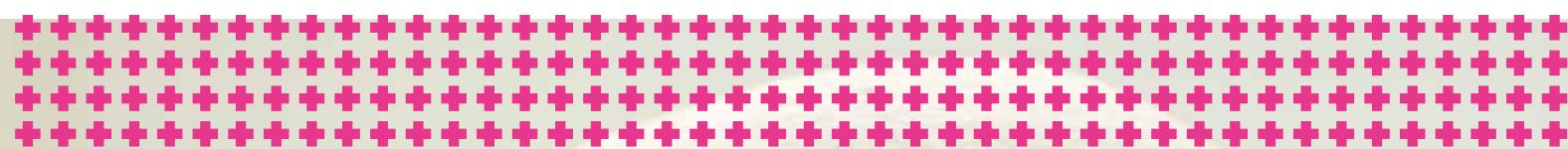


# Transition to Care Home Nursing

## Section A -Thinking about Working in a Care Home

### Chapter 1 - Introduction

A resource in the QNI's 'Transition' series, designed for registered nurses with an interest in working in a care home with nursing and for those who are already in this area of practice, who would like an update on current practice and approaches.



# Section A - Thinking about working in a care home

## Chapter 1: Introduction

Completing this chapter will enable you to:

- Learn how to use this learning resource
- Define some of the differences and variations in terms between care homes and nursing homes
- Have some understanding of how care is funded in care homes
- Create a SWOT analysis, and use this to inform your future learning
- Outline the key roles of the care home nurse and consider other professionals you will work with

### Welcome to your Learning Resource

This resource is focussed upon a registered nurse working in a Care Home with Nursing

This learning resource has been designed for registered nurses with an interest in working in a care home with nursing and for those who are already in this area of practice, who would like an update on current practice and approaches. The registered nurse may have a background in general nursing, mental health or learning disabilities. We are also aware that this resource might be useful and appeal to unregistered carers, other professionals and students that are new to the care home setting.

The QNI promotes the nursing care of people in the home and community. It views the care home setting as an individual's home and the QNI therefore seeks to promote the value of nursing in this setting.

The resource uses the term 'you' to refer to the nursing home nurse, student nurse or other professional reading the resource. For clarity and brevity, the term 'resident' or 'older person' is used to describe the person living in the care home in need of nursing care. Person-centred holistic care is of the upmost importance, so while this resource uses these basic labels, you should always be aware that you are using your advanced nursing skills to assess, care and treat each person as an individual according to their background, circumstances, needs and wishes. Every interaction or meeting should look and feel different and be facilitated by the needs of the resident.

In a complex and changing nursing environment, there is emphasis on reflective questions and scenarios rather than right / wrong answers in the resource. You are advised to identify a mentor who can support you through the content of this resource. This will help you to get more out of the learning by discussing scenarios and additional learning avenues.

Care homes can be privately owned by individuals, or run by local councils, or charities. Many people do not realise the differences between care homes and care homes with nursing and there is some variation in terminology across

the sector. Both types of home provide accommodation, supervision from staff twenty-four hours a day, meals and help with personal care needs. In care homes without nursing, registered nurses from the community and primary care services visit to provide the nursing care needed by residents. In homes with nursing care, registered nurses are employed, to provide twenty-four-hour care and to supervise care delivery by a larger workforce of care assistants. They may also be supported by community and primary care services.

### What is a Care Home?

A care home is a place of residence that provides accommodation and personal care for people who need extra support in their daily lives. Personal care might include help with eating, washing, dressing, going to the toilet or taking medication. Care homes may also offer social activities such as day trips or outings. Care homes are sometimes referred to as residential homes, and the care residents receive is called residential care. If nursing interventions such as administration of medicines by injection, complex wound dressings or bladder or bowel management is required, then a referral will be made to the district nursing team to carry out this care.

A care home is staffed twenty-four hours a day and the majority of the workforce will be care assistants with a range of qualifications, including the Care Certificate or Foundation degrees in Health and Social Care and more recently nursing associate in practice courses. Care home managers do not need to be registered nurses or have nursing experience. However, they are required to hold a Registered Manager's Award or similar qualification and have had experience working in a care home. In Northern Ireland the manager of a nursing home must be a registered nurse.

## What is a Nursing Home?

A nursing home, also known as a care home with nursing, has a registered nurse on duty at all times and is able to provide care that requires more complex nursing interventions. Nurses will have assessment and management skills, for example:

Where a person's health is such that one or more of the following procedures is required periodically over twenty-four hours:

- administration of medication by injection;
- dressing to an open or closed wound;
- artificial feeding;
- basic nursing care of the type normally given to people confined to bed;
- frequent attention as a result of double or single incontinence;
- intensive rehabilitation following surgery or a debilitating disease which is likely to continue for some time;
- Management of complex prostheses or appliances.

*Registered Nursing Home Association website (2017)*

The reasoning behind having a nursing workforce is that they are trained to recognise and pre-empt early symptoms and changes in a resident's condition. Nurses can then refer and liaise with a whole range of health and social care professionals in order to optimise quality patient care. Nursing homes are furnished with specialised equipment, such as profiling beds and additional aids for safely moving and handling patients, making them the best choice for those with severe mobility problems or those who are bed bound.

Some nursing homes are funded to provide specialist support to residents with mental illness such as dementia and will have specially trained staff as well as registered mental health nurses to care for this sometimes frail and vulnerable group. It is acknowledged that this group require different physical surroundings and special attention to the cognitive and debilitating nature of this illness. For more information on caring for residents with dementia, read Chapter 5 - Dementia Care.

## Care Home Residents

The population of care home residents has changed dramatically over the last five to ten years, to include people living with severe frailty and illness. The average care home resident is likely to be female, aged 85, and have a life expectancy of 12-30 months NHIR (2017). He or she may have six or more co-morbidities, may be taking seven or more medications, and live with physical disabilities and mental health problems.

Historically the registered nursing workforce has not always seen care homes as a favourable place of work and there are reports that this section of the workforce can feel isolated and undervalued (Owen et al 2006). The nursing workforce in care homes has been trained for work in hospital or community, rather than specifically for work in the care home setting. Formal nursing education has not always recognised this; consequently nurses are often ill-prepared to meet the complex needs of older people in care homes (Spilsbury et al, 2015). There are frequent problems with recruitment and retention due to staff shortages and high turnover of staff in some settings (RCN 2017).

This type of nursing has been viewed in the past as a role that might fit in around personal commitments, or taken on at the end of a nursing career. The employment of overseas registered nurses must also be considered as a contributing factor to some of the challenges faced when trying to support nurses in this field around induction, support, supervision, mentorship and ongoing CPD and retention. Following the Brexit vote in 2016 the number of nurses from the EU applying to work in the UK has dropped dramatically (RCN



## “ Historically the registered nursing workforce has not always seen care homes as a favourable place of work.

2017) and this will also play a part. It is this view that has given rise to care home nursing being put in the spotlight with initiatives such as NHS (2016) New Care Models – Framework for enhanced health in care homes. One of the aims of this resource is to promote care home nursing as a sought-after career for registered nurses. A future where there is competition for care home nursing jobs, fair reward for their work, and where newly qualified nurses can say: ‘I want to have a career in care home nursing.’

### How is Care Financed?

Recent government policy has meant there has been a shift towards maintaining older people's independence for as long as possible in their own homes (Jarrett (2017)). As a result, admission into a care home is often delayed until a person may have multiple health conditions that finally they can no longer manage at home. Some people living in care homes may be funded by a mixture of funding streams, according to their current health status, and this may alter as their condition deteriorates and their care requirements change.

The funding arrangements for someone living in a care home are often complex, and locality and country specific. While there might be an expectation as a registered nurse that you will have a working knowledge of funding streams, you will not be expected to be fully versed in all the complexities of this. You will be expected to know about what happens in your organisation and to be able to sign post residents, relatives and colleagues to appropriate resource information. As a registered nurse, you will have a key role in completing health assessments, producing reports and care plans that will assist in the decision making for funding resident care.

Here are some resources to assist your understanding of this subject:

- <http://caretobedifferent.co.uk>
- <http://www.nhs.uk/chq/Pages/what-is-nhs-funded-nursing-care.aspx>
- <http://www.ageuk.org.uk/health-wellbeing/doctors-hospitals/nhs-continuing-healthcare-and-nhs-funded-nursing-care/nhs-funded-nursing-care-/>
- [www.thinklocalactpersonal.org.uk](http://www.thinklocalactpersonal.org.uk)
- BGS (2016) Effective healthcare for older people living in care homes. Guidance on commissioning and providing healthcare services across the UK [http://www.bgs.org.uk/pdfs/2016\\_bgs\\_commissioning\\_guidance.pdf](http://www.bgs.org.uk/pdfs/2016_bgs_commissioning_guidance.pdf)
- Laing Buisson (2014) Strategic Commissioning of Long Term Care for Older People – can we get more for less?

- Jarrett T (2017) The care home market ( England) House of Commons Library
- RCN (2011) Persistent challenges to providing quality care – An RCN report on the views and experiences of frontline nursing staff in care homes in England.
- Age Cymru (2017) Paying for a permanent care home placement in Wales: <http://www.ageuk.org.uk/Global/AgeCymru/Factsheets%20and%20information%20guides/FS10w.pdf?dtrk=true>
- Age UK (2017) NHS Continuing Healthcare and NHS funded nursing: <http://www.ageuk.org.uk/health-wellbeing/doctors-hospitals/nhs-continuing-healthcare-and-nhs-funded-nursing-care/assessment-for-nhs-continuing-healthcare/>

### Role of The Registered Nurse Working in the Care Home Setting

The role of the registered nurse working within a care home is a highly skilled one, requiring an in depth knowledge of long-term conditions associated with aging, managing complex multiple morbidities and frailty. The nurse is required to maintain a person and relationship centred approach to this care, recognising that the care home is the person's home as well as a place of care. Care home nursing is diverse, with the need to practice autonomously liaising with many health and social care professionals, as well as building long-term relationships with residents, relatives and significant others.

Care home nurses may at times be the only qualified person on a shift with management responsibilities for care home staff at all levels of the organisation. They may also need leadership expertise, as well as overseeing the general facilities and running of the home.

In Figure 1.1, you can see some of the skill areas that nurses have identified as important to working effectively in a care home.

**Figure 1.1 – Key skills required of a care home nurse**

<b>Resident skills</b>
<ul style="list-style-type: none"><li>Therapeutic relationships, resident advocate, self-management, listening to resident voice, evaluation of needs and review, supporting people with deteriorating physical and mental health</li></ul>
<b>Education and knowledge</b>
<ul style="list-style-type: none"><li>Needs assessment, strategy, local and national policy, evidence based practice, health promotion and education</li></ul>
<b>Management skills</b>
<ul style="list-style-type: none"><li>Organisational skills which may include running the whole care home, unit or ward. Which may include estates, facilities, finance and staff management. Managing own workload, prioritising, resources, commissioning and business acumen , analysis of care quality and outcomes</li></ul>
<b>Teamwork skills</b>
<ul style="list-style-type: none"><li>Complex care co-ordinator, multi-agency working, inter-professional working, signposting, referral, written and verbal skills</li></ul>
<b>Technical skills</b>
<ul style="list-style-type: none"><li>Holistic assessment, clinical decision making, clinical skills, medicines management and interpersonal and communication skills</li></ul>
<b>Leadership skills</b>
<ul style="list-style-type: none"><li>Autonomous practice, manages self and others, educator and teacher, service design and redesign</li></ul>

A QNI (2017) survey of care home nurses asked, 'If you could give one piece of advice to a nurse coming to work in a care home for the first time - what would it be? Some of the answers are given below:

*'Embrace it fully as a real opportunity – it's like no other setting. You have time to get to know the service users, bond as a staff team, gain confidence in clinical decision making, meet health as well as social care needs, see people as people rather than their illness, really get to know them as individuals and value their contribution to society.'*

*'It's more diverse and interesting than you think it is.'*

*'Leave prejudices about non-statutory care providers at the door. People in care homes all care genuinely and passionately about their residents.'*

*'Research the company you are going to work for, read their policies and protocols to get some idea of what is expected from you and what to expect of the job.'*

*'Not to be afraid to ask for help from any staff members, especially management.'*

*'Spend every moment understanding the care needs of your residents. Empowering them to actively be involved in decision making. Stand up for anything that doesn't 'sit right with you' intuitively and based upon what you have been taught. Make sure you stand up for understaffing – you are a registered nurse with a duty of care.'*



**“Leave prejudices about non-statutory care providers at the door. People in care homes all care genuinely and passionately about their residents.”**

### Different people you will link with across the community

Care home residents are entitled to access the wide range of professionals for their health and social care as anyone else in our society. It is essential therefore that you understand these different roles. You are likely to have a key co-ordinating role, ensuring care is well managed for your residents. This can include, though is not limited to, the range of professionals in Figure 1.2.

**Figure 1.2 – Some key professional links for the nurse working in the care home setting**



Although some key links are listed in figure 1.2, it is still useful to have a broad understanding of other community healthcare roles, which may have relevance to your practice, depending on the age, demographic profile and needs of your residents.

**Figure 1.3 The responsibilities of other community health and social care professionals<sup>1</sup>**

Health Professional	Description of role and responsibilities
District Nurse	DN's are registered nurses who have undertaken who have undertaken a further Specialist Practitioner Qualification. They visit people in their own homes or in residential care homes, providing care for patients and supporting family members. As well providing direct patient care, district nurses also have a teaching role, working with patients to enable them to care for themselves or with family members, teaching them how to give care to their relatives.
Community Matron / Case Manager / Caseload Manager	A highly experienced senior nurse that works with patients with complex health problems. Provides a single point of care to support provide care for patient and prevent hospital admissions. Usually deemed to be working as advanced nurse practitioners. Undertakes variety of tasks and responsibilities including: treating, prescribing, or referring patients to a specialist. Provides skilled care that meets patients' health and social care needs, involving other members of team as appropriate.
Community Mental Health Nurse / Community Psychiatric Nurse	Has specialist training in mental health. May be attached to a GP practice, community mental health team, or psychiatric units or working within a care home in particular a elderly mental illness unit. Has wide range of expertise and gives advice and support to people with long-term mental health conditions, and administers medication. May specialise in treating children, older people, or people with a drug or alcohol addiction.

General Practice Nurse / Practice Nurse	Works within GP practices as part of primary care team to assess, screen and treat patients of all ages. Runs clinics for patients with long-term conditions such as asthma, heart disease and diabetes. Also offers health promotion advice in contraception, weight loss, smoking cessation, travel immunisations and others.
General Practitioner (GP)	Provides a complete spectrum of care within the local community: dealing with problems that often combine physical, psychological and social components. At partner level, may be an independent contractor to the NHS and have responsibility for providing adequate premises and for employing staff.
Health Visitor / Specialist Community Public Health Nurse	Works mainly with families with children under the age of 5, however some have an elderly focus. Supports families and children in growth and development, post-natal depression, breastfeeding and weaning, domestic violence and bereavement. Plays a role in safeguarding and protecting children from harm. A registered nurse or midwife with further training.
Learning Disability Nurse	Provides specialist healthcare to people with learning disabilities. Offers support to their families. Nurses in settings such as adult education, residential and community centres, patients' homes, workplaces and schools.
Occupational Therapist	Works to help people overcome the effects of disability caused by physical or psychological illness, ageing or accident.
Physiotherapist	Uses skills including manual therapy, therapeutic exercise and the application of electro-physical modalities. Has an appreciation of psychological, cultural and social factors influencing patients. Advises and treats patients and carers in their own homes, nursing homes, day centres, and health centres.
Rapid Response or integrated Care team	Multidisciplinary health and social care teams made up of physiotherapists, occupational therapists, support workers and nurses. The service aims to prevent unnecessary patient admission to hospital and provide short-term support and rehabilitation in the home.
Social Worker	Senior social workers are concerned with the welfare of communities, families, and individuals. Specialising in adults 65 and over, geriatric social workers are trained to find solutions to help address the numerous environmental challenges that come with aging. In short, it is their priority to improve the quality of lives of their clients, and ultimately to help protect the elderly from those who might try to take advantage of their vulnerabilities.



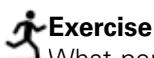
**“ Admission into a care home is often delayed until a person may have multiple health conditions that, finally, they can no longer manage at home.**

Health professional	Description of role and responsibilities
Admiral Nurses	Provide the specialist dementia support that families need. When things get challenging or difficult, these nurses work alongside people with dementia, and their families: giving them one-to-one support, expert guidance and practical solutions.
Speech and Language Therapist	Assess and treat speech, language and communication problems in people of all ages to help them better communicate. Will also work with people who have eating and swallowing problems. Eg dysphagia
Community Dietician	The role of a dietitian is extremely varied and exciting. In general, dietitians work as part of a team, caring for people in hospital or in the community. They also work to promote good health and prevent disease by informing and teaching the public, health professionals and others about diet and nutrition.
Community Pharmacists	Community pharmacists dispense and check prescriptions, and provide advice to patients on medicines that have been prescribed for them. Community pharmacists will take back medicines that are no longer required so they can be disposed of correctly. They can also provide advice on minor illnesses and staying healthy. Some pharmacists offer additional services specifically to care homes.



### Activity

Consider which health and social care professionals you liaise with and how they contribute to the overall care delivered by your organisation.



### Exercise

What personal skills are required to work in a nursing home?

### SWOT Analysis

In some instances, a SWOT analysis is a good way to establish insight into your own abilities.

Take a sheet of paper and divide it into four cells and label them ‘strengths’ ‘weaknesses’, ‘opportunities’ and ‘threats’. Under each heading within each cell write down as many things that you can think of that relate to your role as a nurse. You can then ask yourself, ‘What are the

threats that the weaknesses expose us to?’ and ‘What opportunities arise because of your strengths?’

By doing a SWOT analysis, this allows you to become critical of and to reflect upon your own behaviour. This can sometimes be a step towards changing and developing as a result both personally and professionally. Discuss the table with your mentor and feel free to keep developing it as you learn more throughout the resource.

**Figure 1.4 – A SWOT Analysis**

Strengths	Weaknesses
Opportunities	Threats

Example of a completed SWOT:

Strengths	Weaknesses
Excellent clinical skills Good communication skills Like being able to make decisions Want to have control over care delivery	Lack confidence Have not worked in care home setting before Worried about additional skills needed Worried about the CQC visits Lack knowledge around specific elderly care needs Lack of clinical skills
Opportunities	Threats
Working in a team Change in career pathway Support from my mentor Opportunity to do something new and different	Not sure if care home nursing is for me Working on my own Safety Making the right decisions



## Chapter Summary

This chapter explored some of context of working in a care home and some of the current challenges faced in delivering care in this setting. It has raised the complexity around funding in the care home setting and the impact this may have on the way care can be delivered. The breadth of this area has been identified, along with the importance of developing a clear understanding of all the other healthcare professionals that provide care in a care home as well as those who are non-health agencies.

You are encouraged to consider if working in this specialist area of nursing is for you. It will help you to think about what you can bring to this area of work, your own clinical skills and what additional skills you may need to work in this complex, exciting and challenging area of healthcare.

## References

1. Adapted from Aldridge-Bent S, 2012, Transition to the District Nursing Service [pdf] Available at: <[qni.org.uk/docs/1%20Chapter%201%20Transition%20to%20District%20Nursing%20-%20CHAPTER%201.pdf](http://qni.org.uk/docs/1%20Chapter%201%20Transition%20to%20District%20Nursing%20-%20CHAPTER%201.pdf)> [Accessed: 2 December 2017]



**“ You are encouraged to consider if working in this specialist area of nursing is for you.**

## **Further Resources**

- The Commission on Residential Care (2014) 'A Vision of Care Fit for the 21st Century' Chaired by Paul Burstow [https://www.demos.co.uk/files/Demos\\_CORC\\_report.pdf?1409673172](https://www.demos.co.uk/files/Demos_CORC_report.pdf?1409673172)
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- Care Quality Commission (2017) The state of health care and adult social care in England 2015/16
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- NHS New Care Models <https://www.england.nhs.uk/ourwork/new-care-models/vanguards/care-models/care-homes-sites/>

## Notes on the chapter

