



Policy Briefing 04/2010

Care homes under pressure – an England report

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Executive summary

Demographic trends show that people are living longer, but require more health and care support. Official data shows that demand for places in care homes will double in the next 20 years.

The current social care funding system in England is complex, financially unsustainable, and has variation in what people are entitled to based on where they live. The government's Green Paper, *Shaping the Future of Care Together* and White Paper, *Building the National Care Service* plan to reform the existing adult social care system and create a comprehensive National Care Service that has a fair funding structure, free at the point of use, ensures choice and supports family, carers and community life. The political agenda has been focused on transforming community services to enable people to access care in their homes or in the community.

The wider framework for adult social care is an important background context to looking at the care home sector. Care homes in England are under pressure as a result of rising public expectations, new regulatory approach under the Care Quality Commission (CQC), limited funding support and increasing media coverage on poor perfw2h. c.vie

- **Inadequate equipment to meet nursing and care needs**
Twenty-two per cent felt that they did not

Defining care homes

The *Care Standards Act 2000* provides the legal framework for the regulation of care services in England and Wales. This act defines care homes as “*any home which provides accommodation together with nursing or personal care for any person who is or has been ill (including mental disorder), is disabled or infirm, or who has a past or present dependence on drugs or alcohol*”

Background context: care homes in England

The RCN believes it is important to place the survey results in the broader context of care homes in England. Key points to note include:

- **The need for care homes is increasing**

Life expectancy has been rising over time. In 2008 there were 1.3million people aged 85+, with expectations for this to increase to 3.3million by 2033.¹⁷ This will translate into a greater need for health and social care. National data in 2008/09 shows that approximately 1.78 million people were using care services, with community care accessed by a large majority, followed by residential care homes services and nursing homes services.¹⁸ Care sector analysts Laing and Buisson project an increase in demand from independent sector residents over the next 10 years (total number of places increasing to 424,000 by 2014 and 459,000 by 2019).¹⁹ The Wanless 2006 inquiry suggest that more than 85 per cent of residents in care homes have a combination of impairments (dementia or other cognitive impairments, combined with difficulties in performing activities of daily living (ADL)), compared with 25 per cent of residents with only ADL difficulties.²⁰

- **Quality of care in care homes is variable and in some places, it is poor**
Reflecting the view of both the regulator and the media, a CQC 2010 report²³ found that two per cent of social care services (care homes and home care agencies) do not meet minimum standards of safety and quality of care, and are reported as ‘poor’ under the CQC quality rating scale. Media coverage on individual care home performance reports that some residents are neglected, not treated with dignity and given limited choice.²⁴ Incidents of abuse, malnourishment, dehydration, and inappropriate use of feeding tubes for residents with dementia have been reported in a small minority of homes.^{25,26} The RCN undertook a care homes survey in 2004 following concerns raised by members over the rate of care home closures.²⁷ Findings suggested that care homes in 2004 were under pressure as well and had persistent staffing pressures.
- **Funding is variable and opaque with a debate over who should fund what**
Social funding allowance is calculated by central government for each LA based on a needs assessment formula. LA’s also raise a substantial portion of social care budget through council tax and have the authority to decide individual eligibility criteria and the value of support that will be funded by the LA.²⁸ In 2009, LA allocation for nursing care placements within their social care budget varied from 0 per cent to 38 per cent, while residential care placements varied from 11 per cent to 68 per cent between different regional councils.²⁹ Some LAs did not allocate any funding for care home placements within their social care budget. This disparity between LAs raises concerns on equity and fairness of service provision in England.

A variety of approaches were used to invite members to take part in this survey including:

- RCN website
- *Bulletin* (the RCN's member magazine which is sent to more than 400,000 members)
- Email invitations to 1,516 members who are identified in our membership database as working in a care home
- Telephone invitations to members who are identified in our membership database as working in care homes

Members could fill in the survey online, or they could discuss their views over the phone. The survey went live from 11 January 2010 to 22 February 2010. An email reminder was sent on 25 January to members who received the initial email. All responses are treated confidentially.

The survey generated **329 responses**. The survey results were geographically representative across all the strategic health authorities (SHA) in England.

It is clear that nurses and health care assistants in this sector are keen to have a voice on the issues that affect their work. The RCN thanks all members who took time to participate and share their experiences of working in care homes.

Results of the RCN care homes survey 2010

Profile of the care homes and respondents

Examples from individual respondents:

“I feel that the level of care that a lot of our service users require cannot always be met due to regular staff shortage, but also due to lack of time we have to provide for personal care as there are so many residents who are fully dependant. The home’s policy says it will provide care for a maximum of five residents with complete disability, we currently have nine.”

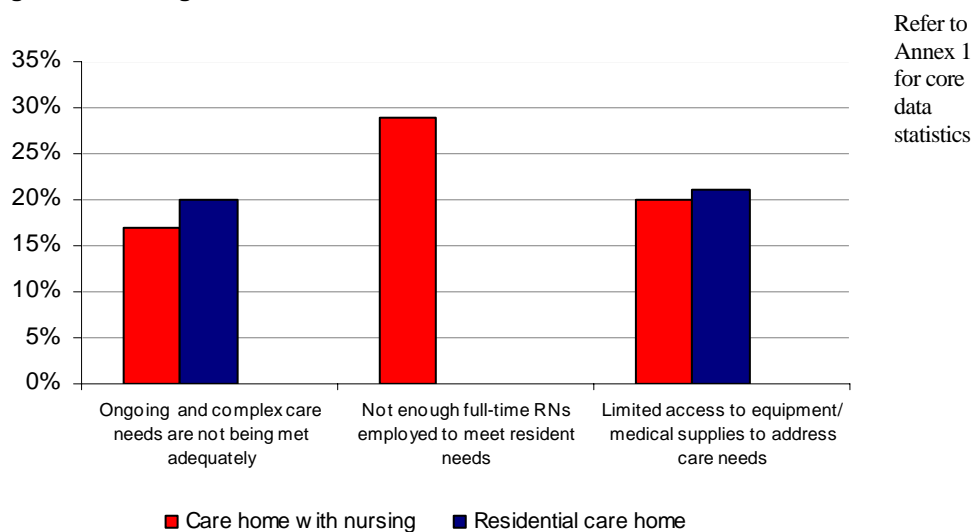
“... [we] had some residential, nursing and dementia[residents] that were all mixed in the floor. On the whole, most of the residents need nursing care, but [there is] too much pressure [and] not enough staff to meet the needs of the residents.”

2. Low staffing levels are struggling to respond to increasing care needs

Staffing levels in homes are not always being maintained at sufficient levels to meet needs and deliver the highest levels of quality and personalised care. Many individuals with long-term conditions in care homes require nursing care to manage their significant health needs as well as support for normal activities of daily living. When a resident with a long-term condition deteriorates it can often take significant time (weeks or months) to reassess and obtain funding for additional nursing support.

- 20 per cent of nursing staff said that the complex and multiple needs of the residents are not adequately addressed in care homes, while 17 per cent said this was the case in care homes with nursing (fig.2). The main reason for this was shortage of staff. 43 per cent of respondents reported that shortage of nurses in care homes with nursing was a cause of concern.
- Staffing ratios showed that the average RN to resident ratio in care homes with nursing on a day shift is one RN caring for 17 residents and one HCA caring for 6 residents.
- 16 respondents stated that their care home with nursing had one RN caring for more than 35 residents on a day shift.
- 29 per cent of respondents reported that there were not enough permanent RNs employed (in care homes with nursing) to meet residents’ needs (fig.2).

Figure 2 - Meeting residents' needs in care homes



In addition, RCN regional officers who were interviewed raised concerns on insufficient staffing

- **Whole system approach**
It is important to establish a comprehensive system of care delivery in care homes with nursing and residential homes. Joining-up of resources between health and social care helps residents to transition smoothly from acute to community services while maintaining their independence and dignity. The RCN supports better co-ordination between health and social care services to produce optimal, transparent and equitable care.
- **Raising concerns**
Staff in this sector should be supported to blow the whistle on poor performance that puts the health and wellbeing of residents in jeopardy. Care homes should have whistle-blowing policies of which staff are aware.
- **Smarter regulation**
CQC needs to monitor staffing in particular in care homes as part of their approach to regulation. The CQC should carry out unannounced inspections to ensure care homes are delivering safe and high quality care.

Further reference

DH (2005) *Independence, Well-being and Choice: Our vision for the future of social care for adults in England*, Cm 6499.

RCN (2010) *The independent sector in health and social care in England in 2009 and prospects for the future*. Policy Briefing 1/2010. Available from:
http://intranet.rcn.local/_data/assets/pdf_file/0016/29203/The_Independent_Sector_in_health_and_social_care_in_England_in_2009_and_prospects_for_the_future.pdf

Snow T (2010) *Free social care plan would allow nurses to refocus on clinical care*. Nursing Standards 24(31), pg 8

Tell us what you think

This report is intended to provide a brief review on the current care home sector in England, and the RCN would like to receive comments/feedback from as many members as possible on this important issue. Please email us at policycontacts@rcn.org.uk

April 2010

Annex 1

Care homes with nursing

1	2	3	4	5	
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B: Workplace and staffing issues

8. Is the registered manager an RN?
(if yes, go to question number 10) 1 Yes 2 No
9. If you have answered *No* to the previous question, is the clinical lead in the care home an RN? 1 Yes 2 No
10. How many full time and part-time RNs are employed in your care home?
_____ Full time RN
_____ Part-time RN
11. On the last (day) shift you worked in the home, what was the TOTAL number of residents and staff on duty:
_____ Residents
_____ RNs on duty (including yourself)
_____ Care assistants on duty (non-registered staff)
_____ House keeping staff
12. What is the highest post in the hierarchy that a RN occupies in the home? (please circle one)
1 Sister/ Senior nurse
2 Staff nurse
3 Nurse Manager
4 Specialist Nurse
5 Other
13. Is there an induction, training and/or supervision programme for new staff? 1 Yes 2 No
14. Do health care assistants/ auxiliary nurses regularly take charge of the care home? 1 Yes 2 No
15. Due to recent changes in the law on work permits for international nurses, do you think this has led to a shortage of staff in your area?
1 Yes
2 No
3 Don't know
16. What frustrates you most about your job?
(please circle all that applies)
1 Shortage of RNs
2 Bureaucracy
3 Poor assessment/ referral process
4 Inappropriate admissions
5 Lack of adequate equipment
6 Doing non-clinical work
7 Lack of training or education
8 Staff turnovers
9 Inspection/ Registration
10 Lack of social services funding
11 Shortage of care assistants
12 Other
-
17. Do you feel you are providing quality care to the residents in your care home? *Please discuss*

C: Your views

18. Please indicate the extent to which each statement matches your own views by circling a number next to each statement. *There are no right or wrong answers. We are interested in **your** views.*

	1 Strongly agree	2 Agree	3 Neither	4 Disagree	5 Strongly Disagree
a The complex and multiple care needs of residents are adequately addressed in the home	1	2	3	4	

