THE CONTRIBUTION OF REGISTERED NURSES IN SCOTLAND'S CARE HOME TEAMS

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carers, who work closely with residents on a day to day basis. But the registered nurse remains responsible for the overall management of the residentôs nursing care, and they lead, clinically supervise, delegate care to, and oversee the team of carers and senior carers. A registered nurse has a duty of care, under their regulatory code, to ensure that if they have delegated a task, it has been appropriately delegated.[18] Having the right skill mix in the team enables registered nurses to delegate care appropriately.

Registered nurses employed by care homes also work closely with other agencies and professionals, making appropriate referrals as part of their management and co-ordination of care role. Pt7Su0c7s1 0 0 1era c7[( )] TJETst(a)-fBT33(th)-5(e)-3(d)-3(n)-5(u)-3(rses)9(a1 0 0 1 d)-5

Principles for safe, high quality nursing care in care homes

The RCN has developed a set of principles for nursing care in care homes, which is designed around the needs and aspirations of individuals, and focused on providing high quality, person-centred care. Not every issue detailed here falls specifically within the remit of a reformed NCHC, but all will support the activities the RCN thinks are required to ensure a more robust contract for nursing care within the sector.

Scotland has a very mixed market of care home providers, from small providers with a single home, to large national providers. The care home market must remain viable. If quality is our prime driver, solutions will need to take into account what support will be required for all providers to re-shape services sustainably in a fast-changing world.

Principle 1: Care homes are contracted and monitored on the basis of agreed outcomes

It is the view of the RCN that commissioning and procurement of care home services must take a standardised outcomes approach, with service level agreements and robust monitoring of servicesôsuccess in delivering care outcomes.

This approach enables providers to innovate and reconfigure services to achieve positive and person-centred outcomes through the delivery of good quality, flexible and responsive services which meet individualsôneeds and respect their rights.[19, 20] It is also aligned with the wider strategic planning environment of integration authorities who must deliver on the national health and wellbeing outcomes.

An outcomes-based procurement approach sets out the quality outcomes that are expected to be met through procurement of a service, such as: early detection and intervention to support people to recover and stay well; increased involvement of service users in decision-making; and delivery of co-ordinated and patient-centred care, demonstrating joined-up working. Providers then design suitable care pathways to deliver those outcomes. [21]

An outcomes approach can help providers to think differently about how their registered nursing and other staff are facilitated to enable quality outcomes for residents. For example, contractual outcomes relating to improving quality of life and progressing peopleôs care to a lower intensity environment should encourage providers to invest in staff who have the skills and knowledge to support this. This may include nurses with the clinical expertise to provide - for example - stroke assessment, rehabilitation, acute intervention and goal setting support for people who have had a stroke.

From a professional nursing perspective, the care home contract and related work should ensure the following is in place:

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Principle 2: Funding and staffing are appropriate to meet the care needs of residents

Funding for care home services must be determined on the basis of accurate information about both the dependency and clinical need of individual residents, and the staff required to meet those needs. However, validated and consistent tools are not yet available to make this an immediate core requirement of the NCHC.

At present it is expected that care homes will have a dependency tool in place, but this is not standardised. The IoRN dependency tool[22] and care home staffing model is available, but not used across all homes. Further, there is no tool available for the care home sector that appropriately measures *clinical* acuity, despite the increased clinical needs of care home residents. This is a clear gap that should be addressed in order to ensure that future iterations of the NCHC funds care homes to provide safe, quality care.

With regard to designing and funding the registered nursing workforce (in terms of both numbers and skill mix) within care homes to meet assessed needs, no standard workforce and workload planning tool is available. This is not a sustainable position and, in a recent letter to the Cabinet Secretary for Health and Wellbeing, the RCN has stated that the proposed future safe nurse staffing legislation should permit future application across all health and social care settings with nursing, including care homes. Clearly, this will require the development of a tool. NHS Scotland has invested significant resource in developing validated nursing workload and workforce tools. These tools, which are now mandated in the NHS, use a triangulated approach to incorporate professional judgement with quality measures. There would be value in learning from this existing work to develop tools that are fit for purpose for the care home environment.

In the immediate absence of nationally accepted tools, there may be opportunities for care home providers and commissioners to share approaches and local solutions. However, such solutions should not negate the urgent need for a national tool to inform the NCHC.

As resident acuity rises, care homes also need the capacity to respond rapidly to deterioration of residentsôhealth and wellbeing. The terms of the NCHC should enable homes to fund necessary adjustments to staffing and skill mix rapidly in order to respond effectively and safely to changes in acuity.

The RCN has heard from members and partners that there is more to do to ensure that criteria for admissions to contracted care home beds are matched by the capacity and capability of the registered nurses available on site, particularly for people with high clinical needs or particularly challenging behaviours. Where the right clinical expertise and skill is not available, potential issues can arise in terms of the quality of care for the person admitted, and also other residentsôright to a safe environment within their home. Service definitions within the NCHC (and in the future, for all contracted beds) must be fit for purpose and written and delivered in a way which ensures that the right residents are admitted to the right facilities, with the right nursing staff, for their health care needs.

Care home providers in the independent and third sectors may wish to support the 2020 Vision and the new National Clinical Strategy by diversifying into services that are more clinically acute, but higher inherent business risks may dissuade them from doing so. The commissioning of services must take into consideration the risk appetite of providers and

[22] ISD. Webpage: Measuring Dependency/Relative Needs. Viewed October 2016

what needs to be in place to develop a stable, but developing, market. Funding for registered nurse staffing at the correct level can reduce risk for providers, particularly where people have high acuity or specialist care needs.

From a professional nursing perspective, the care home contract and related work should ensure the following are in place:

- A validated tool to assess dependency and clinical acuity in residentsôneeds, which informs fair and appropriate funding
- A systematic approach to workforce and workload planning, with a new national workforce and workload planning tool developed specifically for care homes and used to determine contract funding levels
- Designated nurses within care home organisations who are empowered and skilled to monitor dependency and acuity, and use this information and their professional judgement to determine staffing and skill mix requirements
- Contractual arrangements which financially support the care home to respond to rapid deterioration of residentsôhealth and wellbeing through adjustments to staffing and skill mix
- Clear admission criteria to care homes which are matched to the competencies and capabilities of available registered nursing staff on site in any individual home.

Principle 3: Care home staff can escalate issues in a timely way, and access advice and support from a multidisciplinary team

As autonomous practitioners working with people with a wide range of conditions, registered nurses in care homes should be enabled to make decisions independently and have confidence in knowing where to seek advice and make referrals when needed. They need access to an active multidisciplinary network of support, which complements their skills and knowledge, and allows them to share and improve their practice.

In the future, care home providers, integration authorities and other stakeholders will need to work together more closely to develop opportunities for registered nurses from across sectors to network, share good practice and learn from each other to improve resident outcomes.

individual needing any action, care or treatment.[24] The RCN hears regularly from registered nurses working in care homes that they face difficulty in accessing appropriate senior clinical decision making input, such as from a GP, when a resident is deteriorating. This is particularly the case in the out-of hours period, when there are fewer staff available and residents are more vulnerable to deteriorating health status. The consequence of this is a default ï but in the circumstances, inevitable ï response to NHS24 or A&E.

It is essential that care home staff have access to senior clinical decision makers, 24/7, to avoid unnecessary admissions. Given that parallel work is currently underway to re-negotiate the GP in-hours contract, there is an opportunity in this to re-consider how safe, quality and efficient escalation can be ensured for all residents of care homes. The implementation of the National Out of Hours Review should also support improvements in escalation support.

Principle 4: There are clear career pathways in care homes for registered nurses

All sectors, including care homes, are facing challenges in recruiting and retaining registered nurses. When Scottish Care surveyed their members last year, 66% of care homes and care at home services that employ registered nurses reported difficulty in filling nurse vacancies.

specialist skills are recognised and rewarded within the contract for registered nurses employed by the care home.

From a professional nursing perspective, the care home contract and related work should ensure the following are in place:

- A consistent approach to developing a sustainable care home workforce nationally and within health and social care partnerships