensory stimulation, create opportunities to reminisce and promote a sense of achievement.



## 1. Involve residents in seasonal preparations with a cheery Christmas wreath

Unock your residents' creative side and make the most of the evergreens from the garden / local park.

Making a Christmas wreath promotes a sense of purpose and provides an opportunity to remember happy Christmas memories.



## 2. Prepare the patio for a wonderful, colourful spring

Planting bulbs is an excellent way to exercise those fine motor skills vital to maintaining independence. Bulbs are large and easy to handle making this activity accessible to residents with poor eyesight, reduced dexterity or not-so-green fingers! They will happily spend the winter outside in a container ready to brighten up the patio in the spring.



## 3. Make a leaf stained glass window

Promote orientation to season and choice by supporting residents to design their own stunning "stained glass window".

Lovely, crunchy, golden autumn leaves are easily available from the garden and provide a great excuse to go outside and enjoy the autumn sunshine. This activity offers good sensory stimulation, ask residents to touch and smell the leaves.

Step by step instructions for how to deliver these activities are available to be downloaded for free from our website [www.growingsupport.co.uk](http://www.growingsupport.co.uk)

If you would like to find out more about how to run a programme of therapeutic gardening activities for your residents please call Dale Cranshaw on **07581 281 578** or drop him a line on [dalec@growingsupport.co.uk](mailto:dalec@growingsupport.co.uk).



Nythan Smith

**Health and social care practitioners are regularly bombarded with guidance which points to the matter of good care provision. The regulator, CQC, states that good care goes above and beyond merely what is required by the regulations. They state that key to a service obtaining a good rating is the evidence of a consistent practice over time. It is of course difficult for a service provision to demonstrate such consistency through the course of a snap shot inspection which looks at a limited amount of information.**

## What does good care look like?

CQC regularly points to the leadership of an organisation when assessing whether a service is providing good care and it is rare that a provider will be ranked as good with poor leadership. Good leadership is of course a relevant factor in the provision of good care but the focus of this article is what can be done by carers on the frontline.

Good care can look differently in different settings, there are of course significant differences evident across the social care sector from domiciliary to residential and mental health hospital care. It is useful to look to National Institute for Health and Care Excellence (NICE) to assist with the question of what the picture of good care looks like and how one might aspire to provide it.

Recently NICE issued guidelines on providing care for older people with several long term conditions; and despite the specific focus of the guidelines it is of almost universal application to social care settings on best practice. Indeed if every person cared for was treated with the high standards of care and attention demonstrated in the guide, good care would be achieved.

“Good care can look differently in different settings”

The guidelines focus on the full range of care provision and by following the principles of the guidelines it will be possible to achieve the provision of good care. As with all forms of social care one should look to assess the needs of the person who requires care and make adequate referrals to the local authority for such an assessment to be carried out.

Where possible it is also recommended that an individual is named as the coordinator for care needs and management of the care that is required.

Where possible it is also recommended that an individual is named as the coordinator for care needs and management of the care that is required. Care plans should be specific to the individual and address all of the needs of the individual from emotional to cultural and all in between. The care that is provided should reflect the specific needs of the individual and should change and move with the life of the individual.

“The focus of this article is what can be done by carers on the frontline”

The recurring theme within the guidance and the prevalent focus is on providing care which is tailored to the needs of the cared for individual – often called person-centred care. The service users should be involved within every step of the provision of care where they are able. There is a wide range of resources available to answer the question of what good care looks like and carers should look to guidelines such as those provided by NICE to meet the threshold of good care provision. It can be difficult to achieve this in times when there are financial and time constraints but with adequate planning and person-centred care, good care should be achieved.

**Nythan Smith,  
Paralegal  
Ridouts**

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