

A Teaching Care Home pilot

A Teaching Care Home – Impacting, Inspiring and Informing



About this booklet

In 2016-2017 a small group of care homes and nursing professionals came together to create and develop the Teaching Care Home pilot. This pilot, above all else, aimed to champion, empower and inspire the sector and create a legacy of learning for future care homes.

In this final booklet, we aim to capture some of the key learning and outcomes from the pilot and assess the impact and success of the pilot, against the objectives set out at the beginning of the pilot. We also want to inspire others across the sector to understand the value of the Teaching Care Home approach and share some of the learning that has been gained.

It is worth noting that the care homes involved in this pilot are only part way through their journey and therefore, we would like to stress that the findings in this booklet are preliminary and indicative at this stage, but nevertheless should provide useful building blocks of learning and development.

We provide a snapshot of the Teaching Care Home pilot, with a summary of final outcomes and outputs from each care home site, with an 'in focus' case study from Berwick Grange. We then present an overview of the outputs from the pilot partners, Manchester Metropolitan University and the Foundation of Nursing Studies, before assessing the overall pilot against the stated objectives. We finish this booklet with quotes from the real focus of this pilot: the nurses, care workers and managers who are creating these Teaching Care Homes, looking at how the pilot has made an impact on their work.

A snapshot of the Teaching Care Home pilot

5

Care Homes.

15

Care workers engaged in learning and development, mentoring, coaching and networking.

200

Care workers engaged in wider learning and development activity within the care homes.

- Learning and developing
- Networking and sharing
- Recognising and valuing

- Collaborative
- Developmental
- Pioneering
- Person-centred

Exploration of effective educational approaches in care homes

Developing the concept of a Teaching Care Home

On the ground activities:

- Workshops
- On-site mentoring and support
- 1 to 1 coaching
- Discussion groups

Care home pilots:

- Reflective practice
- Education and training
- Nutrition
- Hospital discharge
- Communication and teamwork

Educational engagement activities:

- Literature review
- Scoping study
- Interviews
- Appreciative interviews

Media engagement activities:

- Nursing Times and Care England microsite
- Blogs
- Tweet chats
- Press coverage

Summary of final outcomes and outputs

Activities within the care homes

Outputs

Rose Court	Berwick Grange	Chester Court	Millbrook Lodge	Lady Sarah Cohen House
<p>Workshops and 1 to 1 support to introduce staff to the concept of reflective practice and how to develop their skills.</p> <p>Formalised time and structures to encourage staff to regularly reflect on their work: 'what do we do and why do we do it?', to learn and share.</p>	<p>A fully developed career pathway for non-EEA care workers who are nurses in their country of origin to become registered nurses in the UK.</p> <p>Pathway includes tailored tutoring course on improving spoken and written English. Mix of online and face to face learning.</p> <p>Increased connections with Harrogate college, three health and social care students taken on placement.</p>	<p>An approach to nutrition which is more person-centred and responsive to needs and desires of residents.</p> <p>Meal times that were more flexible, and an alternative cold menu which is available at any time of the day.</p> <p>Staff who had expertise in dementia provided training for other staff on the specific challenges regarding dementia and nutrition.</p>	<p>Stakeholder group established and meeting regularly, involving the acute health and social care sectors.</p> <p>Adaptation of Sutton Vanguard project 'red bag' initiative to local context.</p> <p>Development of a checklist of medication, personal belongings etc. for all residents being admitted to and discharged from hospital.</p>	<p>Workshops to explore what it is like to work in the home and ideas for improvement.</p> <p>A smaller meeting between carers which allowed them to share ideas and working practices.</p>

Outcomes

Rose Court	Berwick Grange	Chester Court	Millbrook Lodge	Lady Sarah Cohen House
<p>Staff who were involved reported increased knowledge, skills and confidence in using reflective practice to improve their work.</p> <p>Staff also reported increased confidence in their ability to carry out their work.</p>	<p>Staff report a change in atmosphere and staff morale.</p> <p>A carer who was a new member of staff is applying for a nursing degree, due to the environment of working in a Teaching Care Home.</p> <p>Too early to record outcomes from overseas nurse development pathway. Seven care workers are about to start the programme.</p>	<p>Increased contact and liaison with the Vanguard in Gateshead/Sunderland.</p> <p>Staff have reported improved weight gain in residents.</p> <p>Improved staff morale, with points scheme introduced to reward staff who 'go the extra mile'.</p>	<p>Improved dialogue between local hospital and care home.</p> <p>Increased contact rates between care home and hospital and CCG.</p> <p>Red bag scheme to be built into care pathway.</p>	<p>Staff who were beneficiaries of the pilot self-reported that they appreciated the time spent together and improved team work and communication.</p> <p>Following the workshops with staff it was recognised that regular team meetings were needed to enable staff to share ideas and discuss issues.</p>

Summary of final outcomes and outputs

In focus:

How Berwick Grange, supported by their parent organisation, MHA (Methodist Homes), used the Teaching Care Home pilot

For the Teaching Care Home pilot, MHA decided to focus on supporting carers within the organisation to become nurses in their care homes. The first stage of this was to develop a framework of support and training to help their carers who were registered nurses overseas to gain their registration within the UK.

The challenge

MHA, like all providers in the sector, have an ongoing issue with recruitment and retention of registered nurses.

At Berwick Grange, MHA knew that they had several employees who are registered nurses in their country of origin, and work as carers in the home. There is a concern that across MHA there is a pool of talent in their workforce that is not being put to best use. Berwick Grange and

MHA know that these staff are loyal, committed to the care home and skilled, but require some additional tailored learning and support to fulfil their professional potential.

The solution

MHA conducted semi-formal interviews with their carers, about what the barriers were and what their nursing ambitions were. It was clear they were a stable group of staff who knew the home well, and had ambitions to progress their careers. The requirements for qualified overseas (outside of the EEA) nurses include passing the English language requirement, completing 10 years of school education prior to nursing training, studying for a minimum of three years for their nursing qualification and undertaking 500 hours of clinical practice.

The biggest barrier identified was the English language requirement. Some carers had tried the International English Language Testing System (IELTS) test but had just missed the level required. For others, shift work, family commitments, the cost of the test and the

location of the test centre were significant barriers.

MHA, in partnership with a specialist language tutor, created a tailored learning programme to help these carers pass the IELTS requirements. The staff were consulted on their preferred learning methods. It was agreed they will be able to meet with their language tutor face to face, but also have online and remote learning elements so they can fit their tuition around family commitments and shift patterns.

MHA is also developing the tailored clinical nursing refresher training programme, to support the carers to achieve their two-stage nursing competency tests for overseas nurses, including the computer based multiple choice examination and the Objective Structured Clinical Examination (OSCE) administered by the University of Northampton.

This project has the backing of the whole community within the home, led by the enthusiastic commitment of the home's manager and supported by other staff, volunteers and relatives, who are taking an active part in helping their carers practice their language skills.

Future plans

This project is still ongoing, as at the start of the Teaching Care Home pilot it was agreed that this project needs to take a long-term approach. After completing the tailored tuition, the seven carers will undertake the appropriate examinations, and hopefully become fully registered nurses.

MHA has put in place a Learning Agreement between the staff receiving the tuition and MHA, to retain the skills achieved through the programme.

This project from MHA hopes to future-proof their workforce, and invest in the talent that is already there in their care homes.

MHA hopes this shows their residents and their families that they are committed to staff development and training, and ensuring that residents receive the best quality care from committed and loyal members of staff. If the programme is successful, the plan is to scope out how many carers across the organisation are in the same position, and then build it in to a career deal for new staff.

Summary of final outcomes and outputs

In focus: The Foundation of Nursing Studies:

Role in pilot:

Throughout the pilot, FoNS has worked closely with the five care home teams, helping them to develop knowledge, skills and confidence to work in their homes, with their colleagues, to strengthen the culture of care and the learning environment. This has involved the development and facilitation of a workshop programme, mentorship and on-site visits to support the planning and implementation of an innovation within each care home.

FoNS also led on the development of a draft vision for a Teaching Care Home. This process started with the care home teams, but then involved a wider engagement process through two tweet chats, three roundtable discussions and a final invitation to comment through appropriate networks. Participants have included health and social care staff, university staff, residents, CCG staff, care home providers.

Specific activities:

6 workshop days; 3-4 site visits per care home; 4 blogs reporting on/profiling aspects of the work; 2 tweetchats; 3 roundtable discussions.

Hard outcomes:

A draft vision of a Teaching Care Home

Soft outcomes:

Positive feedback from care home teams about the impact of participating in the programme. For example: developing greater insight into person-centredness and how this might impact on care and staff relationships; the value of reflection as a means of learning in and from everyday practice; becoming more aware of the importance of learning for all staff, both formal and informal; enhanced confidence about their roles within the care home and the fact that they were doing a good job; recognition of the need to engage with staff in more meaningful ways so that their views and perspectives feel heard.

Raised profile of good quality care home nursing through sharing of activity through social media.

Learning for the future/future actions:

Further work needs to be undertaken to refine the focus of the draft vision, strengthening the emphasis on learning and research.

Participants need support to reflect on their learning in a way that can be shared, enabling their care homes to become a resource for others.

Relationships between care homes and academic and educational organisations should be prioritised and strengthened to enhance opportunities for both learning and research.

The need for organisational support should be strongly emphasised. For example, organisations making a genuine commitment to facilitating the participation of staff and supporting the creation of learning environments within the homes.

Legacy:

Any legacy is tentative at this stage. If additional funding is secured, the number of care homes involved could be increased, helping to further develop the Teaching Care Home concept, with the ultimate aim of creating a network of care homes that offer excellent care and learning opportunities and who act as a wider resource across the care sector.

Summary of final outcomes and outputs

In focus: Manchester Metropolitan University:

Role in pilot:

Educational Researchers.

Specific activities:

Undertook Scoping Study, 15 qualitative interviews with a range of nursing staff, 4 workshops with care home staff.

Hard outcomes:

Production of a Scoping Study; Data analysis of interviews and workshops; Development of Education Framework to support learning in care homes; Recommendations for future practice.

Presentation of research at Royal College of Nursing Education Conference, Cardiff City Hall, March 2017.

Soft outcomes:

Positive feedback from participants who took part in the research.

Learning for future:

Some important findings, which arose from the research included;

The need for effective leadership in the care home setting, to role model good practice and support staff development.

The value of communities of education, within and across homes, to share good practice and provide support to care home nurses.

The need to identify and utilise flexible and innovative learning methods, which appeal to the different learners in the care home setting and to value the care home itself as a valuable developmental area for staff.

Legacy:

Education and Development Research Report.

An Education and Development Framework for Care Home Nurses, which included multiple factors to support thinking about this aspect of practice.

Summary of final outcomes and outputs

In focus: Manchester Metropolitan University:

Outcomes of scoping review on educational interventions in care homes:

For the full scoping review, please visit www.careengland.org.uk

Educational interventions in care homes tend to have a medical focus and are delivered by 'expert others' leading to a dependency model rather than an empowering approach to education.

Nursing staff face multiple challenges when trying to access education in care homes.

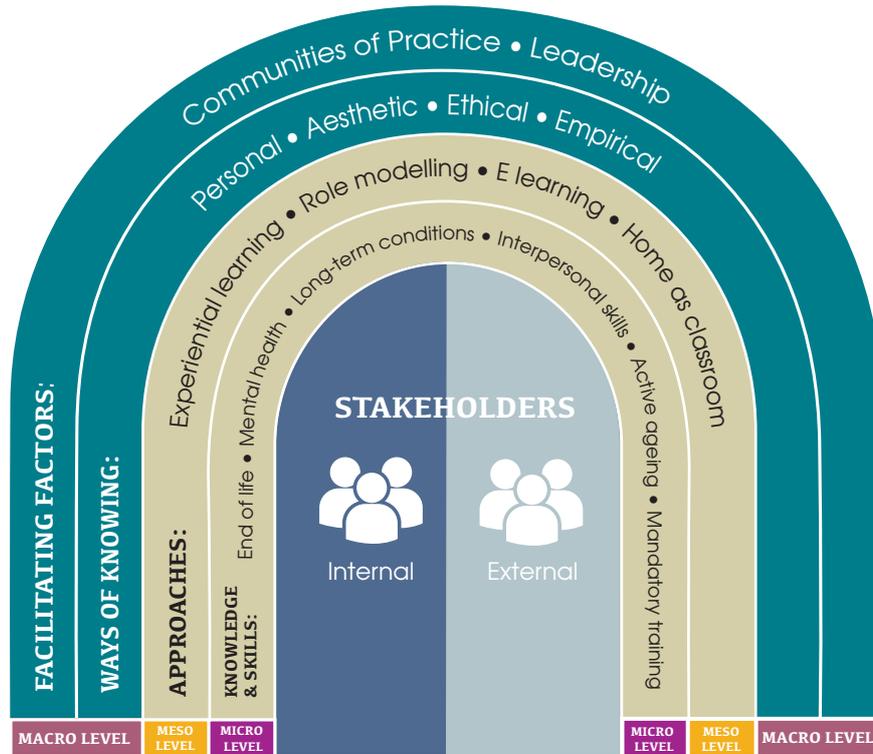
Interventions seem to have an effect on care in some cases although the sustainability of this is unknown.

Education that is tailored to the individual care home and staff is effective.

Staff often have to discontinue their education due to short staffing in care homes.

Summary of final outcomes and outputs

In focus: Manchester Metropolitan University's Framework for Education and Development in Care Homes



Approach

Appreciative Inquiry

Methods

Scoping study
Appreciative Interviews X15
Workshops X4

The framework for education and development of staff in care homes

The overarching aim of the framework, illustrated previously, is to support thinking about, and enhance understanding of, the education and development of nursing staff working in care home settings. Through the research we have been able to identify good practice and the conditions under which it thrives, and these findings have been at the heart of the framework development.

The 5 framework domains are of equal importance and can be broken down into further detail

Facilitating Factors

The Facilitating Factors are the overarching conditions in which effective education and development take place. These include effective Leadership and Communities of Practice. The data suggests that transformational leadership was viewed as the most effective style to support the development of care home staff. Networking

and sharing good practice was viewed positively as a way to develop and support staff in care homes, who might sometimes feel isolated in their roles.

Ways of Knowing

Based on the work of Carper (1978) these are the fundamental ways of knowing in nursing practice: Empirical, Aesthetic, Personal and Ethical. The respondents in this study described multiple ways of knowing to guide their work with residents in the care home setting.

Learning Approaches

These are the multiple methods used to support education and development in care home nursing and include; experiential learning, role modelling, E-Learning and 'Home as Classroom'. Along with formal 'methods' some approaches were described as more informal, such as role modelling, which happened opportunistically in the care home

setting. Staff wanted to learn in ways, which recognised their different learning styles and were flexible in their approach, for example, for staff working night shifts.

Knowledge and Skills

This describes the knowledge and skills required to support care planning and delivery in the care home. This list is not exhaustive although based on the scoping study and research data these were the most common aspects, which support effective care in the home: end of life, mental health care, long-term condition management, mandatory training (including, for example, fire safety, infection control and moving and handling), interpersonal skills and support of independence and active older age.

Stakeholders

It is important to consider the requirements and views of the various stakeholders who are involved in the care home setting. These are both internal to the home, for example, residents, families, staff and care home managers, and external to the home, for

example, care home owners, regulators and other agencies such as primary and acute care services. Each has a different but important interest in the promotion of quality, which occurs when staff are educated, empowered and supported.

Did the pilot meet its objectives?

At the start of the Teaching Care Home pilot, these objectives were set. Below we assess whether these objectives have been met to date.

To deliver five nationally prominent centres of innovation, each set up in an existing care home and spread geographically across England.	✓
The development of the draft vision and educational framework which will guide the homes towards achieving the status of a TCH.	✓
To improve the image and visibility of care home nursing to undergraduate nurses and across wider spheres.	Too early to judge.
To provide learning opportunities and structured Continuing Professional Development to nurses in the sector.	Learning opportunities were enhanced but structured CPD was only considered in Berwick Grange. Good progress is being made.
To create an environment where innovative solutions are tested to address the key challenges faced by the adult social care sector.	On its way to being met.

Summary of activities

To deliver five nationally prominent centres of innovation, each set up in an existing care home and spread geographically across England.

At the pilot start, five care homes were selected from five prominent care home providers. There was a good geographical spread, which was important to the pilot coordinators. These centres of innovation are based in Northumberland, Gloucestershire, London, North Yorkshire and Greater Manchester.

To improve the image and visibility of care home nursing to undergraduate nurses and across wider spheres.

This is the most difficult of all the objectives to determine success. This is mainly because the pilots are still ongoing at the time of writing, as well as the difficulties in determining the overall image of the sector in the eyes of undergraduate nurses. The subsequent engagement after this report publication will also be crucial to this. However, over the course of the pilot timeframe, were part of several conference speeches to the care home sector. Wider stakeholders, including Health Education England, NHS England and prominent national organisations in the health and social care sphere were engaged through a series of telephone interviews, which went some way to raise the prominence of the Teaching Care Home pilot. Further parliamentary engagement is planned, to raise the prominence of the sector and especially nursing in the sector, at the publication of this report. It is therefore too early to definitively evaluate any changes to the image and visibility of care home nursing to undergraduate nurses and across wider spheres.

To provide learning opportunities and structured Continuing Professional Development to nurses in the sector.

All care homes have enhanced the learning opportunities for care staff.

The Foundation of Nursing Studies has provided a programme of support including six workshops, site visits and mentorship. Registered nurses and care home managers also received 1 to 1 telephone coaching. This support has helped participants to develop their knowledge, skills and confidence in leading the creation of new learning opportunities for staff and facilitating practice improvements. Further developments will be supported by the draft vision and the education and development framework.

To create an environment where innovative solutions are tested to address the key challenges faced by the adult social care sector.

This objective is on its way to being met. From discussions with participants of the pilot in all the care homes, an environment has been created to encourage innovative thinking. Many staff have discussed their increased confidence in their own ability to assess the challenges faced by the sector, and how they are the ones who are often best placed in their organisation to develop innovative solutions. It has been encouraging and inspiring to witness the personal development of staff throughout the pilot. If the structures that have been implemented continue to be implemented, such as regular allocated time to reflect on the challenges they face at work or improved dialogue and knowledge exchange with local universities, this will continue to foster innovation. However, this objective must be judged to be on its way to being met. This is because some of the pilot schemes created by the care homes are still ongoing, or about to be fully implemented. It is therefore unfortunately too early to determine success, although early indicators are encouraging.

Don't take our word for it...

What did the people who participated in the Teaching Care Home pilot think?

What do you think have been the biggest achievements of this pilot?

“

Care home manager:

“Pulling together a working team across public and private sectors to improve the patient/resident experience”.

“Being able to contribute, having own opinion valued”.

”

Care assistant:

“Improving learning opportunities for care staff which in turn improves the quality of care provided”.

Care home manager:

“Sharing person-centred care with staff”.

“Empowering residents and respecting their decisions, listening to them”.

What sort of challenges did you experience in terms of your role in the pilot and how did you overcome them?

“

Nursing assistant:

“I was surprised at how positive the response was from staff despite asking more work from them, they saw the bigger picture of improving themselves and the care we provide”.



”

Lead nurse:

“Time, getting support from our very senior management”.

Care home manager:

“Establishing multi agency working with a defensive, boundried public sector”.

Is there anything that surprised you in terms of outcomes during the pilot?

Care home manager:

"The level of motivation amongst families to engage with the home and project".

Lead nurse:

“When I shared [feedback] about the project with our fellow nurses – they felt so privileged to work in the care home and take that responsibility on board”.

Care home manager:

"Surprised at how positive the staff have embraced the project".

What did you learn personally from the pilot in terms of your own personal development and growth?

“

Care home manager:

*“Development in leadership skills.
Difference between conscious/
unconscious decision making
I can't do it all!”.*

”

“

Care home manager:

“(Before the project) I felt powerless to change problems when it came to the wider healthcare practice. I learned here I could initiate and contribute to change”.

”

Lead nurse:

“Excellence in care involving sharing knowledge and experience, and reflecting.”

What are the messages you would like this report to convey?

“

Care home manager:

“Care homes need to be seen in a positive light.

We provide teaching and learning facilities for staff, residents and families.

We need more integration with health authorities, CCGs.

We need to be recognised for what we do”.

”

“

Care home manager:

“Bridging the gap between NHS and care homes.

More funding for social care settings.

Autonomy of nurses and decision making.

Competitive pay raise”.

”

Care home manager:

“Care homes can offer excellent quality care.

Care home staff are skilled practitioners with a lot to offer.

Without care homes the hospital crisis would only get worse”.

“

Care home manager:

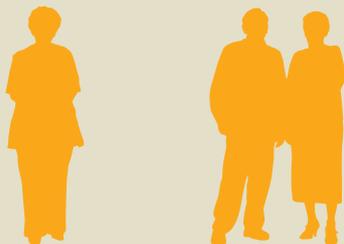
“Project should continue and be cascaded nationally.

Recognition of work achieved.

Come and see us in action.

Work we are doing is shared with providers of care, CCGs and commissioners.

Recognise the value of care homes”.



”

“

Lead nurse:

“The excellent job done by people in care home sector.

It is a daring and adventurous world too.

You learn when you work – not just use what you already know.

Care homes provide better person-centred care”.

”

Care home manager:

“Engage with care homes – don’t demonise.

If you extend support to them, you will reap a reward”.



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