Supporting nursing in care homes

Project Report for the RCN Foundation
Patient Care and Professional Development for Nursing Staff in Care and Nursing Homes:
A Research and Consultation Project

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Summary

Care homes are an essential part of the international health economy, providing care for an older population with increasingly complex health care needs. Despite this important role, little is known about the nursing workforce employed by care homes. They are an overlooked professional group, with no defined career pathway and no specific training requirements for work in this setting. Anecdotal reports of a lack of confidence and competence amongst care home nurses are common. The aim of this project is to scope what is known about the nursing workforce in UK care homes and their education, training and career development, with the aim of identifying future priorities for research and development.

This multi-method scoping project consists of four interlinked strands of work: (1) A rapid review of published literature on care and professional development needs of registered nurses in care homes; (2) Mapping secondary data sources on workforce characteristics of registered nurse staffing in care homes; (3) A modified Delphi survey to establish as objectively as possible a consensus on the care and professional development needs of registered nursing staff in care homes using a 'panel' representing three separate stakeholder groups from across the UK: care home nurses and managers; nurse educators in higher education; and community healthcare professionals (including general practitioners, geriatricians, specialist and district nurses); and (4) Telephones interviews with stakeholders - care home managers and nurses, general practitioners, specialist nurses (NHS) with a role in care homes, and leaders in care home work (national and international) - to provide depth of understanding.

The emphasis of our analyses is on triangulating different accounts, to ensure that we can understand the subtle nuances of stakeholders' perspectives. By combining different organisational and professional views we provide a rounded and detailed picture of the key issues related to the care and professional development needs of nurses in care homes within the context of the existing published literature and policy.

We report that whilst the care home nurse's role is broad and multi-faceted, little is known about the characteristics of the care home registered nursing workforce, their employment or career trajectories and ambitions. Continuing professional development needs are recognised but there are challenges for care home nurses in being able to access learning opportunities and there are concerns of fewer opportunities than their NHS colleagues. As the health needs of care home residents become more complex, care home nurses require specialist knowledge to manage the care of these residents and to liaise with, and engage, other health professionals in ensuring the needs of care home residents are met and to minimise 'avoidable' transitions to acute care. Poor staff knowledge and competence leads to sub-optimal outcomes for residents and increased referrals to NHS services (for example, to GPs or community nurses). Looking to the future, the sector will continue to grow. There is a need for a whole-system approach, to promote partnership working between providers, to understand the full patient journey, including the nurses' contribution in care homes. Ensuring the future preparation, recruitment, retention and development of nurses in the sector is of pressing public and policy concern.

Our project addresses an important gap and our findings provide a platform for stakeholders in the sector - including commissioners, providers, care home managers, care home nurses, educators and researchers – to start a conversation and consider what needs to happen next.

Acknowledgements

Disclaimer

This report presents independent work funded by the RCN Foundation. The views and opinions expressed in this publication are those of the authors.

Background

In the UK, approximately half a million older people live in twelve thousand care homes
(Laing and Buisson, 2010).[1] The care home sector is an increasingly important source of long
term care for older people (Royal College of Nursing, 2010; British Geriatrics Society, 2011).
Care homes now provide more beds than NHS hospitals, for a predominantly older
population, with increasingly complex health care needs (Care Quality Commission, 2012).
Care homes are an essential part of local health economies, but remain separate from the
NHS and subject to frequent, critical, commentary. Despite this, commissioners see care
homes as a solution for 'admission avoidance' of older people to acute hospitals, as well as
providing intermediate care to support discharge processes from hospital (Moore, 2013).

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 care in care homes (Stevens, 2011; Spilsbury et al, 2012). Concerns
have been raised about the quality of care provided to people living in care homes with
nursing (Care Quality Commission, 2014). Over recent years, the status of the nursing
workforce in care homes has emerged as a matter of public policy concern. Recent NICE
Guidance (2015) highlights the importance of care homes employing nursing staff with the
right knowledge, attitude and approach to ensure staff are competent, appreciate the
challenges of working in the sector and understand how to promote quality of care. This

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[1]We use the term care home throughout this report to refer to care homes *with* nursing but in doing
so recognise the variation in terminology used across the UK: care home with/ without nursing in
England; care and residential homes in Northern Ireland; and care homes in Scotland and Wales.

includes working with primary and community care services to ensure management of the health needs of residents and to minimise unnecessary hospital admissions (NICE, 2014).

Ensuring older people can access 'good' nursing care in care homes is crucial. There is considerable overlap in dependency levels and care needs amongst residents in care homes with and without nursing (Lievesley et al., 2011), but important differences in the ways in which care is provided. In homes with nursing care, registered nurses are employed by the homes and available around the clock and supervise care delivery provided by a large workforce of care assistants. In care homes without nursing, registered nurses from community and primary care services visit to provide nursing care when required and, again. Will provide guidance and support for care assistants. These NHS nurses may also be involved in supporting any specialist care for residents in care homes with nursing. These important differences will influence care delivery and professional development needs and opportunities for these groups of registered nursing staff.

Care homes are often not the preferred place of work for registered nurses; many will have chosen a role in a care home to fit around personal commitments, rather than to further their career aspirations. Nursing staff working in care homes often report feeling isolated and undervalued, which decreases their confidence in their role (Owen et al, 2006). Yet, nurse staffing and the nature of the relationships that exist between residents and practitioners are, importantly, associated with better quality of care and quality of life (Owen et al, 2006; Spilsbury et al. 2011). The absence of a defined career pathway for care home nurses, questions over the adequacy of current training, and the increasing complexity of their work, give urgency to the need for research in this area.

Our project focuses on care and nurse staffing in care homes for older people. Specifically, and in our response to a call for expressions of interest from the RCN Foundation, it maps what is known about workforce, education and training and career development for registered nurses in care homes, identifies gaps in knowledge and understanding, and priorities for future research and development projects. While we recognise that a large proportion of care is provided by care assistants in care homes, this group of staff are not the focus for this work. However, we do make reference to the ways in which registered nurses work with this important section of the care home workforce.

Aims and objectives

This project maps and identifies key issues in relation to the care and professional development needs of registered nursing staff employed in UK care homes. This is achieved through a series of linked objectives to explore and appreciate gaps in understanding about:

1. the characteristics of the registered nursing workforce in care home settings;

2. the extent to which nurse education programmes prepare registered nurses for a role in care home environments and the continuing professional development needs of nursing staff in this sector;

3. opportunities (current or planned) by care home providers to support career aspirations of the nursing workforce; and

4. any nursing innovations or developments (including new nursing roles) to support care for older people in care homes.

Approach and methods

Introduction

To address the aims and objectives of the scoping study, we have used multiple methods to assess the current situation and to understand (from a range of stakeholders) the areas considered to be future priorities for the professional development needs of nursing staff in care homes. This has involved four linked strands of work which includes:

> **1. A rapid review of published literature** on care and professional development needs of registered nurses in care homes;
>
> **2. Mapping secondary data sources** on workforce characteristics of registered nurse staffing in care homes;
>
> **3. A modified Delphi survey** to establish as objectively as possible a consensus on the care and professional development needs of registered nursing staff in care homes using a 'panel' representing three separate stakeholder groups from across the UK: care home nurses and managers; nurse educators in higher education; and community healthcare professionals (including general practitioners, geriatricians, specialist and district nurses); and
>
> **4. Telephones interview**s with stakeholders - care home managers and nurses, general practitioners, specialist nurses (NHS) with a role in care homes, and leaders in care home work (national and international) - to provide depth of understanding.

Further description of the methods is provided below. To support all strands of this work we established a 'virtual' advisory group through our project blog

(http://nursingincarehomes.blogspot.co.uk/) to engage with a range of stakeholders. A small project advisory group (comprised of members of the RCN Foundation Board) also offered support for the project and oversight to ensure it delivered to brief and on time.

Rapid review of literature

To meet the aims of our scoping work, a rapid review was considered the most appropriate approach (Ganan et al., 2010). The review was conducted during a 3-month period (June to August 2015) to scope and gain an overview of published literature focusing on the care and professional development needs of nursing staff in care homes and to inform questions for the Delphi survey (see subsequent section). As such, we were concerned with identifying main themes in the literature related to care and professional development needs of nursing staff in care homes.

The search strategy was developed with an information specialist to include terms that cover *'care homes'*, *'staff development'*, *'education'*, *'competence'* and *'nursing staff'* and searches were carried out on range of databases - MEDLINE, CINAHL, BNI AND ERIC (Appendix 1). The scope and methods of the review were discussed with the project advisory group.

The search generated 618 references (published in English from 2006 onwards[2]) which were imported into an Endnote Library for screening of titles and abstracts (Table 1). Of these 618 references, a total of 322 international papers were considered potentially relevant:

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[2] The rapid review focused on literature from 2006 onwards to build on previous review work (Owen et al., 2006)

references were excluded where they did not address care and professional development

needs. For the purposes of this scoping review, we include 116 UK papers only. These

papers included systematic reviews, intervention studies, descriptive studies and opinion

articles.

Table 1: Results of search

Database	Results	After deduplication
MEDLINE and MEDLINE In-Process	71	66
CINAHL	470	461
BNI	116	76
ERIC	18	15
Total	**675**	**618**

Included papers were organised into sixteen themes (Figure 1) and a member of the

research team extracted main headlines from each article that related to a specific theme.

We did not apply criteria to assess the methodological quality of the included papers.   We

considered all papers to be relevant to the scoping review; however, we have commented

on methodological quality in the reporting of the review findings. In conducting this scoping

review we have ensured methodological transparency, considered potential bias when

streamlining the review process, and described the limitations of the review.

A cross theme analysis was carried out to present the overarching themes *across* the literature.

These main themes (and gaps) in the literature are presented in the next chapter. The aims

and scoping nature of this work (and its time frame) precluded a systematic review. The focus

of our search strategy on the care and professional development needs of nurses in care homes

will have limited the scope of the included literature. For example, there is a growing body of

work exploring the integration of health and social care that may be relevant to understanding

health care delivery within care homes but this has not been included in the review. The

literature review is, however, fit for the stated purpose and aims of this scoping project: the

care and professional development needs of nurses in care homes.

Figure 1: Literature themes related to care and professional development needs of nursing staff in care homes

End of life care	Dementia care	Resident safety	Quality of care
Care home relationships	Personal care	Staff well-being and safety	LT condition management
Tissue viability	Delirium	Depression	Hospital admissions
Nurse education/ training	Staff development	Support for care homes	Nursing roles

LT condition management = long-term condition management

Mapping secondary data sources

To determine current understanding of the characteristics of the nursing workforce in care

homes we consulted a range of existing secondary sources of published data and information.

This included the following data sources:

- Royal College of Nursing (2010; 2012)

- Regulation and Quality Improvement Authority (2009)

- Laing and Buisson (2014)

- Skills for Care National Minimum Data Set – Social Care (NMDS-SC) (2013)

We explored the possibility of collecting data on nurse staffing characteristics directly from nursing home providers but this was not considered feasible within the six-month time frame for the scoping study. By focusing on existing data sources we aimed to establish not only what is known but also what is *not* known about the nursing workforce in care homes. Findings from these descriptive analyses are presented in the next chapter.

Delphi survey

The Delphi technique is a well-established method of establishing a consensus view using a panel of experts (Linstone and Turoff, 2002). A series of surveys are conducted where participants receive feedback on the group results between surveys and are encouraged to reflect on these and refine their own views (Diamond et al., 2014). For the purposes of our study, a modified Delphi technique was used because the views of a range of stakeholders were desired from across the UK. Interviewing would not have enabled us to access this range of views within the time frame. We describe below our approach.

We engaged three separate groups to form our Delphi panel: care home nurses and managers; nurse educators in higher education; and community healthcare professionals (including general practitioners, geriatricians, specialist and district nurses). We administered two survey rounds in an electronic, online form during October and November 2014. The first round was developed to focus on key issues identified by our scoping review of the literature on professional development needs of care home nurses and preparation of the future nursing workforce (Appendix 2). Respondents were asked to (i) rank different

items or (ii) agree or disagree with statements, with an opportunity to clarify some of the

answers with free text responses. The findings of the first round were summarised and

posted on the project blog. We asked participants to read this summary before responding

to round two, which built on, and explored, themes identified from round one (Appendix 3).

Round two questions followed the same format as round one. We received 163 responses

in round 1 and 189 responses in round 2; respondents represented a broad range of

stakeholders from the UK (Table 2).

The findings from the Delphi survey are presented in the next chapter.

Table 2: Delphi survey respondents (round 1 and 2)

Respondent characteristics	ROUND 1	ROUND 2
	n (%)	n (%)
Sex		
Male	24 (15%)	18 (10%)
Female	135 (83%)	170 (90%)
Unknown	4 (2%)	0 (0%)
Age		
21-30	24 (15%)	9 (5%)
31-40	9 (6%)	28 (15%)
41-50	39 (24%)	56 (30%)
51-60	59 (36%)	74 (39%)
61-69	27 (17%)	19 (10%)
70+	4 (2%)	3 (2%)
Unknown	1 (< 1%)	0 (0%)
Location		
England	118 (72%)	142 (75%)
Northern Ireland	24 (15%)	9 (5%)
Scotland	16 (10%)	22 (12%)
Wales	4 (2%)	13 (7%)
Unknown	1 (<1%)	3 (1%)
Occupation		
Care Home Nurse	46 (28%)	83 (44%)
Care Home Manager	42 (26%)	43 (23%)
Community health care professional	45 (28%)	36 (19%)
Researcher	6 (3.7%)	6 (3%)
Nurse in higher education	6 (3.7%)	10 (5%)
Multiple roles	9 (5.5%)	0 (0%)
Unknown	9 (5.5%)	11 (6%)
TOTAL	**163**	**189**

Interviews with 'frontline' staff

To complement understanding gained through the literature review, secondary data sources and the consensus survey, we conducted semi-structured telephone interviews with a range of key stakeholders. The aim of these interviews was to gather further in-depth understanding of the main issues associated with the care and professional development needs of nurses in care homes. We purposively sampled sixteen participants for interview to represent a range of perspectives from 'frontline' staff from the UK (Table 3).

Table 3: Interview participants

Care home manager (not RN)	n=1
Care home manager (with RN qualification)	n=3
General Practitioner	n=4
Specialist RN (NHS) with a role in care homes	n=4
Leader in care home work (national and/or international)	n=4

*RN = Registered Nurse
**Leader – due to specialist roles we have grouped these participants to ensure anonymity

The interview topic guide was developed using findings from the review and earlier consensus work (Appendix 4). The interviews considered: the roles and responsibilities of care home nurses; preparation of the care home nursing workforce (including pre- and post-registration); future challenges in ensuring the nursing workforce in care homes is 'fit for purpose' to meet the needs of care home residents. The interviews were audio-recorded with participants' permission and analysed thematically using Framework analysis (Ritchie and Spencer, 1994). By combining different organisational and professional views we are able to provide a rounded and detailed picture of the main issues as perceived by a range of stakeholders. Main themes identified through the interviews are presented in the next chapter.

Ethical considerations

The main ethical considerations for this work included:

- Ensuring informed consent was obtained

- Handling and storage of personal identifiable data

- Disclosure of activity in the nursing care home which may threaten resident safety

- Disclosure of sensitive or upsetting information during interview

- Ensuring participant anonymity

Our strategies for managing these ethical issues were considered and approved by the Department of Health Sciences' Research Governance Committee, University of York (10 July 2014). This committee also scrutinised and approved the surveys (round 1 and 2) and the interview topic guide.

Summary

This chapter provides an overview of our approach and methods for the scoping study. Each strand of work has been analysed separately (as described above) but the emphasis of our overall analyses is on triangulating different accounts and different methods, to ensure that we understand the subtle nuances of stakeholders' perspectives. By combining different organisational and professional views we are able to provide a rounded and detailed picture of the key issues within the context of the existing evidence base. Consequently, our findings and recommendations are located within the 'realities' of care home service delivery. The following chapter presents the findings of each strand of work completed for the scoping study.

Findings

Introduction

This chapter presents the findings from each sequential strand of work for the scoping study. To recap, the overall aim of this work is to map and identify key issues in relation to the care and professional development needs of nursing staff employed in UK care homes. Specifically, the study explores, and appreciates gaps in, understanding about: the characteristics of the registered nursing workforce in care home settings; the extent to which nurse education programmes prepare registered nurses for a role in care home environments and the continuing professional development needs of nursing staff in this sector; opportunities (current or planned) by care home providers to support career aspirations of the nursing workforce; and any nursing innovations or developments (including new nursing roles) to support care for older people in care homes.

Existing evidence-base

The rapid review of the literature focused on the care and professional development needs of nursing staff in care homes. The literature was grouped and summarised in relation to sixteen themes (listed alphabetically): (1) care home relationships; (2) delirium; (3) dementia care; (4) depression; (5) end of life care; (6) hospital admission; (7) long term condition management; (8) undergraduate pre-registration nurse education; (9) nursing roles; (10) personal care; (11) quality of care; (12) resident safety; (13) staff development; (14) staff well-being and safety; (15) support for care homes from the NHS; and (16) tissue viability. A cross theme analysis was carried out so that main themes *across* the literature could be identified. These main themes are summarised below and in an evidence briefing

(Appendix 5). The evidence briefings for each of the individual literature themes (which include lists of references) are presented in Appendix 6i to 6xvi.

The literature highlights that **the RN role in care homes is broad and multifaceted**. The RN's roles and responsibilities include managing acute illness and emergencies, preventing health problems, maintaining an optimum environment for older people's functioning and well-being, promoting mental health and well-being, managing complex medication regimes and therapies, and clinical expertise in palliative and end of life care. The RN also has a pivotal role in supporting, supervising and leading the assistant workforce in care homes: a workforce that constitutes the main care and support role for care home residents. There are also a range of administrative, regulatory and managerial functions that the RN must also fulfil.

There is an association between staff knowledge and competence and the processes and outcomes of care for residents. **Poor staff knowledge and competence leads to sub-optimal outcomes for residents and increased referrals to NHS services** (for example, to community nurses or GPs). It is therefore important for nurses in care homes to ensure they keep up-to-date with the management and treatment of conditions for residents in their care. This includes managing long-term conditions *and* acute episodes of illness, and ensuring timely referral of residents to primary and community health care professionals and to avoid unnecessary hospital admissions to emergency care. The literature suggests that **care home staff are keen to receive training for areas they perceive a lack of relevant knowledge and confidence**. However, **staff and time are identified as scarce resources**

that present challenges for the delivery of good quality care, and that also prevent staff accessing training.

The literature identifies barriers and challenges for care home staff in being able to access and attend continuing professional development opportunities. **Creative approaches for learning and development** are described and identified as necessary to meet the learning needs of care home staff and to overcome some of the barriers of access and attendance. In addition, there is emphasis that **professional development is more than a 'one-off' training event** and should be planned as a rolling programme to ensure RNs have the opportunities required to update their knowledge and skills. **Ensuring equity of opportunities for learning and training for all staff is important**, particularly those working night shift in the care home.

There is recognition of the importance of partnership working across health and social care settings to promote best quality care for care home residents. **Specialist in-reach support or link nurses can support care delivery and promote quality of care**. These in-reach nurses also have an important role in supporting care home nurses to develop their confidence in the management and treatment of conditions.

Organisational culture and the care home environment are perceived to be important influences on both the quality of care for residents and staff well-being and safety (for example staff turnover or burnout). However, these concepts are ill-defined and are largely not addressed in UK literature. However, there is focus on the role of the care home manager. **Care home managers are perceived to have an important role** in leadership and

the support and development of staff, but there are wide variations in the extent to which they fulfill this aspect of their role. The care home managers' enthusiasm and engagement influence the success of any new initiatives introduced in the care home and taken up by nursing and care staff.

There is consideration in the literature of the preparation of the future nursing workforce and the role of care homes in the practice experience of student nurses. **Care home practice placements are advocated as providing opportunities for learning about care for older people and offering valuable opportunities for developing fundamental nursing care skills**.

The rapid review of the literature was wide ranging to ensure we could scope the existing evidence base within the broad area of care and professional development needs of nurses in care homes. It is worth noting that although our focus is the role of the RN, much of the literature addresses staffing broadly – 'care home staff' – rather than considering the specific needs of registered nurses in care homes. There are few good quality empirical studies. Overall, the existing evidence base consists of small scale studies, much of which is of poor methodological quality. Nonetheless, the rapid review provided a useful starting point for developing subsequent strands of this scoping work.

Nursing workforce characteristics

Understanding of the characteristics of the nursing workforce in UK care homes is poor. In 2013, industry observers Laing and Buisson (2014) report that there were:

- 5089 independent care homes with nursing in the UK

- 253,751 beds in care homes with nursing, with an average of 50 beds per home and 89.9% occupancy

Applying the guidance produced by the Northern Ireland Regulation and Quality Improvement Authority (2009) to the UK, would give a national requirement for just under 40,000 (whole time equivalent) registered nurses in care homes. Skills for Care estimate that they receive information on 55% of care homes in England (personal communication, 2014), and they have modelled their data to produce the following national estimates:

- 41,750 registered nurses in CQC registered care homes with nursing in England

- 29 % annual turnover of registered nurses in adult social care

Although the estimated number of nurses employed in England appears to exceed requirements, it is important to note that only around half (53%) of the registered nurses in care homes are thought to work full time (Skills for Care, 2013). Annual turnover of registered nursing staff in this sector is high, and more than half the nursing staff have been employed in their current roles for fewer than three years (Skills for Care, 2013). These aggregate estimates may conceal considerable variation in staffing levels and turnover between care home organisations or individual homes.

In truth, we know very little about the nursing workforce in care homes, their employment and career trajectories. There are a number of questions that remain unanswered about the care home nursing workforce.   Precisely how many registered nurses work in care homes? How do turnover and retention rates vary between individual homes and different

provider organisations? How adequate is the nursing staff to resident ratio? What are the typical patterns of employment and career trajectories of care home nurses? What postgraduate qualifications do care home nurses hold? There is evidence of an association or relationship between nurse staffing and care for residents (Spilsbury et al., 2011). Answers to some of the questions outlined above would therefore support initiatives to improve the wellbeing of both staff and residents.

An evidence briefing sheet of the secondary data sources is summarised in Appendix 7.

Gaining consensus

The role of the nurse

The majority of round one respondents (87%) in the Delphi survey agreed that registered nurses in care homes require a particular set of skills, knowledge, competencies and experience in order to provide high quality care for older residents. The most important responsibilities for the care home nurse were promoting dignity, personhood and wellbeing, ensuring resident safety and enhancing quality of life (Table 4).

Continuing professional development (CPD)

Participants were asked to identify areas for continuing professional development (CPD) of care home nurses. Personal care, which included nutrition, bowel and catheter care, was the item ranked first most often in both surveys. Other areas selected most frequently were dementia care and managing long term conditions (Table 4).

Barriers to CPD for care home nurses included a lack of staff cover, limited access to NHS training opportunities and a requirement for staff to take courses in their own time (unpaid). When asked about formats for CPD, respondents chose formal courses leading to a qualification, 'on the job' or opportunistic training opportunities and external specialist support (Table 4).

The future nursing workforce

In round one of the survey, 30% of participants agreed that undergraduate pre-registration nurse education prepares the future workforce with the skills, knowledge, competencies and experience to deliver high quality care to older residents. Thirty-five percent agreed that care homes provide supportive learning opportunities which encourage students to return to work in care homes later in their careers and 41% that the care home industry offers challenging and rewarding career pathways for newly registered nurses. However, this means that two-thirds of respondents *do not* consider undergraduate pre-registration nurse education to be preparing the future nursing workforce for a role in the care home sector or that care homes provide supportive learning opportunities. In addition, over half of respondents *do not* consider the care home sector to provide challenging and rewarding career pathways (Table 4).

The absence of consensus led us to formulate a single question for the second round of the survey to investigate recruitment and retention of high quality future nursing workforce. The most highly ranked statement was that care home nurses deserve the same learning and development opportunities offered to NHS staff, followed by increased understanding

and value of the care home nurse role by NHS staff, and specialist gerontological education

for care home nurses (Table 4).

An evidence briefing sheet of the Delphi survey is summarised in Appendix 8.

Table 4: Priorities identified in Delphi Survey

Care Home Nurses	Highest ranked priority	Most frequently ranked priority	Overall top three priorities
Responsibilities of the role	Ensuring resident safety	Promoting dignity, personhood and wellbeing	1. Promoting dignity, personhood and wellbeing 2. Resident safety 3. Enhancing quality of life
CPD priorities	Personal care (e.g. nutrition, bowel care)	Dementia care	1. Dementia care 2. Personal care 3. Managing LTCs
Barriers to accessing CPD activities	Staff shortages / lack of cover	Staff shortages / lack of cover	1. Staff shortages 2. No access to NHS courses 3. Need to train in own time
Types of education and training	On the job / opportunistic training *Joint first with* Formal courses / qualifications	Formal courses / qualifications	1. Formal courses 2. On the job training 3. External specialist support
How to ensure nursing profession attracts best people in to care home nursing	Care home nurses deserve the same learning and development opportunities offered to NHS nurses	Care home nurses deserve the same learning and development opportunities offered to NHS nurses	1. Offer similar development opportunities as those for NHS staff 2. Increase understanding and valuing of role by NHS staff 3. Specialist gerontological education for care home nurses

Perspectives from 'frontline' staff

The telephone interviews provided an opportunity to explore perspectives of the care and

professional development needs of nurses in care homes in more depth with a range of

stakeholders. Main themes from these interviews are presented below and a summary is

provided in an evidence briefing sheet (Appendix 9).

A broad and multi-faceted role

The roles and responsibilities of the care home nurse are broad because the nurse has overall responsibility for the care of residents, often working in isolation as the only registered nurse on duty. The role was described by participants as carrying a range of expectations and, therefore, extremely challenging. The main roles and responsibilities identified by participants (not exhaustive and not presented in any order of priority) include: providing day-to-day fundamental care; promoting person-centred care (including personal choice and meaningful, purposeful activities); engaging with family members and providing appropriate support; clinical care treatments and interventions; preventing adverse events and ensuring resident safety; assessing and monitoring residents' condition (physical, mental, emotional & social well-being) and making appropriate necessary referrals to other professionals; managing long-term conditions; specialist care (such as end of life care or dementia care); counsellor; manager; 'role model' for other staff; leader; co-ordinator; educator; advocate; maintaining accurate and complete records of care; keeping up to date and complying with relevant sector legislation.

The 'unused' potential of the RN role

Concerns were expressed by participants that the care home nurse's work is often dominated by functional tasks and the full potential of the nurse's role in the care home is not utilised. A range of influencing factors were identified as contributing to this, including: a lack of capacity owing to the small numbers of nurses employed in care homes; the focus on physical care by education, regulation and monitoring; where care home leadership is

weak, inattention to the benefits of the wider aspects of the nursing role (such as promoting self-care abilities among residents).

Specialist knowledge required by RNs caring for older people in care homes

Participants acknowledged the increasingly complex care needs of frail older residents in care homes. Nurses employed in the sector were considered to require specialist knowledge to manage the care of residents and to liaise with, and engage, other health professionals in ensuring the needs of care home residents are met and to minimise 'avoidable' transitions to acute care. Many participants suggested that the development of a post-registration specialist qualification for care of older people (which includes care home nursing) should be considered by the appropriate authorities to ensure that the nursing care home workforce is 'fit for purpose' and to meet the increasingly complex care needs of residents.

Concerns about the future care home nursing workforce

There was consensus among participants that undergraduate pre-registration nursing programmes are not adequately preparing the future nursing workforce with the necessary knowledge, understanding, clinical and practical skills for a role in the care home sector. These programmes were viewed as focusing predominantly on acute care nursing and having insufficient focus on: care for older people; frailty; co-morbidities; complex long term conditions; dementia; end of life care; health and social care partnerships; and the political landscape of care homes.

Ensuring the competence and support of overseas nurses

The employment of overseas registered nurses in the UK care home sector was considered important for staffing but recognised as creating a 'unique' set of challenges related to induction, support, supervision, mentorship, ongoing CPD and retention. Some concerns were raised about language barriers. Of more important concern, were the proposed changes for employment of overseas nurses in the UK, including the care home sector, with no requirement for overseas nurses to complete a period of supervised practice within the workplace to assess their competency. The main worry for participants was that this may affect the quality of nurses being recruited within the care home sector. The care home sector must ensure the needs of this proportion of their nursing workforce are met to promote quality of care for care home residents.

Promoting the development and career pathway of the care home nurse

Continuing professional development opportunities for care home nurses were considered essential but difficult to access due to the following barriers: lack of courses and funding; lack of access to NHS courses for care home nurses; lack of understanding by commissioners of the training needs of care home nurses; and problems with identifying who is responsible for assessing competence and development needs for nurses in the sector.

Participants recommended the development of a career pathway for nurses in care homes by national bodies (such as RCN and NHS England), care home leaders and nurse education. This would constitute an important step in raising the profile of the sector to attract and retain nurses, support them towards clinical leadership in the sector, as well as increase the value and visibility of the role in society. Engaging care home nurses in research and audit

activities was considered a supportive way of helping nurses to recognise the differences they can make to resident care.

Promoting the role of the care home in a whole-system approach to care for older people

Looking to the future, participants identified that the significance of the care home sector will continue to grow. They described the need for a whole-system approach, to promote partnership working between providers, to understand the full patient journey, including the nurses' contribution in care homes. Examples of opportunities to promote partnership working included: a care home collaborative between NHS and care homes; 'in-reach' link specialist nursing roles (for example in pressure ulcer care or palliative care); NHS-care home projects; GP, Community Matron and care home nurse reviews of resident care.

Summary

Our approach and methods for this scoping study have generated findings that have both breadth and depth and provide insights into the care and professional development needs of nurses in care homes. Some of the findings may at first seem surprising, for example personal care being the highest ranked priority for CPD. Other findings perhaps ambitious, for example the need to develop a specialist gerontological qualification for care home nurses. However, these findings are generated from the wide range of participants in our scoping work and reflect current concerns about care and professional developments needs of nurses from stakeholders involved in the 'realities' of the care home sector. The following chapter draws together the cross cutting themes from across these data sets to

provide main headlines from our work and to suggest areas for future research and development projects.

As the populations ages, the role of the care home and the care home nurse will become increasingly important in future years and our report findings provide a platform for stakeholders in the sector - including commissioners, providers, care home managers, care home nurses, educators and researchers – to start a conversation and consider what needs to happen next. After years of neglect, it appears that the role of the care home nurse is making its way on to political, practice, education and research agendas.

Conclusions

This final chapter presents cross cutting themes from across the four linked sequential strands of work, thus providing conclusions. An evidence briefing sheet providing an overview of the scoping study is summarised in Appendix 10.

Main headlines from our scoping study

- The RN role in care homes is broad and multifaceted but their most important responsibilities are considered to be promoting dignity, personhood and wellbeing and ensuring resident safety

- The number of nurses employed in care homes has been estimated but never enumerated

- Most recent available data from Skills for Care suggest that in England, half of nursing staff work full time, turnover is high (31%), and more than half the nursing staff have been employed in their current roles for fewer than three years

- There will be considerable variation in staffing levels and turnover between care home organisations or individual homes but little is known about what factors may influence this variation

- There is a lack of information and understanding about patterns of employment or career trajectories for care home nurses

- There are few empirical studies of the care and professional development needs of nursing staff working in care homes

- There are barriers to care home nurses accessing training opportunities and this requires consideration of creative and innovative approaches

- There is an inequity in opportunities for the development of a career for care home nurses, when compared with NHS nursing colleagues

- Nurses employed in the sector require specialist knowledge to manage the care of residents and to liaise with, and engage, other health professionals in ensuring the needs of care home residents are met and to minimise 'avoidable' transitions to acute care

- Specialist in-reach support or link nurses can support care delivery and promote quality of care in care homes

- Poor staff knowledge and competence leads to sub-optimal outcomes for residents and increased referrals to NHS services (for example, to GPs or community nurses)

- Current undergraduate pre-registration nursing programmes do not prepare the future nursing workforce with the necessary knowledge, understanding, clinical and practical skills for a role in the care home sector

- Development of a post-registration specialist qualification for care of older people (which includes care home nursing) should be considered by the appropriate authorities to ensure that the nursing care home workforce is 'fit for purpose' and to meet the increasingly complex care needs of residents

- The employment of overseas registered nurses in the UK care home sector was considered important for staffing but recognised as creating a 'unique' set of challenges related to induction, support, supervision, mentorship, assessment of competency, ongoing CPD and retention

- Care home managers are perceived to have an important role in leadership and the support and development of staff

- Organisational culture and the care home environment are perceived to be important, but ill-defined, influences on quality of care for residents and also for staff well-being and safety

- Looking to the future, the sector will continue to grow. There is a need for a whole-system approach, to promote partnership working between providers, to understand the full patient journey, including the nurses' contribution in care homes

Recommendations: Areas for future research and development projects

A key aim of the scoping work was to determine future priorities for research and development projects. Based on our findings we suggest the following areas:

The care home nurse

- Who are the registered nursing workforce in care homes?

- What is the role of nurses in care homes and how does this contribute to quality of care and life for residents?

- Which aspects of the care home nurse or manager role could be undertaken by others to promote use of the nursing and support workforce to benefit resident care?

- What is the association between staffing levels and quality of care?

- How adequate is the staff to resident ratio?

- How can the care home nurse's role be positively promoted to enhance understanding of the role?

Employment and career pathways for care home nurses

- How and why do turnover and retention rates vary between care homes?

- How can care homes retain staff?

- What are the career ambitions of care home nurses?

- What would a career pathway look like for a care home nurse and what might attract nurses to consider a career in this sector?

- What post-registration qualifications do care home nurses hold?

- How should RNs be prepared for the multifaceted roles and responsibilities of a care home nurse?

- How can the care home sector meet the challenges of ensuring an adequate future nursing workforce and ensuring its support and development (including overseas nurses)?

Creative approaches for learning and development

- What do care home nurses do well and what areas need development?

- What approaches for CPD would best suit care home nurses and what works best?

- Who should financially support the CPD needs of care home nurses?

Undergraduate pre-registration nursing education

- What approaches can influence the attitudes, values and beliefs of undergraduate student nurses towards care for older people?

- How can the care home provide a positive influence for the development of student nurses?

- How can care home and nurse education providers work together to promote student learning about care for older people?

Partnership working to promote care for residents in care homes

- How can care home nurses and other health care professionals work together to promote quality of care for residents and to promote their health and well-being?

- How confident and competent are care home nurses when assessing residents and making appropriate referrals to other professionals and services?

- How can the care home be positively promoted as an essential part of health and social care services to meet and serve the needs of its residents?

Organisational culture and care home leadership

- What makes a good care home leader?

- What are the associations between culture and leadership with quality of care and staff well-being in care homes?

- How can we influence the care home environment to enhance quality of care and staff well-being?

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Appendix 1: Search Strategy and Databases

Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations and Ovid MEDLINE(R) <1946 to Present>

Searched Online: 12/06/2014

Search Strategy:

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1   Long-Term Care/ (21704)
2   homes for the aged/ (11071)
3   exp nursing homes/ (31965)
4   1 or 2 or 3 (53836)
5   care home*.af. (1991)
6   4 or 5 (55040)
7   Staff Development/ (7359)
8   exp Education, Nursing/ (71039)
9   Clinical Competence/ (65193)
10   education, professional/ (1859)
11   7 or 8 or 9 or 10 (134433)
12   (competenc* or qualification*).ti,ab. (60125)
13   ((staff or professional) adj1 develop*).ti,ab. (6652)
14   ((lifelong or work*) adj1 learning).ti,ab. (1089)
15   12 or 13 or 14 (66711)
16   11 or 15 (186629)
17   6 and 16 (1649)
18   Registered Nurse*.af. (9758)
19   nursing home staff.af. (463)
20   18 or 19 (10204)
21   17 and 20 (133)
22   limit 21 to (english language and yr="2006 -Current") (71)

Cumulative Index to Nursing and Allied Health Literature (CINAHL)
Searched Online: 10/06/2014

Search Strategy:

(MH "Nursing Homes")
(MH "Long Term Care")
S1 OR S2
TI care home*
S3 OR S4
(MH "Staff Development")
(MH "Professional Development")
(MH "Education, Nursing")
(MH "Nursing Skills")
S6 OR S7 OR S8 OR S9
TI competenc* or qualification*
TI (staff or professional) N1 develop*
TI (lifelong or work*) N1 learning
S11 OR S12 OR S13
S10 OR S14
S5 AND S15
(MH "Registered Nurses")
TX nursing home staff
S17 OR S18
S5 AND S19
S20 Limiters - Published Date: 20060101-20151231; English Language

British Nursing Index (BNI)

Searched Online: 12/06/2014

Search Strategy:

Set#: S11
Searched for: ti((staff or professional) N/1 develop*) OR ab((staff or professional) N/1 develop*)
Databases: British Nursing Index
Results: 4043*

Set#: S12
Searched for: ti((lifelong or work*) N/1 learning) OR ab((lifelong or work*) N/1 learning)
Databases: British Nursing Index
Results: 307°

Set#: S13
Searched for: (ti(competenc* OR qualification*) OR ab(competenc* OR qualification*)) OR (ti((staff or professional) N/1 develop*) OR ab((staff or professional) N/1 develop*)) OR (ti((lifelong OR work*) NEAR/1 learning) OR ab((lifelong OR work*) NEAR/1 learning))
Databases: British Nursing Index
Results: 7871*

Set#: S14
Searched for: (SU.EXACT("Professional Development") OR subject("Nursing : Education")) OR ((ti(competenc* OR qualification*) OR ab(competenc* OR qualification*)) OR (ti((staff or professional) N/1 develop*) OR ab((staff or professional) N/1 develop*)) OR (ti((lifelong OR work*) NEAR/1 learning) OR ab((lifelong OR work*) NEAR/1 learning)))
Databases: British Nursing Index
Results: 17213*

Set#: S15
Searched for: ((SU.EXACT("Nursing Homes") OR SU.EXACT("Residential Care") OR SU.EXACT("Long Term Care")) OR (ti(care home*) OR ab(care home*))) AND ((SU.EXACT("Professional Development") OR subject("Nursing : Education")) OR ((ti(competenc* OR qualification*) OR ab(competenc* OR qualification*)) OR (ti((staff or professional) N/1 develop*) OR ab((staff or professional) N/1 develop*)) OR (ti((lifelong OR work*) NEAR/1 learning) OR ab((lifelong OR work*) NEAR/1 learning))))
Databases: British Nursing Index
Results: 613°

Set#: S16
Searched for: ti(Registered Nurse*) OR ab(Registered Nurse*)
Databases: British Nursing Index
Results: 1769°

Set#: S17
Searched for: ti(nursing home staff) OR ab(nursing home staff)
Databases: British Nursing Index
Results: 631°

Set#: S18

Searched for: (ti(Registered Nurse*) OR ab(Registered Nurse*)) OR (ti(nursing home staff)
OR ab(nursing home staff))
Databases: British Nursing Index
Results: 2369°

Set#: S19
Searched for: (((SU.EXACT("Nursing Homes") OR SU.EXACT("Residential Care") OR
SU.EXACT("Long Term Care")) OR (ti(care home*) OR ab(care home*))) AND
((SU.EXACT("Professional Development") OR subject("Nursing : Education")) OR
((ti(competenc* OR qualification*) OR ab(competenc* OR qualification*)) OR (ti((staff or
professional) N/1 develop*) OR ab((staff or professional) N/1 develop*)) OR (ti((lifelong OR
work*) NEAR/1 learning) OR ab((lifelong OR work*) NEAR/1 learning))))) AND ((ti(Registered
Nurse*) OR ab(Registered Nurse*)) OR (ti(nursing home staff) OR ab(nursing home staff)))
Databases: British Nursing Index
Results: 150°

Set#: S20
Searched for: (((SU.EXACT("Nursing Homes") OR SU.EXACT("Residential Care") OR
SU.EXACT("Long Term Care")) OR (ti(care home*) OR ab(care home*))) AND
((SU.EXACT("Professional Development") OR subject("Nursing : Education")) OR
((ti(competenc* OR qualification*) OR ab(competenc* OR qualification*)) OR (ti((staff OR
professional) NEAR/1 develop*) OR ab((staff OR professional) NEAR/1 develop*)) OR
(ti((lifelong OR work*) NEAR/1 learning) OR ab((lifelong OR work*) NEAR/1 learning))))) AND
((ti(Registered Nurse*) OR ab(Registered Nurse*)) OR (ti(nursing home staff) OR ab(nursing
home staff))) AND pd(>20051231)
Databases: British Nursing Index
Results: 116°

Education Resources Information Center (ERIC)

Searched Online: 12/06/2014

Search Strategy:

Set#: S1
Searched for: SU.EXACT("Nursing Homes") Results: 1183°

Set#: S2
Searched for: SU.EXACT("Residential Care") Results: 1062°

Set#: S3
Searched for: S1 OR S2 Results: 2095°

Set#: S4
Searched for: ti(care home*) OR ab(care home*) Results: 6611*

Set#: S5
Searched for: S3 OR S4 Results: 8038*

Set#: S6
Searched for: SU.EXACT("Staff Development") Results: 10815*

Set#: S7
Searched for: SU.EXACT("Nursing Education") Results: 4274°

Set#: S8
Searched for: SU.EXACT("Professional Education") Results: 8985*

Set#: S9
Searched for: S6 OR S7 OR S8   Results: 23711*

Set#: S10
Searched for: ti((competenc* or qualification*)) OR ab((competenc* or qualification*))
Results: 51527*

Set#: S11
Searched for: ti((staff or professional) N/1 develop*) OR ab((staff or professional) N/1 develop*) Results: 34233*

Set#: S12
Searched for: ti(((lifelong or work*) N/1 learning)) OR ab(((lifelong or work*) N/1 learning))
Results: 8286*

Set#: S13
Searched for: S10 OR S11 OR S12 Results: 89878*

Set#: S14
Searched for: S9 OR S13 Results: 106422*

Set#: S15
Searched for: S5 AND S14 Results: 834°

Set#: S16
Searched for: ti(Registered Nurse*) OR ab(Registered Nurse*) Results: 746°

Set#: S17
Searched for: ti(nursing home staff) OR ab(nursing home staff) Results: 289°

Set#: S18
Searched for: S16 or S17 Results: 1012°

Set#: S19
Searched for: (S15 AND S18) AND la.exact("English") AND pd(>20051231) Results: 18°

Appendix 2: Delphi survey (round 1)

UNIVERSITY *of York*

Supporting Nursing in Care Homes
Participant Information Sheet (Consenus survey)

You are being invited to take part in an evaluation study. Before you decide whether or not to take part it is important to understand what the evaluation is about and what will be involved if you decide to participate. Please read this information sheet carefully and, if you want to, discuss it with other people (for example your colleagues). If there is anything you want to discuss in more detail or that is unclear please contact the named person at the end of this information sheet. Take as much time as you need to decide whether or not to take part. Your involvement is entirely voluntary.

What is the purpose of this study?
The care home sector is an increasingly important source of long term care for older people. Nurse staffing, and the relationships that exist between residents and practitioners, are importantly associated with better quality of care and quality of life. Ensuring older people can access 'good' nursing care in care homes is crucial. However, little is known about the characteristics of this nursing workforce. The aim of this evaluation project is to identify and map key issues in relation to the care and professional development needs of nursing staff employed in care homes. The findings from this work will inform the RCN Foundation's discussions of where and how any future project grants could potentially make the most impact on this important area of nursing practice.

Who is doing the study?
This study is being carried out by a research team from the Department of Health Sciences, University of York, in collaboration with the RCN Foundation. Our proposed study was submitted in response to a call by the RCN Foundation Board of Trustees for a research and consultation project to map the current care and nursing home landscape in the UK and assess the pressing issues facing nursing staff working in these environments.

Why have I been approached to participate?
You are being approached to take part in this evaluation because you are a nurse or manager working in the care home sector, or a health care professional who supports care delivery in the care homes, and/ or a nurse educator.

Do I have to take part?
It is entirely up to you to decide whether or not to take part in this evaluation. If you are interested in taking part then *please access the survey electronically via the link at the end of this information sheet*. Alternatively, please contact Karen Spilsbury (contact details at the end of this information sheet) for a paper copy. Please get in touch if you would like to ask any questions or discuss any concerns you might have about the study.

What will be involved if I take part in this study?
We are using a technique called the Delphi method, which involves establishing a panel of experts who are asked to respond to a number of questionnaires. The aim of this method is to generate consensus between the panel, which is achieved by allowing panel members to reflect on the results of each round of surveys before they respond to the second round.

This questionnaire is the first of two rounds. Each survey will take less than 15 minutes to complete. Once we have received responses from this round, we will collate and summarize the findings and formulate the second questionnaire based on the initial response. You will receive a copy of our

results summary alongside the second questionnaire, which will give you the opportunity to revise and reflect on your answers in the next round.

<u>What are the advantages/benefits and disadvantages/risks of taking part?</u>
There are no personal benefits to you for taking part. However, the findings of the evaluation will be important for understanding the key issues in relation to the care and professional development needs of nursing staff employed in care homes.

<u>Can I withdraw from the study at any time?</u>
Even if you initially agree to take part, you are free to withdraw at any time in the future without giving a reason. However, if you have completed a survey(s) then we would include any information that you have already provided.

<u>Will the information I give be kept confidential?</u>
No personal data will be collected for the survey. The survey is confidential; only the research team will have access to the survey data. We will store all completed surveys to comply with the Data Protection Act 1998 (either on a password protected computer or in a locked filing cabinet).

<u>What will happen to the results of the study?</u>
We consider this evaluation an important project. The survey you are being asked to take part in is one component of the evaluation. We will publish articles, produce reports and a policy document that will direct the RCN Foundation's future Project Grants strategy. We have created a project blog http://nursingincarehomes.blogspot.co.uk/ which will share headlines from different parts of the study and encourage engagement, discussion and debate about the findings amongst interested parties. You are invited to join the blog discussion. You may also wish to follow the project on Twitter @nursincarehomes

<u>Who has reviewed this study?</u>
This project has been reviewed by the Department of Health Sciences Research Governance Committee.[3]

<u>Who do I contact in the event of a complaint?</u>
If you have a complaint then please contact:
Professor Ian Watt, Hull York Medical School and Department of Health Sciences, Area 4 Seebohm Rowntree Building, York, YO10 5DD
Tel: 01904 321341 Email: ian.watt@york.ac.uk

If you agree to take part, would like more information or have any questions or concerns about the study please contact
Professor Karen Spilsbury, Department of Health Sciences, University of York, Area 5 Seebohm Rowntree Building, York, YO10 5DD
Tel: 01904 321331 or Email: karen.spilsbury@york.ac.uk

Thank you for taking the time to read this information sheet.

Click here to access survey

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[3]All projects carried out in Department of Health Sciences must be reviewed and approved by the Research Governance Committee before it goes ahead. Approval means that the Committee is satisfied that your rights will be respected, that any risks have been reduced to a minimum and balanced against possible benefits, and that you have been given sufficient information on which to make an informed decision about whether to take part or not.

Supporting nursing in care homes
SURVEY 1

Thank you for participating in this survey. This survey forms part of a wider scoping study being carried out by the University of York and the RCN Foundation, which aims (i) to explore and understand the care and professional development needs of nurses in UK care homes and (ii) to identify gaps in knowledge and understanding to inform the development of priorities for future work in the sector. Nurses who are employed in care homes are responsible for the health and wellbeing of a population with increasingly complex healthcare needs. Their work has important consequences for residents, relatives, care home staff and the NHS.

In these surveys you are being asked for your views and opinions: there are no 'right' answers. You have been invited to participate because of your clinical or academic background. You will be: a nurse or manager working in the care home sector, or a health care professional who supports care delivery in the care homes, and/ or a nurse educator. We would like to elicit priorities from this range of stakeholders on the education and ongoing professional development of nurses providing care to older people residing in care homes

We are using a technique called the Delphi method. Essentially, this process involves establishing a panel of experts who are asked to respond to a number of questionnaires. The aim of this method is to generate a consensus between the panel, which is achieved by allowing panel members to reflect on the results of each round of surveys before they respond to the next round.

This questionnaire is the first of two rounds. Please try to answer all questions, even though we do not expect you to have in depth knowledge of all of them. Most of the questions can be answered with only a single selection. Where appropriate, a space is also provided for you to highlight any additional points you feel are important but that we have not included. Once we have received responses from this round, we will collate and summarise the findings and formulate the second questionnaire based on the initial responses. You will receive a copy of our results summary alongside the second questionnaire, which will give you the opportunity to revise and reflect on your answers in the next round.

The surveys will be administered during October (first questionnaire) and November (second questionnaire).

We assure you that your participation in the survey and your individual responses will be anonymous.

We would like to extend our sincere thanks for taking the time to participate in this study. We hope that you find this process both interesting and informative. Please do not hesitate to get in touch (details below) if you have any questions or concerns about this survey (or any aspect of our study).

Karen Spilsbury, Barbara Hanratty, Dorothy McCaughan and Emily Cooper
Department of Health Sciences
University of York

Contact:
Professor Karen Spilsbury
Department of Health Sciences
Area 5 Seebohm Rowntree Building
The University of York
York
YO10 5DD

Tel. 01904 321331 or email karen.spilsbury@york.ac.uk

The nurse in the care home

1. Registered nurses in care homes need to have a particular set of skills, knowledge, competence and experience in order to provide high quality care for older residents. Please select one response.

   Strongly Disagree   Disagree Somewhat   Unsure   Agree Somewhat   Strongly Agree

2. The following responsibilities are all part of the care home nurse's role. Please select and rank the eight responsibilities that you consider the most important aspects of the nurse's role on this list (1 = most important to 8 = least important).

	Insert numbers 1 to 8
Managing acute illness and emergencies	
Preventing health problems	
Creating and maintaining an optimal home environment	
Promoting mental health and wellbeing	
Managing complex medication regimes and therapies	
Palliative and end of life care	
Enhancing dignity, personhood and wellbeing	
Maintaining health and function	
Enhancing quality of life	
Rehabilitation	
Leadership	
Developing and maintaining relationships with the NHS	
Developing relationships with the local community	
Training and mentoring student nurses	
Managing and supervising care home staff	
Ensuring resident safety	
Maintaining care documentation	

Is there anything you would identify as an important role for care home nurses that is missing from this list? Please use the box below to add to this list

3. Over the past decade, the care needs of residents have become increasingly complex. A review of the literature has highlighted the following, as key areas for the continuing professional development (CPD) of care home nurses, to support and meet residents' needs Please select the six most important aspects from this list and rank them (1 = most important to 6 = least important).

	Insert numbers 1 to 6
Personal care (for example nutrition, hydration, bowel and bladder care, activities and rest)	
Promoting relationships between staff, residents and relatives in the care home	
Delirium	
Dementia care	
Depression	
Palliative and end of life care	
Reducing the number of unplanned hospital admissions	
Managing long term conditions	
Resident safety	
Staff wellbeing and safety (for example managing workload demands to minimise burnout)	
Tissue viability (including wound care and pressure ulcer prevention and management)	
Promoting choice and shared decision-making by residents and their families	
Keeping up to date with relevant legislation	

Is there anything you would identify as an important priority for CPD that is missing from this list? Please use the box below to add to this list

Training

4. Opportunities for continuing professional development (CPD) are available regularly to all care home nurses. Please select one response.

Strongly Disagree   Disagree Somewhat   Unsure   Agree Somewhat   Strongly Agree

5. Research has identified a number of barriers to accessing CPD activities. In your opinion, which of these barriers are most likely to be faced by care home nurses? Please select the four most important, and rank them (1 = most important to 4 = least important).

	Insert numbers 1 to 4
Shift patterns	
Time constraints	
Lack of funding	
Staff shortages / lack of cover	
Lack of management support	
Personal and family commitments	
High staff turnover	
Low motivation amongst nurses	
Lack of awareness of opportunities	
Not having study skills	

Is there anything you would identify as an important barrier that is missing from this list? Please use the box below to add to this list

6. Education and training can be offered to care home nurses in different formats. Please select the four most useful approaches for care home nurses, and rank them (1 = most important to 4 = least important).

	Insert numbers 1 to 4
On the job / opportunistic training	
Seminars and workshops	
Peer networks	
Web-based resources	
Lectures	
External specialist support (e.g. from visiting specialist nurses)	
Formal courses / qualifications	

Is there anything you would identify as a useful approach for education and training that is missing from this list? Please use the box below to add to this list

The future workforce

7. Undergraduate pre-registration nurse education provides nurses who work in care homes with the required skills, knowledge, competencies and experience to provide high quality care for older residents. Please select one response.

   Strongly Disagree   Disagree Somewhat   Unsure   Agree Somewhat   Strongly Agree

8. Care homes provide supportive learning opportunities for pre-registration student nurses, which encourage them to return to work in this care setting. Please select one response.

   Strongly Disagree   Disagree Somewhat   Unsure   Agree Somewhat   Strongly Agree

9. The care home industry offers challenging and rewarding career pathways for newly qualified nurses. Please select one response.

   Strongly Disagree   Disagree Somewhat   Unsure   Agree Somewhat   Strongly Agree

About you

Gender?   Male   Female

Age?   20 or younger
              21 - 30
              31 - 40
              41 - 50
              51 - 60
              61 - 69
              71 - 79
              80 - 90+

10. How would you describe yourself? Select all that apply.

      Care home nurse

      Care home manager

      Health care professional working in the community
            District/ Community Nurse
            Specialist Nurse
                  Please provide your job title and speciality……………………………….
            Nurse other
                  Please provide your job title……………………………………………………….
            General Practitioner
            Specialist/consultant in geriatric care
            Doctor other
                  Please provide your job title and speciality……………………………….
            Allied health professional (e.g. Physiotherapist, Occupational Therapist)

      Researcher

      Nurse educator in higher education

11. Where do you work in the UK?
      England
      Scotland
      Ireland
      Wales

                  THANK YOU SO MUCH FOR YOUR HELP

Appendix 3: Delphi survey (round 2)

UNIVERSITY *of York*

Supporting Nursing in Care Homes – Survey 2
Participant Information Sheet (Consenus survey)

You are being invited to take part in an evaluation study. Before you decide whether or not to take part it is important to understand what the evaluation is about and what will be involved if you decide to participate. Please read this information sheet carefully and, if you want to, discuss it with other people (for example your colleagues). If there is anything you want to discuss in more detail or that is unclear please contact the named person at the end of this information sheet. Take as much time as you need to decide whether or not to take part. Your involvement is entirely voluntary.

What is the purpose of this study?
The care home sector is an increasingly important source of long term care for older people. Nurse staffing, and the relationships that exist between residents and practitioners, are importantly associated with better quality of care and quality of life. Ensuring older people can access 'good' nursing care in care homes is crucial. However, little is known about the characteristics of this nursing workforce. The aim of this evaluation project is to identify and map key issues in relation to the care and professional development needs of nursing staff employed in care homes. The findings from this work will inform the RCN Foundation's discussions of where and how any future project grants could potentially make the most impact on this important area of nursing practice.

Who is doing the study?
This study is being carried out by a research team from the Department of Health Sciences, University of York, in collaboration with the RCN Foundation. Our proposed study was submitted in response to a call by the RCN Foundation Board of Trustees for a research and consultation project to map the current care and nursing home landscape in the UK and assess the pressing issues facing nursing staff working in these environments.

Why have I been approached to participate?
You are being approached to take part in this evaluation because you are a nurse or manager working in the care home sector, or a health care professional who supports care delivery in the care homes, and/ or a nurse educator.

Do I have to take part?
It is entirely up to you to decide whether or not to take part in this evaluation. If you are interested in taking part then *please access the survey electronically via the link at the end of this information sheet*. Alternatively, please contact Karen Spilsbury (contact details at the end of this information sheet) for a paper copy. Please get in touch if you would like to ask any questions or discuss any concerns you might have about the study.

What will be involved if I take part in this study?
We are using a technique called the Delphi method, which involves establishing a panel of experts who are asked to respond to a number of questionnaires. The aim of this method is to generate consensus between the panel, which is achieved by allowing panel members to reflect on the results of each round of surveys before they respond to the second round.

This questionnaire is the second of two rounds. The survey will take less than 15 minutes to complete. Even if you did not complete round 1, we would still value your input for the second round of the survey. The results of the first round of the survey are available on our blog, which you

can access via this link: http://nursingincarehomes.blogspot.co.uk/ . We encourage you to read these results before completing the second round of the survey.

What are the advantages/benefits and disadvantages/risks of taking part?
There are no personal benefits to you for taking part. However, the findings of the evaluation will be important for understanding the key issues in relation to the care and professional development needs of nursing staff employed in care homes.

Can I withdraw from the study at any time?
Even if you initially agree to take part, you are free to withdraw at any time in the future without giving a reason. However, if you have completed a survey(s) then we would include any information that you have already provided.

Will the information I give be kept confidential?
No personal data will be collected for the survey. The survey is confidential; only the research team will have access to the survey data. We will store all completed surveys to comply with the Data Protection Act 1998 (either on a password protected computer or in a locked filing cabinet).

What will happen to the results of the study?
We consider this evaluation an important project. The survey you are being asked to take part in is one component of the evaluation. We will publish articles, produce reports and a policy document that will direct the RCN Foundation's future Project Grants strategy. We have created a project blog http://nursingincarehomes.blogspot.co.uk/ which will share headlines from different parts of the study and encourage engagement, discussion and debate about the findings amongst interested parties. You are invited to join the blog discussion. You may also wish to follow the project on Twitter @nursincarehomes

Who has reviewed this study?
This project has been reviewed by the Department of Health Sciences Research Governance Committee.[4]

Who do I contact in the event of a complaint?
If you have a complaint then please contact:
Professor Ian Watt, Hull York Medical School and Department of Health Sciences, Area 4 Seebohm Rowntree Building, York, YO10 5DD
Tel: 01904 321341 Email: ian.watt@york.ac.uk

If you agree to take part, would like more information or have any questions or concerns about the study please contact
Professor Karen Spilsbury, Department of Health Sciences, University of York, Area 5 Seebohm Rowntree Building, York, YO10 5DD
Tel: 01904 321331 or Email: karen.spilsbury@york.ac.uk

Thank you for taking the time to read this information sheet.

Click here to access the survey

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[4]All projects carried out in Department of Health Sciences must be reviewed and approved by the Research Governance Committee before it goes ahead. Approval means that the Committee is satisfied that your rights will be respected, that any risks have been reduced to a minimum and balanced against possible benefits, and that you have been given sufficient information on which to make an informed decision about whether to take part or not.

Supporting nursing in care homes
SURVEY 2

Thank you for participating in the second (and final) round of this survey.

If you participated in round 1 - thank you and welcome back. If you were not involved in round 1, we would still highly value your input in the second survey. We have published a summary of the results from round 1 on our blog. We would encourage you to read this prior to answering the second survey, which will take less than 15 minutes to complete. You can access the blog via this link: http://nursingincarehomes.blogspot.co.uk/

Please try to answer all questions, even though we do not expect you to have in depth knowledge of all of them. In these surveys you are being asked for your views and opinions: there are no 'right' answers. Most of the questions can be answered with only a single selection. Where appropriate, a space is also provided for you to highlight any additional points you feel are important but that we have not included.

We assure you that your participation in the survey and your individual responses will be anonymous.

We would like to extend our sincere thanks for taking the time to participate in this study. We hope that you find this process both interesting and informative. Please do not hesitate to get in touch (details below) if you have any questions or concerns about this survey (or any aspect of our study).

Contact:
Professor Karen Spilsbury
Department of Health Sciences
Area 5 Seebohm Rowntree Building
The University of York
York
YO10 5DD

Tel. 01904 321331 or email karen.spilsbury@york.ac.uk

The nurse in the care home

1. This question considers the responsibilities of the care home nurse's role. The list below presents the responsibilities that were prioritised by respondents in round 1 of the survey. Please select and rank the three responsibilities that you would consider the most important aspects of the nurse's role. (1 = most important, 3 = least important)

	Insert numbers 1 to 3
Ensuring resident safety	
Palliative and end of life care	
Updating skills and ensuring continuing professional development	
Managing and supervising staff	
Promoting dignity, personhood and wellbeing	
Effective communication with patients, relatives and staff	
Enhancing quality of life	
Working as part of a multi-disciplinary team	

2. The following list presents key areas for the continuing professional development (CPD) of care home nurses that were prioritised by respondents during round 1 of the survey. Please select and rank the three most important aspects from the dropdown list below. (1 = most important, 3 = least important)

	Insert numbers 1 to 3
Tissue viability	
Personal care (e.g. nutrition, bowel care)	
Practical clinical skills (e.g. IV and S/C fluids, venepuncture)	
Falls prevention	
Palliative and end of life care	
Medicines management/ pharmacology	
Managing long term conditions	
Dementia care	

Training

3. This question considers barriers to accessing CPD activities. The following list of barriers were prioritised by respondents during round 1 of the survey. Please select and rank the three most important barriers faced by care home nurses. (1 = most important, 3 = least important).

	Insert numbers 1 to 3
Lack of awareness of opportunities	
Requirement for staff to take courses in their own time (unpaid)	
Staff shortages/ lack of cover	
Lack of funding	
Time constraints	
Limited access to NHS training opportunities	
Lack of management support	
Lack of awareness of importance of CPD	

4. The following education and training formats were prioritised by respondents in round 1 of the survey. Please select and rank the three most useful approaches for care home nurses. (1 = most important, 3 - least important)

	Insert numbers 1 to 3
On the job/ opportunistic training	
External specialist support	
Formal courses/ qualifications	
Clinical supervision/ mentoring	
Seminars and workshops	
Web-based resources	
Blended learning (computer-based and face-to-face methods)	
Shadowing colleagues	

The future workforce

5. Ensuring older people in care homes can access 'good' nursing care by a workforce 'fit for purpose' is important. Please select and rank the three areas that you consider most important for ensuring that care homes can attract, recruit and retain their future nursing workforce (1 = most important, 3 = least important)

	Insert numbers 1 to 3
Care homes would attract nurses if there were increased financial reward	
A placement in a care home should be an essential component of clinical practice experience for all undergraduate pre-registration student nurses	
Care home nurses require specialist gerontological education and training to meet the complex care needs of older care home residents	
There needs to be an increased understanding and value of nursing roles in care homes by NHS staff	
Registered Nurses should have sufficient relevant post-registration experience before working in a care home	
Care homes would attract nurses if there were clearer career pathways and opportunities	
All undergraduate pre-registration nursing programmes should have a core module on care for older people which considers the care home setting	
Care home nurses deserve the same learning and development opportunities offered to NHS nurses	

About you

Gender?   Male   Female

Age?   20 or younger
                 21-30
                 31-40
                 41-50
                 51-60
                 60 -69
                 70-79
                 80-90+

10. How would you describe yourself? Select all that apply.

    Care home nurse

    Care home manager

    Health care professional working in the community
        District/ Community Nurse
        Specialist Nurse
            Please provide your job title and speciality……………………………….
        Nurse other
            Please provide your job title………………………………………………………….
        General Practitioner
        Specialist/consultant in geriatric care
        Doctor other
            Please provide your job title and speciality……………………………….
        Allied health professional (e.g. Physiotherapist, Occupational Therapist)

    Researcher

    Nurse educator in higher education

11. Where do you work in the UK?
        England
        Scotland
        Ireland
        Wales

<div align="center">THANK YOU SO MUCH FOR YOUR HELP</div>

Appendix 4: Topic guide for interviews with 'frontline' staff

UNIVERSITY *of York*

Topic guide – Telephone interviews
Supporting nursing in care homes

At the beginning of the interview:
- Introduce self
- Introduce study
- Explain about audio recording and anonymity/ confidentiality
- Explain how data will be used
- Gain written consent

The interviews are semi-structured to ensure that the interview covers issues of importance to participants. This outline is to be used as a general guide:

1. Please would you explain your role and your involvement with care provision in care homes?

2. What do you consider the main responsibilities of the care home nurse to be?

3. How well prepared are the nursing workforce in care homes to meet the increasingly complex care needs of older care home residents?
   - To what extent do you consider nurse education programmes prepare registered nurses for a role in care home environments?
   - What are your views on the continuing professional development needs of nursing staff in this sector?

4. What are the future challenges and opportunities in meeting the needs of older care home residents and ensuring the nursing workforce is 'fit for purpose'?

5. Do you have any additional comments regarding the care and professional developments needs of nurses in care homes?

6. Is there anything else you would like to say about care and the professional development needs of nursing staff that you have not yet had the opportunity to share?

End the interview:
- Thank participant
- Explaining again how data will be used and reiterate about anonymity/ confidentiality
- Explain how participant will be able to access a report of the findings

Appendix 5: Evidence briefing sheet – Scoping review

Supporting nursing in care homes

Scoping review: Care and professional development needs of nursing staff in care homes

Background

In the UK, approximately half a million older people live in nursing and care homes. The sector now provides more beds than NHS hospitals, for a predominantly older population, with increasingly complex healthcare needs. Ensuring older people can access 'good' nursing care in care homes is crucial. This project aims to map and identify the key issues in relation to the care and professional development needs of nursing staff employed in care homes.

We are using multiple methods to assess the current situation and to understand (from a range of perspectives) the future priorities for the professional development needs of nursing staff in care homes. Our starting point is a scoping review of relevant published studies and reviews of the care and professional development needs of nursing staff employed in care homes.

Aims

- To explore and understand the care and professional development needs of nursing staff working in care homes;
- To identify gaps in knowledge and understanding to inform the development of priorities for future work.

Methods

To meet the aims of our scoping work, a rapid review was the most appropriate approach. The review has been conducted during a 3-month period to scope published literature focusing on the care and professional development needs of nursing staff in care homes. The search strategy was developed with an information specialist to include terms that cover 'care homes', 'staff development', 'education', 'competence' and 'nursing staff'. Searches were carried out on range of databases - MEDLINE, CINAHL, BNI AND ERIC. The search generated 618 references (published 2006 onwards) which were imported into an Endnote Library for screening of titles and abstracts. A total of 322 international papers were considered relevant: references were excluded where they did not address care and professional development needs. For the purposes of this scoping review, we include UK papers only.

Included papers were organised into themes (see below) and a member of the research team extracted main headlines from each article. We did not apply criteria to assess the methodological quality of the included papers. We considered all papers to be relevant to the scoping review, however, we have commented on methodological quality. In conducting this scoping review we have ensured methodological transparency, considered potential bias when streamlining the review process, quality assessed the literature and described the limitations of the review. We will be consulting with stakeholders (including care home staff, staff working with the care home sector and nurse educators) through the 'virtual' advisory group to explore their views on this published literature and to understand their priorities for any future work.

Results

The papers identified for the scoping review were categorised into sixteen themes (listed alphabetically): (1) care home relationships; (2) delirium; (3) dementia care; (4) depression; (5) end of life care; (6) hospital admission; (7) long term condition management; (8) undergraduate pre-registration nurse education; (9) nursing roles; (10) personal care; (11) quality of care; (12) resident safety; (13) staff development; (14) staff well-being and safety; (15) support for care homes from the NHS; and (16) tissue viability.

Each theme is summarised and presented (in separate briefing sheets) to provide main points from the included literature (with references). It is intended that these summaries by theme will be a useful resource for stakeholders. Below, we summarise the headlines from the literature overall, which we will share with stakeholders – including care home registered nurses and senior managers, community nurses, general practitioners and educators – with a view to establishing future priorities for supporting the care and professional development needs of nurses in care homes.

Headlines

- The RN role in care homes is broad and multifaceted and (in summary) includes: managing acute illness and emergencies, preventing health problems, maintaining optimum environment for older people's functioning and well-being, promoting mental health and well-being, managing complex medication regimes and therapies, and clinical expertise in palliative and end of life care
- There are few empirical studies of the care and professional development needs of nursing staff working in care homes and the existing evidence base is of poor methodological quality
- Much of the literature addresses staffing broadly - 'care home staff' - rather than considering the specific needs of registered nurses in care homes
- Poor staff knowledge and competence leads to sub-optimal outcomes for residents and increased referrals to NHS services (for example community nurses)
- Care home staff are enthusiastic to receive training for areas they perceive a lack of relevant knowledge and confidence
- Staff and time are identified as scarce resources that present challenges for the delivery of good quality care, and that also prevent staff accessing training,
- Creative approaches for learning and development are described and identified as necessary to meet the learning needs of care home staff
- Professional development is more than a 'one-off' training event and should be planned as a rolling programme
- Ensuring equity of opportunities for learning and training for all staff is important, particularly those working night shift in the care home
- Specialist in-reach support or link nurses can support care delivery and promote quality of care
- Organisational culture and the care home environment are perceived to be important, but ill-defined, influences on quality of care for residents and also for staff well-being and safety (for example burnout) but this is not addressed in UK literature
- Care home managers are perceived to have an important role in leadership and the support and development of staff, but there are variations in the extent to which they fulfill this aspect of their role
- Care home managers' enthusiasm and engagement influence the success of any new initiatives
- Care home practice placements provide opportunities for learning about care for older people and offer valuable opportunities for developing fundamental nursing care skills

Next steps

The findings of the scoping review are being used to inform subsequent stages of this work, including a survey and interviews with care home staff, community nurses, general practitioners and educators to determine priorities for future developments from the frontline. Please keep in touch with our work through our blog (http://nursingincarehomes.blogspot.co.uk/) or on Twitter @nursincarehomes

Appendix 6i: Evidence briefing sheet – Care home relationships

Supporting nursing in care homes

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Care Home Relationships

Overview
- Two UK papers (published 2006 onward) comprising:
  - opinion piece (n=1)
  - descriptive study (n=1)
- Papers focus on the potential for a new 'relationship-centred care' approach in care homes involving residents, their family & friends, and staff (broad and not focused on registered nurses)
- The evidence base for this theme is limited to the 'Senses Framework' (Nolan et al. 2006)

Headlines
- A shift in focus from 'person-centred' to 'relationship-centred' care is advocated in care homes providing long term care for older people
- Relationship-centred care addresses the interdependence between psychological, social & biological aspects of health for residents and the needs of everyone involved in the care situation (residents, their family & friends, and staff)
- The 'Senses Framework' is advocated as an approach underpinned by relationship-centred care which captures six key dimensions ('senses') of interdependent relationships necessary to create & sustain an 'enriched' care environment: (1) a sense of security (in care-giving and receiving); (2) continuity; (3) belonging; (4) purpose; (5) fulfilment; and (6) significance (feeling valued)
- Small scale evaluation of a practice development project which introduced the Senses Framework in one care home, reported better engagement and partnership between residents, relatives and staff through creating opportunities for mutual appreciation, to have views listened to and acted upon, and for staff to receive positive feedback and support from relatives
- Relationship-centred care could play a major role in promoting a more positive vision for those living, working in and visiting care homes
- The Senses Framework may provide a useful partnership model for working on cultural change in care homes

References

1. Aveyard, B, Davies S. (2006) Moving forward together: evaluation of an action group involving staff and relatives within a nursing home for older people with dementia. *International Journal of Older People Nursing*, 1(2): 95-104

2. Nolan M, et al. (2006) Transitions in care homes: towards relationship-centred care using the 'Senses Framework'. *Quality in Ageing and Older Adults*, 7(3): 5-14

Appendix 6ii: Evidence briefing sheet – Delirium

Supporting nursing in care homes

Delirium

Overview
- Four UK papers (published 2006 onward), all reporting on the *Stop delirium!* Project. This study explored the feasibility of preventing delirium for older people through an 'enhanced educational package' for care home staff (in 6 care homes)
- The evidence base for this theme is therefore limited to this one study

Headlines
- Care home staff – including registered nurses – may lack relevant knowledge and confidence to be able to detect and manage delirium
- The *Stop delirium!* project – which uses the staff expertise and knowledge of residents in the educational intervention package – had a positive impact on staff by increasing their knowledge and confidence and helped them identify practices that could improve care for residents (for example developing a delirium checklist and care pathway)
- The enthusiasm and engagement of the care home manager impacted on the success of the training and sustainability of the learning in the care home
- Delirium champions could be developed in care homes to promote sustainability but this requires external support from NHS services, such as community matron, case manager or community psychiatric nurse
- There should be a rolling programme of training (rather than a training event) to engage new staff and equip them with knowledge and competence to detect and manage delirium

References

1. Featherstone, I., et al. (2010) An intervention to reduce delirium in care homes. *Nursing Older People*, 22(4): 16-21
2. Peacock, R., et al. (2012) Care home staff can detect the difference between delirium, dementia and depression. *Nursing Older People*, 24(1): 26-30
3. Siddiqi, N. (2011) Preventing delirium in older people. *Nursing Times*, 107(21): 22-23
4. Siddiqi, N., et al. (2011) Stop Delirium! A complex intervention to prevent delirium in care homes: a mixed-methods feasibility study. *Age & Ageing*, 40(1): 90-98

Appendix 6iii: Evidence briefing sheet – Dementia care

Supporting nursing in care homes

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Dementia care

Overview
- Fourteen UK papers (published 2006 onward) including:
    - intervention study (n=5)
    - descriptive exploratory study (n=3)
    - review (n=3)
    - description of practice innovation (n=1)
    - opinion piece / anecdote (n=1)
    - news item (n=1)
- The majority of literature uses the general term 'care home staff' rather than focusing specifically on the needs of registered nursing staff

Headlines
- The care home environment requires staff to understand the legal, regulatory and ethical contexts of care that they provide for residents
- Care home managers have an important leadership role in promoting and supporting staff to provide person-centred care
- Leadership programmes support the care home manager to consider a holistic approach (including the care home environment) and to promote best use of the available staff resource
- Developing staff knowledge and understanding through dementia care training is a priority and there is an identified need for: a nationally-accredited qualification; providing opportunities for care assistants; and including dementia awareness in curricula that are preparing the future nursing workforce
- Creating a culture of on-going learning in the care home is considered essential to avoid the perception of training as a one-off 'an event to be attended'
- Creative approaches for learning and development are advocated to promote staff engagement with, and value of, continuing professional development opportunities
- Peer support is valued by staff for developing understanding of caring for persons with dementia
- Clinical supervision is advocated as an opportunity to support staff to reflect on how care situations have been handled and self-identify training needs
- Specialist in-reach support for dementia training is advocated
- The effective management of behaviours that may be considered challenging should focus on the behaviour management strategies of staff rather than the use of antipsychotic medications
- Team-based approaches can support best practice in assessing and managing pain being experienced by residents with dementia

References

1. Anonymous (2011) Training helps staff appreciate effects of dementia on senses. *Nursing Older People*, 23(3): 4-4

2. Board, M. I., et al. (2012) How education can improve care for residents with dementia. *Nursing Older People*, 24(5): 29-31

3. Booker, D. J., et al. (2007) Enriching opportunities for people living with dementia in nursing homes an evaluation of a multi-level activity-based model of care. *Aging & Mental Health*, 11(4): 361-370

4. Cornes, M. and J. Manthorpe (2013) Evaluating a dementia focused performance management programme. *Dementia*, (14713012) 12(5): 661-665

5. Cunningham, C., et al. (2010) The assessment and management of pain in people with dementia in care homes. *Nursing Older People*, 22(7): 29

6. Dempsey, D. (2013) Advance care planning for people with dementia: benefits and challenges. *International Journal of Palliative Nursing*, 19(5): 227-234

7. Dewing, J. (2010) Responding to agitation in people with dementia. *Nursing Older People*, 22(6): 18-25

8. Fossey, J., Ballard, C., Juszczak, E., James, I., Adler, N., Jocaby, R. and Howard, R. (2006) Effect of enhanced psychosocial care on antipsychotic use in nursing home residents with severe dementia: cluster randomised trial. *BMJ*, 332 (7544): 756-61

9. Hughes, J., et al. (2008) Care staff working with people with dementia: training, knowledge and confidence. *Dementia*, 7(2): 227-238

10. Keating, M., et al. (2013) Leading culture change to improve dementia care. *Nursing Times*, 109(8): 16-18

11. Khan, F. and M. Curtice (2011) Non-pharmacological management of behavioural symptoms of dementia. *British Journal of Community Nursing*, 16(9): 441-449

12. Manthorpe, J., et al. (2011) 'Early days': Knowledge and use of the Mental Capacity Act 2005 by care home managers and staff. *Dementia*, 10(3): 283-298

13. Nazarko, L. (2009) Providing high quality dementia care in nursing homes. *Nursing & Residential Care*, 11(6): 296-300

14. Scott, A., et al. (2011) Psychological trauma and fear for personal safety as a result of behaviours that challenge in dementia: The experiences of healthcare workers. *Dementia*, 10(2): 257-269

Appendix 6iv: Evidence briefing sheet – Depression

Supporting nursing in care homes

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The Department of Health Sciences

Depression

Overview

- Three UK papers (published 2006 onward), comprising one intervention study & two descriptive articles designed to improve nurses' awareness & knowledge of depression
- There is limited study of depression and professional development needs for nurses in care homes

Headlines

- Nurses are ideally placed to assess residents for signs of depression due to the relationships that develop between nurses, residents and their relatives
- Depression may go undiagnosed in care homes and can have a devastating effect on quality of life for a resident
- Depression awareness training programmes support care home staff to feel confident in recognising signs and symptoms, liaising with colleagues and involving a GP and to better support residents
- Raising awareness in care home staff of the links between dementia and depression is important so that staff can observe for any changes in behaviour that could lead to better symptom management
- There is no evidence for promoting exercise for reducing depression in care home residents
- There is wide variability in access to specialist care and expertise for care home residents with depression and so care home managers need an awareness of local care and services

References

1. Beary, T. (2013) Living with the 'black dog': depression in care homes. *Nursing & Residential Care*, 15(2): 83-87
2. Manthorpe, J. and Iliffe, S. (2006) Continuing professional development. Depression and dementia: taking a dual diagnosis approach. *Nursing Older People*, 18(2): 24
3. Underwood, M., et al. (2013) Exercise for depression in care home residents: a randomised controlled trial with cost-effectiveness analysis (OPERA). *Health Technology Assessment*, 17(18): 1-281

Appendix 6v: Evidence briefing sheet – End of life care

Supporting nursing in care homes

End of Life Care

Overview
- Twenty five UK publications (2006 onward), comprising:
  - Descriptive or exploratory or evaluative studies (n=17)
  - Reviews (n=2)
  - Opinion pieces (n=2)
  - News items (n=3)
  - Conference abstract (n=1)
- The majority of literature uses the general term 'care home staff' rather than focusing specifically on the needs of registered nursing staff
- Much of the UK literature consists of small, descriptive studies and is therefore of relatively low methodological quality

Headlines
- A wide range of educational needs relating to palliative care are identified amongst care home staff including the theory and practice of pain and symptom management, communication skills and nutritional assessment
- Staff are keen to improve their knowledge of palliative and end of life care, and educational interventions are welcomed.
- Educational interventions appear to improve staff knowledge and confidence in end of life care. Morale and motivation may also be enhanced by training
- Staff knowledge, skills and confidence to engage in discussion and advance care planning with residents and families is a distinct area where training is perceived to be useful
- Lack of time and resources (including staff cover) are barriers to attendance at training events
- Teamwork, adequate staffing levels and management support are thought to be essential to improving end of life care
- It is important for care home to consider the emotional wellbeing and support needs of their workforce
- The Gold Standards Framework has provided a structured approach to end of life care in care homes that is welcomed by staff
- Gold Standards Framework in Care Homes (GSFCHs) training has led to perceived increases in staff confidence and competence, enhanced communication and collaboration with the NHS and improved resident experiences (including fewer crisis admissions and hospital deaths)
- Most of the evaluation studies of the GSFCHs are small in scale and non-experimental design. Hence, there are few objective data available to evidence changes in staff skills or resident outcomes resulting from the GSFCHs

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Appendix 6vi: Evidence briefing sheet – Hospital admission

Supporting nursing in care homes

RCN Foundation

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The Department of Health Sciences

Hospital admission

Overview

- Three UK papers (published 2006 onward) including:
  - description of a practice development project (n=1)
  - opinion piece (n=2)
- There is limited study in the UK on the admission of care home residents to hospital emergency departments

Headlines

- There are concerns that care home staff do not monitor and appropriately manage care home residents who develop signs of ill health
- Commentators suggest that early referral of care home residents to primary and community health care professionals would reduce avoidable hospital admissions
- Training packages to support care home staff to manage care home residents who are unwell may benefit residents' care
- Recent reports suggest that care home residents are often transported to emergency departments by ambulance staff and that it is not possible for them to be accompanied by a member of care home staff
- Consultant nurses are being employed in some emergency departments to support vulnerable older people (including care home residents)
- Community matrons can play an important role in reducing avoidable attendance and/ or admission to hospital for care home residents and improving the quality of care received in the care home by supporting the development of care home staff confidence and competence

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Appendix 6vii: Evidence briefing sheet – Managing long-term conditions

Supporting nursing in care homes

Managing long-term conditions

Overview

- Eight UK papers (published 2006 onwards) are included in the managing long term conditions theme including: descriptive studies (n=3); practice development project (n=2); and opinion piece (n=3)
- This theme encompasses the treatment and management of residents with Parkinson's Disease (n=2), diabetes (n=4) and stroke (n=2)

Headlines

- There is an apparent shortfall in the knowledge and understanding of Parkinson's Disease among care home staff, including how to promote independence, recognise functional variation, effectively manage medications and involve family members in care planning
- RNs are keen to develop their understanding and knowledge in stroke care in the following areas: stroke assessment, rehabilitation and acute interventions, as well as ethical decision-making, accountability and goal setting.
- Senior care assistants would like training in stroke care to assist them with managing depression, general stroke information, communicating with dysphasic residents and multidisciplinary team working
- Delivering evidence-based, on-site training tailored to the requirements of individual care homes, and involving a range of staff (managers, RNs, care assistants and catering staff), raises the awareness of diabetes and contributes to improved diabetes care for residents
- Care home staff need to work in partnership with primary care staff to ensure annual review of residents with diabetes and to promote regular structured care and review
- Specialist nurses in managing long term conditions can be instrumental in changing and improving the care home experience for residents and their relatives
- Care homes should identify a lead nurse to liaise with specialist nurses and to disseminate information and share good practice in the care home to promote quality of care when managing long-term conditions

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Appendix 6viii: Evidence briefing sheet – Undergraduate pre-registration nurse education

Supporting nursing in care homes

Undergraduate pre-registration nurse education

Overview
- Four UK publications (2006 onward), comprising:
    - Descriptive study (n=1)
    - Opinion piece (n=2)
    - News items (n=1)
- Limited study of how pre-registration students are prepared for nursing older people residing in care homes. Research in the UK consists of a single small scale, descriptive study and is therefore of relatively low methodological quality

Headlines
- Care home practice placements provide opportunities for learning about care for older people and offer valuable opportunities for developing fundamental nursing care skills
- Pre-registration student nurses demonstrate negative attitudes towards care of older people. They tend to consider care in a task orientated way rather than appreciating the complexities and specialist skills required to care for older people, particularly those resident in care homes
- Innovative educational approaches such as life histories help students consider the person and how their unique experiences shape the individual. They may also challenge preconceptions and attitudes and promote person-centred nursing
- Collegial working in the care homes can provide supportive learning cultures for the students - the 'right' care home environment for learning is key to ensuring pre-registration student nurses value this area of care
- The focus of nurse education needs to ensure that the future nursing workforce is fit to care for individuals living with long term conditions in their own home, including the care home
- Continuing professional development is as important as pre-registration education, and key areas for ensuring education/ training needs are met include: enhanced skills in palliative care, dementia care, infection control, continence promotion, management of incontinence and prevention of falls

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Appendix 6ix: Evidence briefing sheet – Nursing roles

Supporting nursing in care homes

Nursing roles

Overview
- Three UK publications (2006 onward), comprising:
    - Descriptive studies (n=2)
    - Discussion paper (n=1)
- UK literature consists of small, descriptive studies and is therefore of relatively low methodological quality

Headlines
- The RN role in care homes is broad and multifaceted: managing acute illness and emergencies, preventing health problems, maintaining an optimum environment for older people's functioning and well-being, promoting mental health and well-being, managing complex medication regimes and therapies, and clinical expertise in palliative and end of life care
- Any delegation of nursing work to care assistants should consider: the complexity of the resident's needs, the stability or predictability of the resident's physical and mental status and the resident's vulnerability or risk
- The higher the complexity, instability or unpredictability and vulnerability or risk, the more intensive is the need for RN intervention
- The distinct outcomes of RN work result from their skills in caring and their knowledge and expertise developed through broad experience in a range of healthcare settings
- Outcomes for residents from RN work include enhanced personhood and wellbeing, improved health and function, the prevention of problems/adverse outcomes and enhanced quality of life
- Care home staff (including nurses) identify they have a 'duty of care' which requires them to keep the resident safe (as opposed to allowing them to exercise autonomy)

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Appendix 6x: Evidence briefing sheet – Personal care

Supporting nursing in care homes

Personal care

Overview
- 12 UK papers (2006 onward) covering the following topics (n=number of papers on topic) under the theme of personal care: oral care, eating, nutrition & hydration (n=5); continence (n=3); bowel care (n=1); engagement in activities (n=1); intimacy (n=1); sleep and rest (n-1)
- Papers vary in methodological quality and include:
  - a report on a training programme (n=1);
  - an intervention study (n=1);
  - descriptive exploratory studies (n=4);
  - description of a practice innovation (n=1);
  - opinion pieces (n=2)
  - news items (n=3)

Headlines
- When staff engage with the personal care needs of residents, the principles of dignity, rehabilitation, quality of life and rights are guiding principles that can be 'nurtured' in the care home environment by managers and nurses
- Small changes in the working practices of care home staff, and within existing workloads, can be made to promote quality of life for care home residents
- Person-centred care includes the involvement of residents and their family members in making choices about their care
- Raising awareness (through training) will support care home staff understanding of ageing and promoting quality of life for residents
- 'Conventional' training opportunities may be difficult for care home staff to access (due to timing, costs or availability) and so creative 'alternative' training opportunities are being used to promote quality of personal care, for example peer networks (including working with community nurses), web-based resources and involving external specialist support to support learning in the home
- Particular training areas highlighted in the literature include: supporting residents with dysphagia; continence care; supporting residents with disabilities to engage in meaningful activities; understanding sexuality; and promoting sleep and rest
- Ensuring equity of opportunities for learning and training for all staff, particularly those working night shift in the care home

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Appendix 6xi: Evidence briefing sheet – Quality of care

Supporting nursing in care homes

Quality of care

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Overview
- Six UK papers (including Ireland and published 2006 onward) including:
    - mixed method studies (n=2)
    - qualitative interview study (n=1)
    - opinion piece/anecdote (n=3)
- The majority of literature uses the general term 'care home staff' rather than focusing specifically on the needs of registered nursing staff

Headlines
- Staff and residents identify a range of factors as important to promote quality of care: the care environment and homely surroundings; the ethos of care; personal identity; meaningful conversations; connectedness to family and community; activities and therapy
- There is a perceived gap between how care *should* be delivered and how it is *actually* delivered
- Perceived barriers to the promotion of quality of care delivery include: lack of time and staff; not including residents in decision making; domination of routine; and inability of staff to change
- Promoting quality of life for residents in care homes is of equal importance to promoting quality of care but may be given less attention by organisations, managers and staff
- Staff engagement with the importance of quality should be integral to CPD opportunities and practice development in care homes
- There are reported differences between private and public long-stay facilities in terms of staffing provision, skill mix, physical environment and residents' exercise of personal choice

References

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Appendix 6xii: Evidence briefing sheet – Resident safety

Supporting nursing in care homes

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Resident safety

Overview
- Fourteen UK papers (published 2006 onwards) are included in the theme Resident Safety including: descriptive studies (n=5); intervention study (n=2); systematic review (n=2); audit report (n=1); and opinion piece (n=4)
- This theme encompasses: medicine administration (n=2); medication errors (n=2); falls and fracture prevention (n=3); harm reduction (n=1); abuse (n=1); distress (n=1); physical restraints (n=2); administration errors (n=1); and challenging behaviours (n=1)

Headlines
- A multi-faceted approach - staff education, multi-disciplinary team meetings, pharmacist medication reviews and computerised clinical decision support systems - alongside clearer policy guidelines are required to improve prescribing for residents in care homes
- All staff involved in administering medications require training related to supply, storage, administration and disposal of medicines, as well as maintaining accurate records
- Monitored drug dosage systems or pharmacy-led barcode medication systems can reduce drug administration errors in care homes
- All care home staff dealing with residents known to be at risk of falling should develop and maintain basic professional competence in: falls risk assessment; appropriate referral of people at increased risk of falls; and measures to decrease the likelihood of falls (including safe footwear)
- There is some evidence that educating staff and raising their awareness of falls prevention to establish safer working practices, can reduce the incidence of falls by care home residents
- There is no evidence that specialist osteoporosis nurses delivering training to care home staff can reduce fractures but they increase the prescription of treatments to reduce fractures
- Community matrons have an important role in supporting care home staff to assess and identify residents at risk of falls, pressure ulcers or urinary tract infections and to promote timely referral to primary care staff to minimise hospital admissions for residents
- There is an identified need to promote awareness of the complexities of elder abuse among all staff working with older people in care homes to ensure staff are able to identify abusive situations and are supported to address any uncertainties with care home managers
- There are assessment tools (such as the Distress Thermometer for the Elderly) that may support care home staff to recognise distress among older care home residents to enable more timely care planning of supportive interventions
- Care home organisations have a responsibility to develop safe systems of work for staff and to understand reasons for challenging behaviours, accepting these are often a form of communication related to distress
- High-quality nursing care should ensure that efforts are taken to minimise any use of physical restraint with older care home residents but there is insufficient evidence that educational programmes targeting nursing staff are effective in reducing the use of physical restraints in long-term care settings

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Appendix 6xiii: Evidence briefing sheet – Staff development

Supporting nursing in care homes

Staff development

Overview

- Four UK papers (published 2006 onward) including:
    - audit of RN training needs (n=1)
    - review of the literature on the role of education/training in achieving change (n=1)
    - evaluation of an initiative to support care delivery (n=1)
    - qualitative study exploring higher education learning and development (n=1)
- The majority of the literature uses the general term 'care home staff' rather than focussing specifically on the needs of registered nursing staff

Headlines

- Education and training opportunities for staff need to be embedded within an organisational culture that encourages and supports change, with long term commitment
- Approaches to education and learning call for transformational approaches, that is approaches that are built on core values; generate behaviour motivated by commitment and recognise the interdependency of all those living, working and visiting care homes
- Staff learning and development should be targeted appropriately, widely available, in various formats, flexible to the needs of each service, and evaluated to ensure they meet the needs of residents and staff
- Main training needs for RNs are falls, confusion and diabetes care, followed by medicines management, mental health and well-being, end of life care and hydration
- Main training need for care staff (non-registered) is hydration
- Other training priorities include prevention and detection of abuse, phlebotomy, pressure area and catheter care
- Identified barriers to learning and development include: lack of funding for courses outside of statutory and mandatory topics; staffing constraints making it difficult for staff to attend; work-life balance; lack of opportunities for career progression; lack of study skills, including IT competency and access; low staff and management engagement; inflexible courses and lack of marketing by course providers
- Development of new roles for care home staff requires mechanisms for on-going support, supervision and appraisal, including the need for development of an appropriate framework concerning the regulation of new skills and responsibilities

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Appendix 6xiv: Evidence briefing sheet – Staff well-being and safety

Supporting nursing in care homes

Staff well-being & safety

Overview

- One UK publication (2006 onward), comprising:
    - Descriptive paper (n=1)
- No study of care home staff well-being and safety identified in UK literature. One discursive article focusing on risk management strategies to reduce injury and increase employee satisfaction.
- Broader issues relating to staff well-being and safety (for example burnout) studied in international literature only.

Headlines

- Using equipment to move residents led to a reduction in sickness absence from 28% to 9% over a period of 12 months
- Staff training in use of equipment must be ensured alongside the introduction of any risk management policies and procedures

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Appendix 6xv: Evidence briefing sheet – Support for care homes from the NHS

Supporting nursing in care homes

Support for care homes from the NHS

Overview
- Eight UK publications (2006 onward), comprising:
  - Descriptive study (n=5)
  - Intervention study (n=1)
  - Review protocol (n=1)
  - Opinion piece (n=1)
- UK literature consists of small, descriptive studies and is therefore of relatively low methodological quality

Headlines
- A range of specialist healthcare support services (including telehealth monitoring) have been introduced in the UK to address the physical healthcare needs of older care home residents to reduce unnecessary transfers to hospital and promote quality of care
- Specialist healthcare support services provide preventative, general, rehabilitative and acute care support and offer services such as systematic screening, assessment, care, medication reviews and prescribing, recommendations for care and training of care home staff
- Some specialist healthcare support services concentrate on 'specific' needs or risks for care home residents, for example, wound care, falls or palliative care
- There is no consensus on how health care services should be provided to care home residents
- There are opportunities (such as partnership working between care home nurses and specialist nurses, reducing isolation and promoting confidence for care home nurses, promoting sharing of skills and experience, and extending professional networks) and challenges (such as role tensions, engaging care home managers to support care home nurses, responding to staff turnover to engage new staff in partnership working) for specialist health care support services being introduced in care homes
- There is limited evidence of the effectiveness of some individual initiatives, but further research is required to assess clinical and cost effectiveness

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Appendix 6xvi: Evidence briefing sheet – Tissue viability

Supporting nursing in care homes

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Tissue viability

Overview
- Five UK papers (published 2006 onward) including:
    - (pilot) intervention study (n=1)
    - (pilot) descriptive exploratory study (n=2)
    - review (n=1)
    - opinion piece (n=1)
- There is only limited study of tissue viability in UK care homes

Headlines
- Tissue viability is an integral part of care for older people and care home staff have a responsibility to ensure that wound care and pressure ulcer prevention and management practices (and policies) are evidence-based
- Investment by care homes in development and education opportunities for care home staff should be mandatory for tissue viability and accessibility to training for staff should be ensured (including distance learning, access to specialist tissue viability nurses or inviting commercial suppliers of products and equipment in to the home)
- Care home managers have a key role in promoting best practice and evidence-based standards for this area of care
- Poor staff knowledge and competence leads to sub-optimal outcomes for residents and increased referrals to NHS services (for example community nurses)
- Telehealth has potential to promote care home staff access to 'remote' specialist support for tissue viability to improve outcomes for residents and support care home staff

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5. Vowden, K. and Vowden P (2013) A pilot study on the potential of remote support to enhance wound care for nursing-home patients. *Journal of Wound Care*, 22(9): 481-488

Appendix 7: Evidence briefing sheet – Mapping nursing workforce characteristics

Supporting nursing in care homes

What do we know about the nursing workforce in care homes?

Overview

The number of registered nurses working in care homes is an important influence on the experiences, outcomes and safety of residents. The Royal College of Nursing has called for a clearly defined standards and mandatory staffing levels, citing the positive benefits seen in countries that have adopted this approach (RCN 2012). To date, the Care Quality Commission suggests that there should be enough nurses to ensure safety for residents, but does not stipulate minimum staffing levels. The majority of nurses in care homes work in the private sector, and should be included in the data on social care staff that are collated by Skills for Care, if they work in England. Their National Minimum Data Set for Social Care (NMDS-SC) is the principal source of information on nurses working in care homes in England.

How many registered nurses should there be in the care home sector in the UK?

In 2013, industry observers Laing and Buisson report that there were:
- 5089 independent care homes with nursing in the UK
- 253,751 beds in care homes with nursing, average of 50 beds per home, 89.9% occupancy

Applying the guidance produced by the Northern Ireland Regulation and Quality Improvement Authority (2009) to the UK, would give a national requirement for just under 40,000 (whole time equivalent) registered nurses in care homes.

How many registered nurses are there working in the care home sector?

Skills for Care estimate that they receive information on 55% of care homes in England (personal communication, 2014), and they have modelled their data to produce the following national estimates:
- 41,750 registered nurses in CQC registered care homes with nursing in England
- 29 % annual turnover of registered nurses in adult social care

The most recently available data suggest that 53% of staff work full time, turnover is 31%, and more than half the nursing staff have been employed in their current roles for fewer than three years. However, it is important to note that these aggregate estimates may conceal considerable variation in staffing levels and turnover between care home organisations or individual homes.

What is unknown

There are many unknowns about the care home nursing workforce. Answers to some of the following questions would aid initiatives to improve the wellbeing of staff and residents:
- Precisely how many registered nurses work in care homes?
- How do turnover & retention rates vary between individual homes and different provider organisations?
- How adequate is the nursing staff to resident ratio?
- What are the typical patterns of employment and career trajectories of care home nurses?
- What postgraduate qualifications do care home nurses hold?

Sources:
Royal College of Nursing (2012) Mandatory Nurse Staffing Levels Policy Briefing. RCN, London
Royal College of Nursing (2010) Guidance on safe nurse staffing levels in the UK. RCN, London
Regulation and Quality Improvement Authority (2009). Staffing guidance for nursing homes, RQIA, Belfast
Laing and Buisson (2014) Care of Older People UK Market Report. 26th Edition 2013-14
Skills for Care (2014) https://www.nmds-sc-online.org.uk/Get.aspx?id=802623

Appendix 8: Evidence briefing sheet – Consenus study

Supporting nursing in care homes

RCN Foundation

UNIVERSITY of York
The Department of Health Sciences

Gaining consensus:
Care and professional development needs of nursing staff in care homes

'Nursing home nurses need to know how to be resourceful and confident. They may be managing the whole service not just the patient care. They can be quite isolated so have to be able to take decisions without a great deal of consultation or support.'

'There is an ongoing sense among pre-registration and newly qualified nurses that care homes are a 'stop-gap' for them, somewhere to gain a bit of experience, confidence and their preceptorship while waiting to get a 'proper' job.'

Background
This project aims to map and identify the key issues in relation to the care and professional development needs of nursing staff employed in care homes. We are using multiple methods to assess the current situation and to understand (from a range of perspectives) the future priorities for the professional development needs of nursing staff in care homes. This briefing sheet presents the findings from a modified Delphi survey to engage rapidly with a broad range of stakeholders across the UK.

Aims
- To explore and understand the care and professional development (CPD) needs of nursing staff working in care homes;
- To identify gaps in knowledge and understanding to inform the development of priorities for future work.

Methods
The Delphi technique is a well-established method of establishing a consensus view using a panel of experts.[1] A series of surveys are conducted where participants receive feedback on the group results between surveys and are encouraged to reflect on these and refine their own views. We engaged three separate groups to form our panel: care home nurses and managers; nurse educators in higher education; and community healthcare professionals (including general practitioners, geriatricians, specialist and district nurses).

The survey was administered in an electronic, online form. The first round was open to responses during October 2014 and was developed to focus on key issues identified by our scoping review of the literature on professional development needs of care home nurses and preparation of the future nursing workforce. Respondents were asked to (i) rank different items or (ii) agree or disagree with statements, with an opportunity to clarify some of the answers with free text responses. The findings of the first round were summarised and posted on the project blog. We asked participants to read this summary before responding to round two. The second round survey was open during November 2014. It built on, and explored, themes identified from round one. Round two questions followed the same format as round one. We received 163 responses in round 1 and 189 responses in round 2; respondents represented a broad range of stakeholders from the UK.

Headlines from the consensus survey are provided below. Table 1 summarises the priorities identified through the Delphi survey. A more detailed paper of the findings is available. The study was approved by the Department of Health Sciences' Research Governance Committee, University of York.

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[1]Diamond IR et al. (2014) Defining consensus: A systematic review recommends methodologic criteria for reporting of Delphi studies. *Journal of Clinical Epidemiology*, 67: 401-409

Headlines
The role of the nurse
- Registered nurses in care homes require a particular set of skills, knowledge, competence and experience in order to provide high quality care for older residents.
- The most important responsibilities for the care home nurse are promoting dignity, personhood and wellbeing and ensuring resident safety.

Continuing professional development (CPD)
- Priorities for CPD include personal care (incorporating nutrition, bowel and catheter care) and dementia care.
- The main barrier to care home nurses accessing CPD opportunities is staff shortages.
- Preferred formats for CPD include 'on-the-job' opportunistic opportunities and formal courses leading to qualification.

The future workforce
- 30% of respondents agreed that undergraduate pre-registration nursing programmes prepare the future nursing workforce for a role in a care home.
- 35% agreed that care homes provide supportive learning opportunities which encourage students to return to work in care homes later in their careers.
- 41% agreed that the care home industry offers challenging and rewarding career pathways for newly registered nurses.
- To secure the recruitment and retention of a high quality future nursing workforce in care homes, there needs to be the same learning and development opportunities for care homes nurses as offered to NHS staff.

Table 1: Priorities identified in Delphi Survey

Care Home Nurses	Highest ranked priority	Most frequently ranked priority
Responsibilities of the role	Ensuring resident safety	Promoting dignity, personhood and wellbeing
Continuing Professional Development priorities	Personal care (e.g. nutrition, bowel care)	Dementia care
Barriers to accessing CPD activities	Staff shortages / lack of cover	Staff shortages / lack of cover
Types of education and training	On the job / opportunistic training *Joint first with* Formal courses / qualifications	Formal courses / qualifications
How to ensure nursing profession attracts best people in to care home nursing	Care home nurses deserve the same learning and development opportunities offered to NHS nurses	Care home nurses deserve the same learning and development opportunities offered to NHS nurses

Next steps
The findings of the consensus survey are one component of our scoping study. Our findings will support the RCN Foundation to identify future priorities for work in this area. Please keep in touch with our work through our blog (http://nursingincarehomes.blogspot.co.uk/) or on Twitter @nursincarehomes

Appendix 9: Evidence briefing sheet – Perspectives from the frontline

Supporting nursing in care homes

Perspectives from the frontline: Care and professional development needs of nursing staff in care homes

'Even after all these years people still say to me 'couldn't you hack it as a real nurse?' But I have hacked it and I chose to work in this area. We have to change perceptions.' (Leader 1)

Background

This project aims to map and identify the key issues in relation to the care and professional development needs of nursing staff employed in care homes. We are using multiple methods to assess the current situation and to understand (from a range of perspectives) the future priorities for the professional development needs of nursing staff in care homes. This briefing sheet presents the findings from interviews with key stakeholders working in, or with, care homes.

Aims

- To explore and understand the care and professional development needs of nursing staff working in care homes;
- To identify gaps in knowledge and understanding to inform the development of priorities for future work.

Methods

We have conducted semi-structured telephone interviews with key stakeholders to understand their perspectives of the main issues. We selected sixteen participants for interview and to include the following participants from the UK:

Participants	
Care home manager (not RN)	n=1
Care home manager (and RN)	n=3
General Practitioner	n=4
Specialist RN (NHS) with a role in care homes	n=4
Leader in care home work (national and/or international)	n=4

*RN = Registered Nurse
**Leader – due to specialist roles we have grouped these participants to ensure anonymity

The interview topic guide was developed following findings from the review and earlier consensus work. The interviews considered: the roles and responsibilities of care home nurses; preparation of the care home nursing workforce (including pre- and post-registration); future challenges in ensuring the nursing workforce in care homes is 'fit for purpose' to meet the needs of care home residents. The interviews were audio-recorded and analysed thematically using Framework analysis.[1] By combining different organisational and professional views we can provide a rounded and detailed picture of the main issues as perceived by a range of stakeholders. Headlines are presented below. A more detailed paper of the findings is available. The study was approved by the Department of Health Sciences' Research Governance Committee, University of York.

Headlines

- The roles and responsibilities of the care home nurse are broad because the nurse has overall responsibility for the care of residents, often working in isolation as the only registered nurse on duty. The role carries a range of expectations and is extremely challenging. The main roles and responsibilities identified by participants (not exhaustive and not presented in any order of priority) include: day-to-day fundamental care; promoting person-centred care (including personal choice and meaningful, purposeful activities); engaging with family members and providing appropriate support; clinical care treatments and interventions; preventing adverse events and ensuring resident safety; assessing and monitoring residents' condition (physical, mental, emotional

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[1] Ritchie J, Spencer L (1994) Qualitative data analysis for applied policy research. In Bryman A, Burgess RG. (Eds) Analyzing Qualitative Data. London: Routledge

- & social well-being) and making appropriate necessary referrals to other professionals; managing long-term conditions; specialist care (such as end of life care or dementia care); counsellor; manager; 'role model' for other staff; leader; co-ordinator; educator; advocate; maintaining accurate and complete records of care; keeping up to date and complying with relevant sector legislation.
- Concerns were expressed that the nurse's work is often dominated by functional tasks and the full potential of the nurse's role in the care home is not utilised. A range of influencing factors were identified, including: a lack of capacity owing to the small numbers of nurses employed in care homes; the focus on physical care by education, regulation and monitoring; where leadership is weak, inattention to the benefits of the wider aspects of the nursing role (such as promoting self-care abilities among residents).
- Participants acknowledged the increasingly complex care needs of frail older residents in care homes. Nurses employed in the sector require specialist knowledge to manage the care of residents and to liaise with, and engage, other health professionals in ensuring the needs of care home residents are met and to minimise 'avoidable' transitions to acute care.
- Development of a post-registration specialist qualification for care of older people (which includes care home nursing) should be considered by the appropriate authorities to ensure that the nursing care home workforce is 'fit for purpose' and to meet the increasingly complex care needs of residents.
- There was a consensus that undergraduate pre-registration nursing programmes do not adequately prepare the future nursing workforce with the necessary knowledge, understanding, clinical and practical skills for a role in the care home sector. These programmes were viewed as focusing predominantly on acute care nursing and having insufficient focus on: care for older people; frailty; co-morbidities; complex long term conditions; dementia; end of life care; health and social care partnerships; and the political landscape of care homes.
- The employment of overseas registered nurses in the UK care home sector was considered important for staffing but recognised as creating a 'unique' set of challenges related to induction, support, supervision, mentorship, ongoing CPD and retention. The care home sector needs to consider the needs of this proportion of their nursing workforce.
- Continuing professional development opportunities for care home nurses were considered essential but difficult to access due to the following barriers: lack of courses and funding; lack of access to NHS courses for care home nurses; lack of understanding by commissioners of the training needs of care home nurses; and problems with identifying who is responsible for assessing competence and development needs for nurses in the sector.
- Participants recommended the development of a career pathway for nurses in care homes by national bodies (such as RCN and NHS England), care home leaders and nurse education. This would constitute an important step in raising the profile of the sector to attract and retain nurses, support them towards clinical leadership in the sector, as well as increase the value and visibility of the role in society. Engaging care home nurses in research and audit activities was considered a supportive way of helping nurses to recognise the differences they can make to resident care.
- Looking to the future, participants identified that the significance of the sector will continue to grow. They described the need for a whole-system approach, to promote partnership working between providers, to understand the full patient journey, including the nurses' contribution in care homes. Examples of opportunities to promote partnership working include: a care home collaborative between NHS and care homes; 'in-reach' link specialist nursing roles; NHS-care home projects; GP, Community Matron and care home nurse reviews of resident care.

Next steps

The findings of the interviews with key stakeholders are one component of our scoping study. Our findings will support the RCN Foundation to identify future priorities for work in this area. Please keep in touch with our work through our blog (http://nursingincarehomes.blogspot.co.uk/) or on Twitter @nursincarehomes

Appendix 10: Evidence briefing sheet – Overview of scoping study

Supporting nursing in care homes

RCN Foundation

UNIVERSITY of York
The Department of Health Sciences

PROJECT SUMMARY
Care and professional development needs of nursing staff in care homes

Background

In the UK, approximately half a million older people live in twelve thousand care homes.[1] The care home sector is an increasingly important source of long term care for older people. Commissioners see care homes as a solution for 'admission avoidance' for older people to acute hospitals, as well as providing intermediate care to support discharge processes from hospital. Care homes now provide more beds than NHS hospitals, for a predominantly older population, with increasingly complex health care needs. Care homes are an essential part of local health economies, but remain separate from the NHS and subject to frequent, critical, commentary.

Care homes are often not the preferred place of work for registered nurses: many will have chosen a role in a care home to fit around personal commitments, rather than to further their career aspirations. Pre-registration nursing education predominantly focuses on nursing in the community and hospital. Consequently, nurses are often ill-prepared to meet the complex needs of older people care in care homes. Nursing staff working in care homes often report feeling isolated and undervalued, which decreases their confidence in their role. Yet, nurse staffing and the relationships that exist between residents and practitioners are importantly associated with better quality of care and quality of life. Ensuring older people can access 'good' nursing care in care homes is crucial.

There is considerable overlap in dependency levels and care needs amongst residents in care homes with and without nursing, but important differences in the ways in which nursing care is provided. In homes with nursing care, registered nurses are employed by the homes and available around the clock. In care homes without nursing, registered nurses from community and primary care services visit to provide nursing care when required. This important difference will influence care delivery and professional development needs and opportunities for these groups of nursing staff. The absence of a defined career pathway for care home nurses, questions over the adequacy of current training, and increasing complexity of their work, give urgency to the need for research in this area. Our proposed project will focus on care and nurse staffing in care homes for older people. It will map what is known about workforce, education and training and career development for registered nurses in care homes, identify gaps in knowledge and understanding, and priorities for research and development.

Aims

The aim of this proposed project is to map and identify key issues in relation to the care and professional development needs of nursing staff employed in care homes. This will be achieved through a series of linked objectives to explore and appreciate gaps in understanding about:

- the characteristics of the registered nursing workforce in care home settings;
- the extent to which nurse education programmes prepare registered nurses for a role in care home environments and the continuing professional development needs of nursing staff in this sector;
- opportunities (current or planned) by care home providers to support career aspirations of the nursing workforce; and
- any nursing innovations or developments (including new nursing roles) to support care for older people in care homes.

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[1] We will use the term care home throughout this summary to refer to homes with nursing staff but in doing so recognise the variation in terminology used across the UK: care home with/ without nursing in England; care and residential homes in Northern Ireland; and care homes in Scotland and Wales.

Methods

We have used multiple methods to assess the current situation and to understand (from a range of stakeholders) the areas considered to be future priorities for the professional development needs of nursing staff in care homes. Our linked strands of work include:

1. Literature review of relevant published studies and reviews of the characteristics of nurse staffing in UK care homes and the professional development needs of these staff. The review highlights the existing evidence and gaps in knowledge in this area;

2. Secondary data sources to map publicly available data on workforce characteristics of nurse staffing in care homes;

3. Modified Delphi survey to establish as objectively as possible a consensus on the care and professional development needs of nursing staff in care homes using a 'panel'. We engaged three separate groups from across the UK to form our panel: care home nurses and managers; nurse educators in higher education; and community healthcare professionals (including general practitioners, geriatricians, specialist and district nurses); and

4. Telephones interviews with stakeholders (care home managers and nurses, general practitioners, specialist nurses (NHS) with a role in care homes, and leaders in care home work (national and international) to understand their perspectives of key main issues.

To support all strands of this work we established a 'virtual' advisory group through our project blog (http://nursingincarehomes.blogspot.co.uk/) to engage with a range of stakeholders.

Our analyses have focused on triangulating different accounts, to ensure that we can understand the subtle nuances of stakeholders' perspectives. By combining different organisational and professional views we are able to provide a rounded and detailed picture of the key issues within the context of the existing evidence base. Consequently, our recommendations for future areas for research and development projects are located within the 'realities' of care home service delivery. The study was approved by the Department of Health Sciences' Research Governance Committee, University of York.

Headlines combined from these strands of work are presented below to provide an overview. Separate briefing sheets provide further detail related to these stands of work.

Headlines

- The RN role in care homes is broad and multifaceted but most their most important responsibilities are considered to be promoting dignity, personhood and wellbeing and ensuring resident safety
- There are only estimates on the numbers of nurses employed in UK care homes
- Most recently available data suggests half of nursing staff work full time, turnover is high (31%), and more than half the nursing staff have been employed in their current roles for fewer than three years
- There will be considerable variation in staffing levels and turnover between care home organisations or individual homes but little is known about what factors may influence this variation
- There is a lack of information and understanding about patterns of employment or career trajectories for care home nurses
- There are few empirical studies of the care and professional development needs of nursing staff working in care homes
- There are barriers to care home nurses accessing training opportunities and this requires consideration of creative and innovative approaches
- There is an inequity in opportunities for the development of a career for care home nurses, when compared with NHS nursing colleagues
- Nurses employed in the sector require specialist knowledge to manage the care of residents and to liaise with, and engage, other health professionals in ensuring the needs of care home residents are met and to minimise 'avoidable' transitions to acute care
- Specialist in-reach support or link nurses can support care delivery and promote quality of care in care homes
- Poor staff knowledge and competence leads to sub-optimal outcomes for residents and increased referrals to NHS services (for example community nurses)
- Current undergraduate pre-registration nursing programmes do not prepare the future nursing workforce with the necessary knowledge, understanding, clinical and practical skills for a role in the care home sector

- Development of a post-registration specialist qualification for care of older people (which includes care home nursing) should be considered by the appropriate authorities to ensure that the nursing care home workforce is 'fit for purpose' and to meet the increasingly complex care needs of residents
- The employment of overseas registered nurses in the UK care home sector was considered important for staffing but recognised as creating a 'unique' set of challenges related to induction, support, supervision, mentorship, ongoing CPD and retention
- Care home managers are perceived to have an important role in leadership and the support and development of staff
- Organisational culture and the care home environment are perceived to be important, but ill-defined, influences on quality of care for residents and also for staff well-being and safety
- Looking to the future, the sector will continue to grow. There is the need for a whole-system approach, to promote partnership working between providers, to understand the full patient journey, including the nurses' contribution in care homes

Recommendations: Areas for future research and development projects

This scoping work has identified a need for further research and development projects in the following areas:

The care home nurse

- Who are the registered nursing workforce in care homes?
- What is the role of nurses in care homes and how does this contribute to quality of care and life for residents?
- Which aspects of the care home nurse or manager role could be undertaken by others to promote use of the nursing and support workforce to benefit resident care
- What is the association between staffing levels and quality of care?
- How adequate is the staff to resident ratio?
- How can the care home nurse's role be positively promoted to enhance understanding of the role?

Employment and career pathways for care home nurses

- How and why do turnover and retention rates vary between care home?
- How can care homes retain staff?
- What are the career ambitions of care home nurses?
- What would a career pathway look like for a care home nurse and what might attract nurses to consider a career in this sector?
- What post-registration qualifications do care home nurses hold?
- How should RNs be prepared for the multifaceted roles and responsibilities of a care home nurse?
- How can the care home sector meet the challenges of ensuring an adequate future nursing workforce and ensuring its support and development (including overseas nurses)?

Creative approaches for learning and development

- What do care home nurses do well and what areas need development?
- What approaches for CPD would best suit care home nurses and what works best?
- Who should financially support the CPD needs of care home nurses?

Undergraduate pre-registration nursing education

- What approaches can influence the attitudes, values and beliefs of undergraduate student nurses towards care for older people?
- How can the care home provide a positive influence for the development of student nurses?
- How can care home and nurse education providers work together to promote student learning about care for older people?

Partnership working to promote care for residents in care homes
- How can care home nurses and other health care professionals work together to promote quality of care for residents and to promote their health and well-being?
- How confident and competent are care home nurses when assessing residents and making appropriate referrals to other professionals and services?
- How can the care home be positively promoted as an essential part of health and social care services to meet and serve the needs of its residents?

Organisational culture and care home leadership
- What makes a good care home leader?
- What are the associations between culture and leadership with quality of care and staff well-being in care homes?
- How can we influence the care home environment to enhance quality of care and staff well-being?

Next steps
Our findings will support the RCN Foundation to identify future priorities for work in this area. We will be disseminating this work through publications and presentations during 2015. Please keep in touch with our work through our blog (http://nursingincarehomes.blogspot.co.uk/) or on Twitter @nursincarehomes