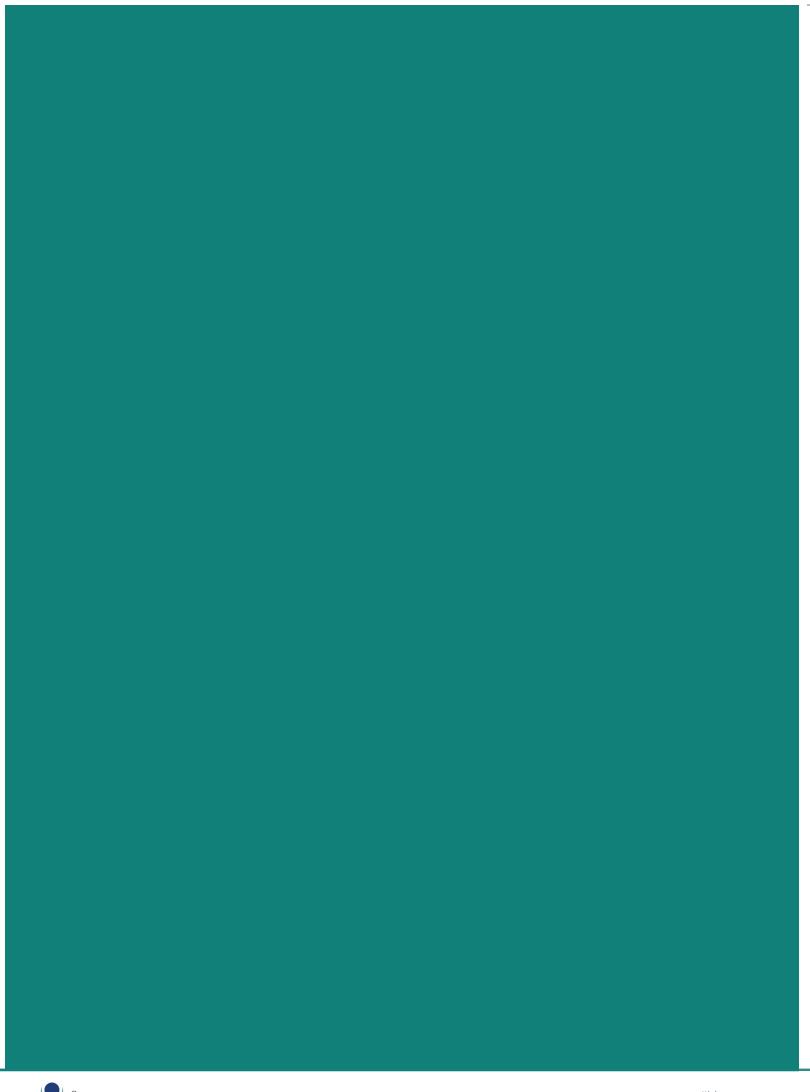# Scottish Care
Voice of the independent care sector

INDEPENDENT SECTOR NURSING DATA 2018

1. INTRODUCTION

This report has been produced by Scottish Care as a result of survey research undertaken over a month period from September to October 2018. It is now the third in a series of annual surveys of the membership of Scottish Care. This year's survey is based on data from a larger survey not solely focussing on nursing, the results of which will be reported upon separately. In addition a further focussed survey of six larger care home providers was undertaken to add nuance to the data gathered in the general survey.

Previous Scottish Care reports in November 2016 and November 2017 together with the report '*Voices From the Nursing Frontline*' have sought to give a description of the challenges and experiences of frontline nursing staff in Scotland's care homes.

Over the last year significant work has been undertaken to build upon the recommendations made in the Scottish Care *'Voices'* report. This has included two seminars held in conjunction with COSLA, the Chief Nurse Directorate and others. The challenges facing nursing within the care sector are now well articulated and recognised. It is to be hoped that the recommendations arising from such collaborative work will serve to make the difference that is so urgently needed.

Nevertheless this year's data report and the work of Scottish Care staff over the last year has added to the evidence and growing concerns around a worsening of the issues, with challenges in recruiting and retaining nurses becoming operationally critical. Providers have articulated their strong belief that pressures around recruitment of nurses and consequential use of agency staff are making services unsustainable and that many were actively considering de-registering services.

It has also become even clearer in the last year that a number of care homes have ceased to operate solely on the grounds of their inability to recruit and retain staff in general and nursing staff in particular.

All this has been additionally affected by care homes who have found their Care Inspection gradings negatively affected by their inability to recruit nursing staff. This in turn affects their ability to attract staff and maintain quality and consequently their sustainability.

The survey undertaken to form the basis of

this report was an attempt to obtain an up to date picture of the nurse recruitment and retention challenges facing the independent sector in 2018 and in so doing it seeks to build upon the earlier reports.

We hope this report can provide a unique insight into one of the significant workforce challenges facing the independent social care sector and therefore continue to support a wider range of stakeholders to better understand the criticality of this issue. We also hope it can support the developing and strengthening collaborative work around some practical solutions to address the very real challenges experienced by providers in relation to the recruitment and retention of the nursing workforce within social care in Scotland.

2. METHODOLOGY

This report was compiled from responses to a Scottish Care online survey, held from early September to October 2018. In addition a further focussed survey of six larger care home providers was undertaken. This latter survey provided data from larger providers who did not take part in the main survey but who between them employed 29% of all social care nurses in the independent care sector.

The survey was sent via email to all those organisations identified as care homes who were members of Scottish Care at the time. This was a substantial survey which took up to 45 minutes to complete and included a diverse range of questions on a range of issues. Care homes which did not employ nurses also took part in the survey but they have been excluded from this report.

The care homes surveyed ranged from very small, family-run organisations to corporate organisations with a large number of homes across Scotland. They also varied considerably in terms of geographical location, from remote and rural to inner city services. It was therefore sent to 440 email addresses across independent sector care home services in Scotland, alerting them to the survey and inviting participation.

As a result of this approach, 115 responses to the main survey were collected and 6 from the secondary survey. Responses were intended to be collected at an individual service level, however some responses gave organisational level data.

The total number of nursing care homes represented by their organisations through both surveys was 231 which means just over half of the care homes surveyed are covered in the responses.

Responses were collected across independent sector care home services. Of the responses, 81% were completed on behalf of private organisations and a further 19% represented voluntary providers of care services, including registered charities.

All Local Authority areas were represented in the responses, other than Orkney, Shetland and the Western Isles. This is reflective of Scottish Care's membership coverage across Scotland.

3. THE FINDINGS

A story of nursing in social care

We do not have fully robust data for the number of nurses working within the independent sector. However according to data from the *Scottish Social Service Sector: Report on 2017 Workforce Data* published in August 2018 there are a total of approximately 6,700 nurses working in the social services sector at the end of 2017. This figure represents around 10% of the nursing workforce in Scotland.

The independent sector employs 6,200 (93%) of social care nurses across care home services for adults, housing support and care at home services. Care homes for adults employ 66% of this total and nurse agencies another 30%. The number of nurses in nurse agencies has increased substantially in recent years with an increase of 47% between 2014 and 2017. At the same time the number of nurses directly employed in care homes has fallen by around 12% over the same period. This has a major effect on the sustainability of services.

We have stated before that these nurses are not included in existing nursing data in the same way. This points to the inequity of esteem that exists in society in relation to social care and nursing in social care in particular – coverage of the number of nurses working in Scotland focuses solely on NHS figures and ignores social care as a significant and crucial employer of nurses. It is to be hoped that the new *National Health and Social Care Workforce Plan* and the processes related to its development will help to address this inequality in treatment.

The total number of nurses employed by organisations who completed the current survey is 1750 nurses. The total number of nurses in independent sector care homes at the end of 2017 (according to SSSC data) was 4,120. Therefore just over 42% of the total nurses working in independent sector care home services are represented through the responses to Scottish Care's surveys.

We are therefore confident that its findings are substantially representative of the picture of nursing care in the independent sector at the present time.

It is important to understand the profile of nurses working in independent social care services across Scotland. Respondents were therefore asked to provide information about the average age of nurses in their employment.

For 30% of services surveyed, the average age of nurses is 35-44. For a further 56%, the average age of nurses in their service is within the 45 to 54 age range. The total percentage of nurses who are over 45 is 64%. This volume of older nurses is a major challenge for the sector. The fact is that a significant proportion of nurses working in social care are older than both the national working age average of 40 and the average age of the independent sector care home, care at home and housing support workforce of 44 .

Whilst this finding is confirmed with other research undertaken by Scottish Care where nurses highlighted that the role was often undertaken by older staff because it demanded more life experience and leadership skills, it is nevertheless a matter of concern in relation to developing the future workforce. It may also be the case that younger nurses are more likely to seek employment within the NHS where there are better terms and conditions, including holiday and sickness benefit and maternity/paternity provision.

The age of the workforce has implications for nurse recruitment and retention strategies, and it should be noted that this year's findings suggest an increasingly older workforce than even those of last year where only 40% were between the ages of 45 and 54 compared to 56% this year. This is a matter of concern even taking into account a limited degree of diverse respondents. One can conclude from this data and elsewhere that the independent sector is particularly losing younger nurses which is a matter of especial interest.

Nurse vacancy levels

As close as can be reasonably estimated, the national nurse vacancy level across respondents to both surveys is 19.8%. We believe this to be a more accurate reflection as a result of utilising more robust data processes. Such a high vacancy level of nearly 20% is deeply concerning. To put this into perspective, nurse vacancy levels within the NHS currently sit at around 5.5%.

In analysing the overall vacancy rate for those who responded to the surveys, levels ranged from 15% to 45%. What was of particular note was the geographical distinctions. It is much more likely that there will be significant nurse vacancies in small to medium sized care homes and especially in remote and rural parts. The workforce challenges in these areas are particularly acute and levels of vacancy and difficulties in recruiting are fundamentally calling into question the future viability and sustainability of nursing support in some of our more remote and rural care homes across Scotland.

In fact, an extremely troubling trend is evident when examining nurse vacancy levels in more depth across independent sector care providers.

The number of organisations experiencing difficulties filling nurse vacancies is significant. When this question was asked by Scottish Care in 2015, the results indicated that just over 66% of organisations had these

difficulties. In 2017 91% of providers surveyed indicated that they were having difficulties filling nurse vacancies. In the current survey some 60% of providers indicated that they had found the recruitment of nurses to be more difficult this year than the previous year, which was itself one of considerable challenge.

There were some parts of the country where the recruitment of nurses was considered to be particularly challenging, including Edinburgh, Dumfries and Galloway, the Borders and Aberdeenshire. There was a further group which also evidenced difficulties, namely Glasgow, Fife, South and North Ayrshire and Argyll & Bute. However over a half of respondents indicated that they had difficulties in recruiting in all the areas they operated.

It is clear that difficulties are being faced by organisations operating in urban or rural settings, and those in-between. Scottish Care recommends that intensive work needs to be undertaken by Integrated Joint Boards, alongside local independent sector providers, to establish the particular issues for each area and to subsequently develop solutions tailored to local need and partnership working. Whilst workforce planning within the social care sector is at a relatively early stage in its development, it is clearly a matter of some urgency that focus and energy is given by the new IJBs to planning around nurse deployment in the independent care sector.

Nurse recruitment difficulties

When asked about why they consider that they were facing difficulties in recruiting nurses the responses very much continued the analysis of previous surveys.

The reasons providers believe they are experiencing these recruitment challenges are numerous and multi- faceted, but can be categorised by six headings:

- Quality of applicants – deficiencies in those applying for nursing roles relating to their skills, qualifications, values, attitude and work experience

- Social care image – negative perceptions of care homes and a lack of understanding about what nursing in a social care setting involves
- Terms and conditions – issues relating to pay, conditions of employment and limited career pathways within social care
- Better opportunities elsewhere – nurses choosing to seek employment in the NHS or through nurse agency services rather than working for social care providers
- Insufficient supply – a lack of applicants for posts, either due to a general shortage of those being trained as nurses or particular

challenges for remote and rural care settings

- Brexit – the impact of losing nurses to fill gaps left by European staff within the NHS, the decision of some European nurses to leave the care sector and the challenges of undertaking any new recruitment in Europe.

The overwhelming reason given by the care homes surveyed as to why they were struggling to recruit nurses - a very high 91% - was the statement that there were too few applicants due to conditions of the service and better conditions in the NHS including leave, sickness benefits etc. This was followed by 48% stating that there were too few applicants due to better pay in the NHS. So it is clear that even in instances where pay has been increased, as in recent period as a result of the National Care Home Contract for 2017-18, the failure to address the inequality in terms and conditions remains the main deterrent for those entering into the sector. This is compounded by the response that 54% believed that recruitment was affected by too few applicants coming from College and University.

There were other factors which were also highlighted as reasons for recruitment difficulties. These included the analysis that 28% of care home providers believed that applicants were lacking quality relating to skills; 28% believed applicants lacked quality relating to work experience and worryingly 13% suggested that applicants were lacking quality relating to poor values and attitudes.

Other critical factors related to too few applicants due to limited career pathway which 20% of those surveyed considered to be an issue.

Nurse recruitment approaches

Providers continue to utilise a range of media in order to recruit nurses. The survey showed that of the organisations taking part that use of organisational websites (74%), online advertising (83%) and social media (59%) are the three dominant means of attracting staff. Whilst social media may be increased in its use there is clear evidence that recruitment is utilising what are considered to be the primary media for gaining applications and

Origin

The majority of nurses employed within the care home sector still come from the United

The challenges recruiting and the stubbornly high vacancy levels raises less questions about whether current student nurse intake levels are sufficient because the recognition of the needs of the care sector, the influence of Brexit and the emerging Staffing legislation, have to some extent been acknowledged. The greater concern is the extent to which the increased intake is or is not finding its way from the training colleges into the social care sector. Clearly the lack of mapping of students' destination into social care presents a difficulty when we try to analyse destinations out-with the NHS.

Whilst there has been a recent and growing recognition of the role of social care nursing, Scottish Care believe that social care needs are still not being sufficiently recognised and the value of social care nursing still not sufficiently emphasised in the training experience. Additional educational and awareness raising work also needs to be undertaken in order that those obtaining their nurse qualifications are fully informed about, and experienced in, nursing in care homes. We are still hearing too many anecdotal stories of care home nursing being the object of dismissal and disparagement from nursing colleagues and professionals.

However regardless of changes and innovation the elephant in the room remains the disparity in terms and conditions. Serious and urgent attention must be undertaken by all stakeholders to increase the parity between the NHS and the independent sector. This is especially urgent at a time when we should be promoting an integrated workforce as part of health and social care integration.

interest.

All of the organisations taking part recruit from within the United Kingdom, with 54% of the providers recruiting from within the European Economic Area and 35% recruiting from countries out with the EEA.

Kingdom.

Approximately 12% of the nurses in the survey were from the EEA area. Recruitment from Europe has not surprisingly become more challenging in 2018 with a majority of providers (60%) finding it much more difficult to recruit from Europe than in the previous year and 24% who have not even attempted because of perceived barriers. The continued lack of certainty and assurance related to Brexit is undoubtedly already having a negative impact and this is likely to grow.

Length of time to fill vacancies

There was a wide range of answers as might be anticipated to this question. At one extreme there were several providers indicating that it was taking them between 1 and 2 years to fill vacancies. The average length of vacancy would appear to be between 6 and 8 months. This may not seem significant but with the level of churn and high vacancy levels this length of vacancy is a real operational challenge and affects both continuity and consistency of care. It also requires services to seek high-cost solutions such as nurse agency use in order to continue to meet safe staffing levels.

Nurse retention

The research data suggests independent sector organisations are facing significant challenges in relation to the retention of nursing staff.

In 2018 the average annual turnover for nurses amongst the organisations surveyed was 38%, but some smaller to mid-sized organisations have had turnover of all their nurses within a one-year period. This is extremely concerning with not only the negative impact upon the continuity of care but upon the morale of other colleagues within the care home.

Participants were asked about the length of service of staff who were leaving the organisation. 16% of staff left within 6 months; 24% between 6 months and a year; 32% between 1 and 2 years; 21% with 2-5 years' experience and 5% with more than 5 years' experience. It is a matter of concern that

26% of the nursing staff who are being lost to the care home sector are individuals with significant experience. It would appear that the care home sector is losing more experienced nurses at greater regularity in 2018 than ever before. The range is likely to be reflective of the myriad of reasons why nurses choose to leave, from the nature of the job meaning higher than average levels of responsibility, to the higher average age of the nursing workforce in independent sector social care services. This indicates a high degree of mobility within the independent care sector.

Of those who left, there are stark differences in positive and negative reasoning. Very few left for reasons relating to redundancy, dismissal, TUPE or similar. However, the overwhelming majority of nurses who left responding organisations did so due to negative factors such as salary, shift pattern, another job opportunity or career development reasons.

Nurse agency use

One of the most frequent areas of concern expressed to Scottish Care by care providers is the increasing reliance on nurse agency services to plug workforce shortages.

When asked about the use of agency staff for nursing posts the survey respondents painted a picture of growing usage and dependency.

Only 29% of organisations did not use agency nursing at all, with 41% indicating that they are using agency nurses regularly with a concerning 7% of care homes surveyed using agency nurses all the time.

When asked to reflect on whether they had increased their use of agency nurses over the last six month period a majority of care homes - 52% - indicated that they had increased

their use. When asked about the degree of this increase, 16% of respondents indicated that they had 'significantly' increased and 21% moderately increased the use of agency nurses in that period of time.

The use of agency nursing staff per se is not necessarily negative. However as previous research by Scottish Care has indicated there can be detrimental impacts upon the organisation and its quality of care over a medium to long term, especially if there is a growing dependency upon the use of external staff.

Participants in the current survey were asked to indicate what they considered to be the impact of nursing agency staff use on a range of factors:

- A considerable majority (83%) suggested that there was a negative impact on organisational finances by using agency staff with 44% stating their belief that this was a very negative impact;

- 56% believed there was a negative impact on the continuity of care; 37% believed there was negative impact upon the quality of overall care though 63% did not believe that the overall quality of care was negatively impacted;

- In relation to regulation (e.g. regulatory issues resulting from using agency staff) a total of 78% of the care homes surveyed did not believe this was an issue, though that said 22% believed there had been a negative regulatory impact;

- When asked about the impact upon wider staff morale, 50% of care homes surveyed stated that there had been either a negative or very negative impact by using agency staff;

- Lastly 65% of organisations did not believe that use of agency staff made recruitment more challenging, however, 31% believed that it did.

'Using agency is an absolute last resort as it has a negative impact on the continuity of care being provided. This puts additional strain not only on finances but on the existing staff team who then are required to induct new agency staff and pick up the slack due to the fact they are unfamiliar with the service. This in turn leads to further retention issues. '

'Lack of continuity from nurse led service impacting upon quality of care.'

'The nursing shortage is having a negative effect across the board in respect of risk to our service, continuity of care, staff morale, conditions of registration, etc.'

'A huge financial cost due to inability to fill nurses post.'

'Staff having to work harder in an already busy environment will impact longer term on staff physical and mental health.'

'We struggle on a daily basis to provide the levels of care we would wish. Extra pressure is put on existing staff resulting in high sickness levels and retention problems.'

4. CONCLUSION

Given the extent of the sector covered by this research and its two surveys representing just under half of the nurses working in independent sector care services across Scotland, across all but three local authority areas, it can be assumed that the findings are reasonably representative of the experience of most services with nursing provision in this sector.

The findings in this latest report indicate that the independent sector continues to be in a period of real criticality in relation to nursing care. Even compared to 2017 figures, the challenges of recruiting and retaining nurses to work in social care settings appear to have worsened in 2018 and to be affecting all organisations, regardless of size or location.

An average service is forced to operate with a significant part of its nurse workforce missing, expending huge amounts of time and resource on recruitment strategies which are taking, in many instances, over a year to come to fruition. It is facing impending resignations and retirements and in the meantime, having to compromise on investment and improvement in order to meet the inflated costs associated with employing agency nurses to maintain service provision. We were informed that agency costs varied between £300 and £1200 for an overnight shift. This is clearly an unsustainable model, and one that needs addressed as a matter of urgency.

The nursing care home sector in Scotland is facing a significant crisis. It cannot continue for long to rely on dedicated staff giving above what is reasonable, managers on a constant conveyor belt of recruitment, and the inequity of nurse terms and conditions in commissioned social care in care homes compared to those available in the NHS.

The spiralling agency costs combined with negative impact of over-reliance is having a profound effect on the quality of care and has led many more care homes to cease to operate in 2018. Together with the uncertainty caused by Brexit and an inflexible migration system it appears that the sector is likely to continue to experience a real challenge in recruiting staff for the foreseeable future.

Scottish Care is appreciative of the partnership work and commitment evidenced in the last year and is eager to build upon and consolidate progress made to date. However, the data in this research leads us to call for greater pace to be given to current reforms, a sharper focus on embedding practices which we know have potential to work, and most importantly, a partnership focus between providers, Integrated Joint Boards, local authority and central Government to address the issues of financial viability and sustainability facing the independent social care home sector.

Thanks to all the organisations that took part in this research and shared their information around nursing with Scottish Care.