Scottish Care
Voice of the independent care sector

A LOOK TO THE FUTURE - ACHIEVING THE NURSING VISION

INDEPENDENT SECTOR NURSING DATA 2021

SUMMARY

This report summarises the findings from the 2021 Scottish Care Nursing Survey which was issued in April 2021 to Scottish Care members with nursing provision.

Questions were asked around longstanding issues for the sector, such as recruitment and retention, the importance of wellbeing, and what providers would like to see as the future of social care nursing in Scotland.

We hope this report is informative in providing an up-to-date view of independent sector nursing, compounded by anecdotal evidence and in large consideration of the COVID-19 pandemic. The workforce have been significantly impacted by the pandemic but have still demonstrated a high calibre of service delivery to those they support.

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INTRODUCTION

Scottish Care is pleased to publish the Independent Sector Nursing Data 2021 report, aptly titled '*A Look to the Future - Achieving the Nursing Vision*.' It provides an updated view of nursing in care homes and in the independent social care sector in Scotland with a look to the future. This report is a follow-up to the Independent Sector Nursing Data 2018 report.

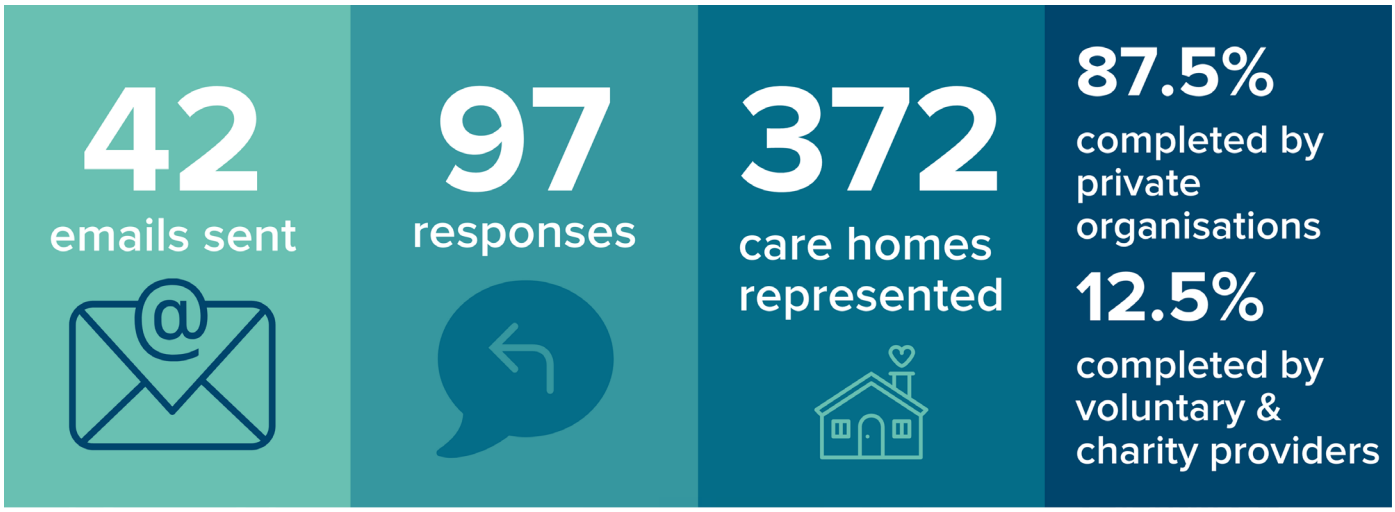
This report has been produced from a survey issued over a three-week period in April 2021. We wanted to understand how the nursing landscape has changed since 2018, especially around the key issues within the sector such as recruitment and retention, staff learning and skill development, wellbeing and nurse agency use. We were also interested in learning more about furthering opportunities for the workforce, were the resources made available and to gauge interest. From the findings, we identified several areas detailing how the picture has changed since the last Scottish Care nursing survey, whilst considering the next steps around the emerging transformation of health and social care in Scotland.

How we intend to continue to support the independent sector workforce and those they provide care to should be considered in line with the quality frameworks and the guiding principles associated with Scottish Health and Social Care Standards.

We collected 97 responses ranging from care home managers and clinical leads to nurses and others. In addition to answering the questions in the survey, respondents were given the opportunity to provide comments and feedback, and selected responses are included in this report. Many of the survey questions have remained consistent over the years which allows us to compare trends over time. Where possible and relevant, we have compared findings from previous surveys.

The social care sector has long asked for parity of value, pay and recognition with that given to the health sector. While the COVID-19 pandemic has exacerbated and brought to light many of the challenges that care homes were under, it has brought a renewed attention and focus on making improvements, not least through the creation of a National Care Service. We recognise the challenges as well as the resilience of the workforce.

We hope this report can paint a clearer picture of the current landscape and provide a unique insight into the significant workforce challenges facing nurses in the independent social care sector, where data has previously been limited, and therefore support a wider range of stakeholders to better understand the criticality of the issues. We also hope it can lead to collaborative working around some practical solutions to addressing the challenges experienced by providers as well as to the continued learning and development of the nursing and care workforce. As an organisation, we will continue to challenge how people view, value and use language around social care, to shift mindsets and demonstrate the real importance the sector provides to society.



METHODOLOGY

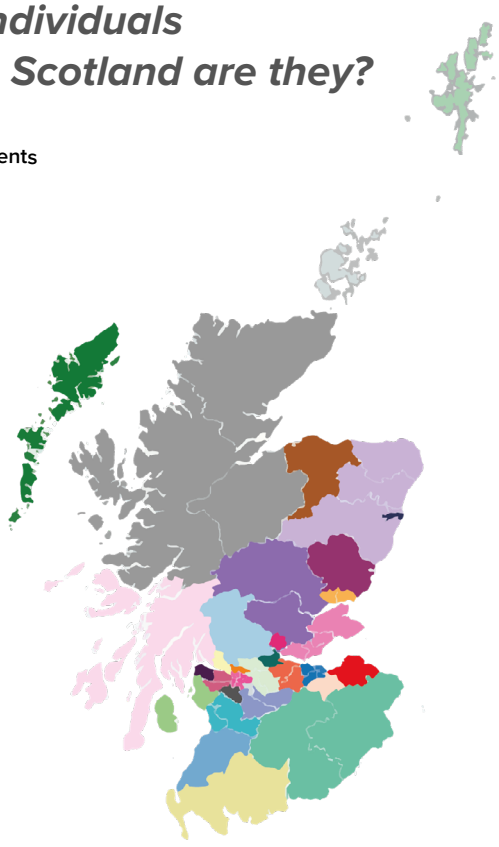
Similar to the nursing survey and report from 2018, we advertised on social media channels, within team meetings and sent the survey out via an email campaign to all organisations described as care homes with nursing who were members of Scottish Care at the time. These ranged from small, family-run organisations to corporate organisations with many homes across Scotland. They also varied in terms of geographical location, from remote and rural to city services. It was therefore sent to **42** email addresses across independent sector care home services in Scotland, alerting them to the survey and inviting participation. We received **97** responses to the survey, many of which collected at an organisational level meaning a sizeable number of these responses were representative of several services. These ranged from organisations with only one service, to organisations with **42** services with nursing provision. The total number of care homes represented by their organisations through the survey was **372**. Of those, **353** homes had nurses in their care homes. Responses were collected across independent sector care home services. **87.5%** of responses were completed by private organisations and a further **12.5%** represented voluntary providers of care services, including registered charities.

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

We checked results against location and respondent type, having requested that respondents identify themselves under a role descriptor (such as manager of varying types, registered nurse, clinical lead) to help distinguish whether the answers varied depending on these criteria.

The findings are not analysed for statistical significance; however, we hold a strong degree of confidence that the findings are indeed representative of the sector and build upon reports published in recent years. The objective of the survey was to provide more quantitative data to support anecdotal information to help address challenges and develop the ongoing work we are doing in the nursing and care home space. This is discussed further in the Limitations.

97 organisations & individuals responded. Where in Scotland are they?



- Comhairle Nan Eilean Siar - 3 respondents
- Argyll & Bute - 4 respondents
- Stirling - 6 respondents
- West Dumbartonshire - 3 respondents
- East Dumbartsonshire - 4 respondents
- Renfrewshire - 10 respondents
- Glasgow - 28 respondents
- East Renfrewshire - 7 respondents
- Inverclyde - 6 respondents
- North Ayrshire - 3 respondents
- East Ayrshire - 14 respondents
- South Ayrshire - 7 respondents
- North Lanarkshire - 7 respondents
- South Lanarkshire - 8 respondents
- Shetland Islands- 1 respondents
- Highland - 16 respondents
- Moray - 1 respondents
- Aberdeenshire - 5 respondents
- Aberdeen City - 8 respondents
- Angus - 3 respondents
- Dundee - 6 respondents
- Perth & Kinross - 4 respondents
- Fife - 20 respondents
- Clackmannanshire - 2 respondents
- Edinburgh - 19 respondents
- East Lothian - 7 respondents
- Midlothian - 5 respondents
- West Lothian - 4 respondents
- Falkirk - 8 respondents
- Scottish Borders - 6 respondents
- Dumfries & Galloway - 8 respondents

RESULTS

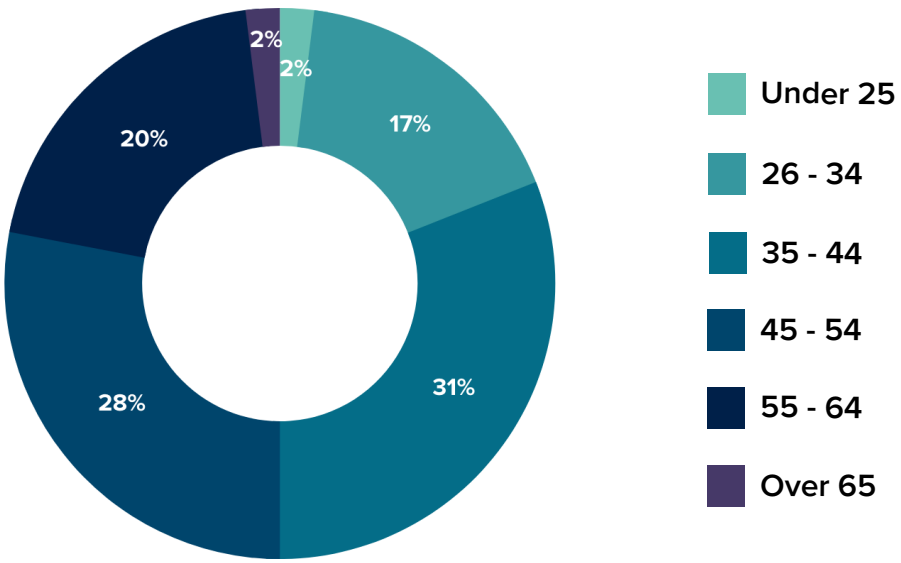
We wanted to understand the extent to which the respondents were representative of the independent sector nursing workforce and asked questions on respondent demographics.

Presently, an estimated 4,550 nurses work in care homes for adults, of which 4,530 are private and voluntary and nurse agencies employ 2,490 individuals [1]. The vacancy levels are at a high level, with average agency costs ranging from £324 - £379 per 12-hour daytime shift and up to £445 on the weekend, based on internal provider figures. Night-time shifts have a similar cost range, although increase up to £490 for a weekend night shift. These costs are in line with 2018 figures, however individual costs for care homes are often higher and this data should only be considered as a reference. Moreover, costs may not appear as higher given the increasing agency use, as discussed further in the report.

We asked how many nurses were employed across all responding organisations. This tallied to **1,353**, indicating around **30%** of all nurses working in private and voluntary care homes were represented in the survey. This was a significant drop from the findings of the previous survey, where more than **60%** of the total nurses working in independent sector care home services were represented. Less representation this time may be indicative of staff time available to engage with surveys. During the pandemic, the responsibilities and expectations of nursing staff have shifted and grown, meaning staff have less time to participate in surveys (though the overall number of nurses has increased).

We asked about the average age of those employed and asked responders to state to the best estimate how many nurses from their organisation(s) fell into different age categories. Nurses aged **35-44 represent 31% of services** – the largest proportion for a single age bracket. Two percent were under the age of 25, and the total percentage over age 45 is 49%. This degree of older nurses poses a major challenge for the sector; namely that a sizeable proportion of nurses working in social care are within 10 years of retirement suggests there will be a shortage in the near future. This is also in line with what we know about younger nurses being more attracted to work in the NHS where there are better pay and terms and conditions [2]. Interestingly, adults in Scotland are working for longer than they used to, translating to an increased proportion of older workers [3].

Nurse Age Range Distribution



According to the 2019 Age Population Survey, young people account for just 12.3% of all in employment and the 50- to 64-year-old age band accounts for 1/3 of the workforce [4]. The highest proportion of the population aged 50 years and over work in "Health and Social Work" where 140,200 people in this age group are employed in the sector accounting for 35.1% of all employed in that sector (ibid). This trend is reflected in most nurses being over the age of 45 and working to an older age than in previous years.

After asking about the demographics, we separated the survey into the following categories:

- Nurse Recruitment
- Staff Skill Development
- Nurse Turnover and Attrition
- Staff Wellbeing
- Nurse Length of Service
- Nurse Agency Use
- Nursing Access Programmes
- Nurse Prescribing
- Financing Registrable Qualifications
- Practice Learning Environments

The following findings are summarised by the aforementioned categories.

Nurse Recruitment

We asked about nurse recruitment, filling vacancies and returning to practice. The results indicate improvement since 2018, but challenges persist.

71% of respondents stated they had difficulties filling vacancies over the past year, a continuation of difficulties mentioned by respondents in prior surveys. This was seen more in densely populated areas such as Edinburgh and Glasgow, however responses from Fife and the Highlands also stated they found it hard to fill roles. This suggests that there is equal difficulty in recruitment across all geographic areas, thereby impacting on all services.

Overwhelmingly, most vacancies were noted to be within Registered Nurse roles and in filling these (**>75%**). These findings support what we know about nurse recruitment challenges, with the top reasons cited being:

- Too few applicants due to insufficient supply of nurses.
- Too few applicants due to better opportunities elsewhere.
- Too few applicants due to pay.

Recruitment of nurses over the past twelve months compared to the twelve preceding months has not been easier; most respondents stated that this year has been **equally if not more difficult**. The results of this question did not vary more than a few percentage points when comparing between geographic regions. It is evident that difficulties are faced by organisations in both urban and rural settings.

The average time to fill vacancies is between **3-6 months**, an improvement from 2018 where the average time to fill a role took **6-8 months**. More than **50%** of these answers came from the populous council areas of Edinburgh, Glasgow, and Fife. Nurses are mostly recruited through online advertising and the organisation's own websites, with other methods including agencies, word of mouth and the Indeed website.

Almost 100% of respondents indicated that nurses are recruited from the UK. An additional third of respondents stated they also recruit nurses from and outwith the EU.

The UK left the European Union (EU) on December 31, 2020, which has meant that the rules around immigration status have changed for EU citizens who were previously freely able to work in the UK. We wanted to know whether there have been more

difficulties with nurse recruitment from the EU - **73%** of respondents stated it has not been more difficult. However, there may be a deterrent for future applicants when it comes to visa sponsorship and this is an evolving situation. We noted back in 2018 that a lack of certainty and assurance related to Brexit had a negative impact on recruitment.

Half of respondents felt strong concern about continuing to recruit from outside of the UK due to paygrades. In terms of nurses recruited from within the UK, most came from within the private social care sector, followed by NHS work outwith health and social care.

75% of nurses that are from the EU and are *not* UK citizens have applied for settled or pre-settled status in advance of the June 30, 2021, deadline. Similarly, most are aware that they can apply for a fast-track visa as they are considered skilled workers. There is concern for those who live and work in care homes and have not yet applied for status, and that the true number of nurses and staff who have not applied for settlement status is greater than reported.

We were also interested to learn whether many staff had returned to practice in past 12 months. More than **90%** had *not*, and similarly less than 10% of carers who were previously Registered Nurses were interested in returning to practice.

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>75%
vacancies within Registered Nurses roles

Average time to fill vacancies
3 - 6 months

100%
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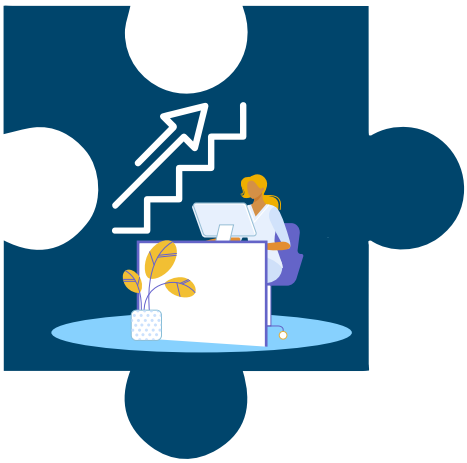
Staff Skill Development & Career Progression



We wanted to know what the impact of vacancies and responsibilities over the past year has had on skill development. It is integral that organisations have the mechanisms in place to support Continued Professional Development (CPD) and/or promote progression within job roles. An overwhelming majority of organisations (**>90%**) indicated they have such mechanisms. However, delivery has been largely affected by the COVID-19 pandemic and the lack of staff cover. This can be explained by the known increase in demand placed on staff which affects protected training time and skills development.

Generally, respondents felt that there were *not* enough resources available to upskill staff and support CPD, citing the need for better links to NHS training and resources. Other comments stated support available online (such as with LearnPro and podcasts) does not necessarily equate to quality, courses usually available have been cancelled over the past year and Scottish Vocational Qualifications (SVQs) are expensive.

Over the past 12 months, more resources to upskill staff were made available just **50%** of the time. The procedures in place are felt to be sufficient to support staffing induction and training. However, pressures from COVID-19 have affected support for inexperienced staff nurses. Preceptorship is one of the ways to support new staff, discussed later in the report.

Many respondents stated that care staff have left their organisation in the past 5 years to pursue a career in nursing. Though carers are supported to study and hopefully return upon degree completion, this is not always the case. Staff remain on bank while studying but once they become qualified nurses, they attain employment with the NHS.

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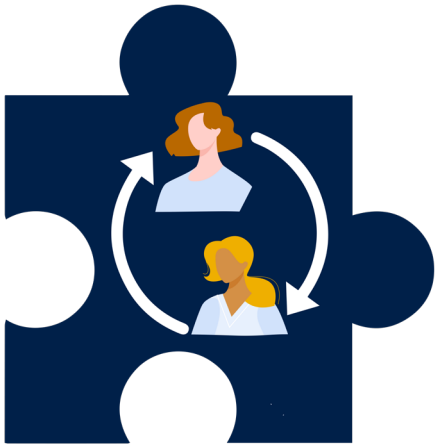
Nurse Turnover and Attrition



Between 2019 – 2020, the principal reason for nurse leavers was resignation, followed by retirement and other reasons. From March 2020 – present, these reasons are listed as resignation, stress/distress and mental fatigue or ill health. While it is not clear whether the variations in other reasons for leaving were related to the pandemic, there is a definitive increase in stress cited as the reason for leavers over the past year, indicating the significant toll of the job that has and will continue to impact on attrition.

Almost half of nurse leavers that went to work elsewhere went to the NHS (**45%**), or to other independent social care settings (**32%**). This highlights the concern about retaining talent within the independent social care sector. Though we recognise pay, terms and conditions are not the sole reasons for leavers, it is a big component. Positively, very few nurses left due to the requirement to revalidate through the NMC – **over 90%** of respondents stated 'No'.

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Staff Wellbeing

Wellbeing is fundamental to the overall health of an individual and helps people to do their job well. Fostering wellbeing is good for people and organisations as it helps prevent stress and create positive working environments where individuals and organisations can thrive. We wanted to know how individuals perceived and felt valued in their workplace and the impact that this may have on their overall health and wellbeing, and specifically how female nurse wellbeing has been impacted as **91%** of nurses in Scotland identify as female [5].

80% of respondents stated they felt valued in the workplace. Other ways staff would have felt more valued include:

- Renumeration
- Better training and development opportunities
- Better staffing
- More professional to professional support
- Better work-life balance
- Valuation of the care sector in the media

Additional comments on how to improve staff value and wellbeing were also sought with respondents listing a lack of support from fellow [health] professionals contributing to social care staff feeling disproportionately recognised for their work over the course of the pandemic. This was evidenced not least through the pay rises for the health sector but not for social care.

Nurse Length of Service

Of nurses who left their role over the past 12 months (including those promoted within the organisation to a different role), the average length of service ranged from 6 months up to 5 years. It is not clear whether there is any correlation between these results and service duration related to the pandemic. Conversely, of nurses leaving the organisation in the past 12 months, most had been in the role for 1-2 years. These findings are similar to 2018, indicating a high degree of mobility within the sector.

60% of respondents stated they had not received any newly qualified nurses into the sector in the past year, in part attributable to priority being given to NHS demand.

We know that care homes are experiencing high turnover rates with staff in all roles. More than **65%** of respondents stated that a nurse left within six months, and that the most cited reason for departure was "*different expectations than reality*".

Preceptorship

We wanted to learn whether homes had a preceptor (a qualified and experienced practitioner whose role is to support new nurses) appointed to support staff as this may correlate to the high turnover rates and help better prepare and inform staff as to what the role involves. Less than half of respondents (**45%**) stated they did *not* have a preceptor to support new staff. This is concerning as effective preceptorship outcomes are linked to improved recruitment and retention. Attracting and retaining skilled nurses is important for delivering better, safe, and effective care.

Mandatory training is required in all homes, however not all training is necessarily completed; 15% of respondents stated training was not completed. It is not clear whether this was attributable to nurses leaving the organisation prior to completing training as the requirements around qualifications and training are upheld by the Royal College of Nursing (RCN), however it is important to continue to support efforts on this issue as well as recognise that the context of training was during a pandemic.

Nurse Agency Use

Of organisations that do use agencies, over the last twelve months almost **80%** have increased their agency use and contact or use agencies on a weekly basis. Of note, almost half of respondents do *not* use agency services. Those organisations that have increased use cited reasons related to COVID-19 challenges such as recruiting full-time staff and staff shielding. Though costs appear to be similar if not lower than previous levels, as agency use has significantly increased the overall costs to homes will have increased across the board.

In addition to agency use, additional means of accessing nurses was through Staff Scanner and internal bank staff which has helped reduce footfall over a period where stringent measures were in place to limit the wider spread of the Coronavirus.

87% of respondents stated that local authorities have *not* supported short-term staffing; priority was given to the NHS who block-booked agency nursing staff. Of nurses that were sent to homes, many had expectations different to that of the reality, suggesting that even care homes who received support from local authorities received nurses with little experience in care settings.

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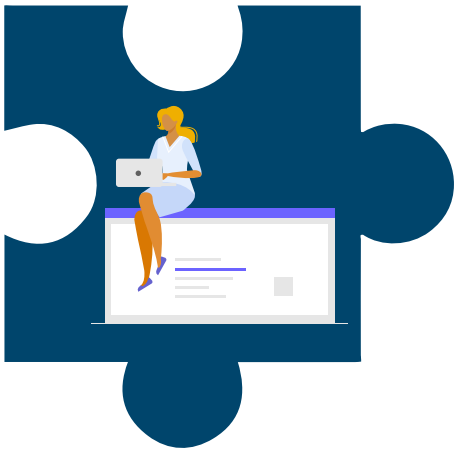
Nursing Access Programme



When asked about staff reaching their limits in terms of career progression due to their qualification level, there was an even split between those who answered 'Yes' and 'No.' This can be interpreted as there being a chance for staff to progress in terms of their qualifications, not least through nursing access programmes.

93% of respondents responded in favour of interest in access routes to a career in nursing if it was made available. A further **85%** state there is a demonstrated interest in non-degree holders wishing to pursue a career in nursing.

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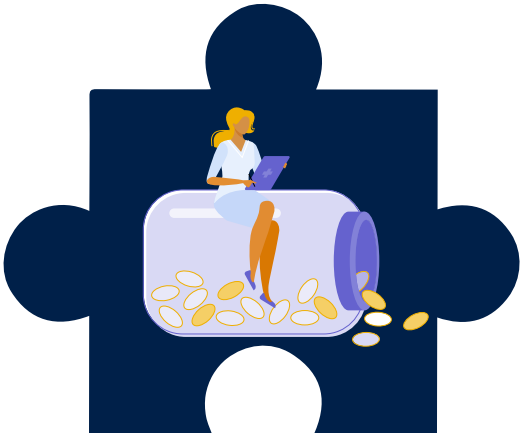
Nurse Prescribing



Most respondents indicated they do not have access to nurse prescribers. Of those that do, the most common types are community nurses and external Advanced Nurse Practitioners (ANP). In Scotland, the trend continues to grow for this qualification year on year. Since March 2021, prescribing has increased from 3914 to 5641 [6].

If a nurse prescribing course were made available/ accessible to registered nurses, almost **90%** of organisations stated they would be interested in supporting RNs to undertake it. At present, it is a challenge to get facilitation of such courses as it is impractical for care home nurses to complete given their current workloads. Scottish Care is motivated to progress such courses through partnerships, as facilitation of courses could promote nurse leadership and autonomy within the sector which is intrinsic to the sustainability of social care nursing as well as community nursing.

Financial Registrable Qualifications

To determine how we can continue work around improving and expanding opportunities for staff to enrol into certain courses should they be inclined, we wanted a better sense of the current arrangements that organisations have in place to finance registrable qualifications (such as SVQs). This is done in several ways, most commonly through Student Awards Agency Scotland (SAAS) funding and by costs covered by the organisation.

The ways in which organisations fund qualifications depend on their size. Every year different funding streams become available which impacts upon financing.

Practice Learning Environments

Practice learning environments (PLE) in nursing allow students to apply what they have learnt into practice. We wanted to know about these environments as well as student nurse placements in care homes. Most organisations (**61%**) stated they participate in such placements. Of those that do participate, **72%** have a planned timetable for receiving students.

Of those that do not participate, the reasons identified for not having student placements included:

- Having no previous experience of being a PLE
- Insufficient staffing to support placements
- Insufficient knowledge and skills around the assessor and supervisor roles involved (which replaced mentorship in September 2020)
- Other reasons, including nurses having too many other responsibilities in a high stress environment and the pandemic pausing placements

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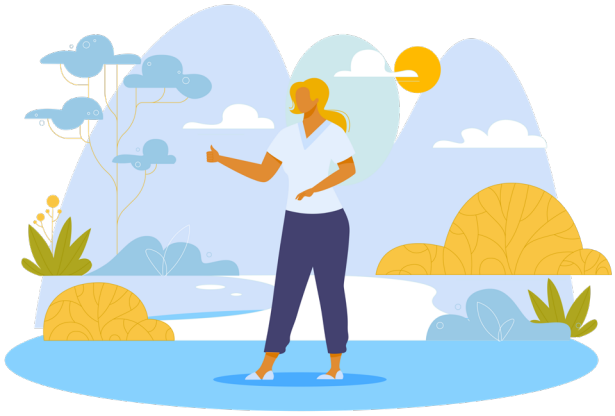
DISCUSSION

Based on the findings from the survey, we identified several areas of impact. The most important focus going forward must be on staff wellbeing and feeling valued in the workplace - wellbeing is paramount to retaining staff as retention levels impact on every aspect of the delivery of care. It would be imprudent to not factor in the role that the COVID-19 pandemic has had on care homes and the workforce. The scrutiny on the sector, compounded with the pace of change and conflicting guidance over the course of 2020 and into 2021 was not conducive to provider organisations feeling in control.

Wellbeing



Overall, the responses from the survey indicated that even those who feel valued simply want the tools to do their job well. A driven workforce that can provide safe, quality, and effective care need more resource and support overall to continue to perform well. Unfortunately, burnout -a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress which is already extremely common in health and social care- has been a significant factor in staff wellbeing. Rates of burnout and depression are extremely high in the nursing sector which have significant correlation with intent to leave.

Moreover, as care delivery reopened in 2021 towards a level of normality, the risks associated with the pandemic experience, such as ensuring you follow all the correct infection prevention and control procedures, utilising personal protective equipment properly and the change of pace with the virus and guidance issued, have all highlighted increased mental health morbidity which will continue to affect recruitment and retention. For some staff, the increase in deaths of residents would have severely impacted their individual ability to cope, with increased suicidal ideation which has been noted in recent research on nurses [7]. Insufficient time to recuperate and recover to be able to best support themselves and their residents is without question detrimental to staff and resident wellbeing.

Significant work is being undertaken by the Government, providers and other organisations alike to support mental health and wellbeing in the workplace – not least through the tools available with the National Wellbeing Hub – a partnership between national, local and professional bodies focused on looking after the emotional and psychological wellbeing of Scotland's health and social services workers, staffed by trained psychological practitioners. There are many resources available, including webinars around wellbeing promotion, national 24-hour listening services that provide mental health support to staff from any sector, as well as an RCN confidential phone line. Ultimately, wellbeing must remain at the forefront of priorities for the workforce as it is integral in supporting workers to do their job, as well as having the appropriate self-care tools in place to build healthy workplaces where staff feel safe to articulate their thoughts, be supported and promote resilience.

In addition to wellbeing, the mechanisms to support attrition involve understanding current levels of retention, how recruitment works and whether preceptorships are in place. Many of these issues can be attributed to the lack of exposure given to social care sector which extends beyond university years.

Perceptions of social care nursing - dispelling the myths

How social care is perceived largely impacts recruitment into the sector. Bigger NHS Scotland health boards -such as Glasgow and Edinburgh- are more easily able to attract new recruits, which limits the pool of staff available to apply for jobs in other parts of the country which affects care homes outside of these more populated areas. This raises the question of how to make nursing a more desirable profession. University curricula (both pre and post) must promote the social care sector as a positive PLE where staff voice is enabled. This would increase exposure of the sector to all students across health and social care as would support for new care homes to be PLE which in turn would benefit both recruitment and retention.

Students would benefit with further training, provision of relevant resources and an increase in accessibility through university partnerships. Upskilling can also occur through collaborative work with Higher Education Institutions (HEIs), much of which is developing and ongoing at the time of publication.

The importance of nurse induction should not be underestimated for newly qualified nurses as well as nurses new to the sector in supporting them in their new role and preventing them leaving prematurely. In recent years and notably over the course of the pandemic, there has been increased relationship-building and collaboration between regulatory authorities (such as the Care Inspectorate and the Scottish Social Services Council [SSSC]) and provider organisations which has resulted in joint work to modify frameworks and contracts to focus more upon the issues of recruitment, retention, and wellbeing in the care sector. It is important that these relationships continue to strengthen and that all stakeholders continue to view one another as partners with shared objectives.

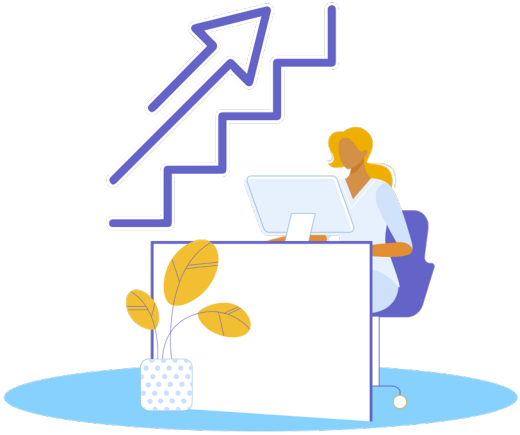
Preceptorship supports the induction and nurturing of newly qualified individuals. Current preceptorship systems do not always provide sufficient training to preceptors, nor do they give constructive feedback to preceptees. Bespoke support within care homes would be beneficial to support retention levels of new nurses

Work is also in progress to improve the return to nursing programme. Nursing placements are based around opportunities available in the health sector, meaning individuals get little to no care home experience. If pilot programmes are successful, we hope that independent care homes will take on their own students (supernumerary) and offer posts on completion of the programme, thereby changing the current national approach.

Overall, there are an increasing number of resources available to support skills development, education and leadership, many of which are available through the SSSC website and the NHS Education for Scotland (NES) TURAS learn platform. NES is the education and training body and a national health board arm of NHS Scotland, responsible for developing and delivering healthcare education and training for the NHS, health and social care sector and other public bodies. There is a range of information, ranging from infection prevention control procedures to palliative and end of life care. It is all tailored for use by care home staff as well as the wider social care sector with specific addendums on COVID-19. Developing and cultivating the conditions, space, and support for people to learn in care homes and care at home organisations will enable providers to build nursing and care workforce capacity and leadership.

Collaboration and engagement foster good leadership, and we must continue to stress the importance of relationship building and learning cultures that support leadership capability at all levels.

Staff Skill Development and Career Progression



The routes available to progress or pursue a career in nursing for individuals already working in care homes are varied.

In order to help organisations retain talent and support staff who want to maintain employment with their organisation following further degrees, nursing access programmes need revision. Presently, staff are required to leave their roles to take up full time college courses to complete a Higher National Certificate (HNC) which is not feasible for everyone. Programmes are being piloted with part-time HNC programmes for care workers where they might access nursing programmes directly upon completion. This would prevent staff leaving care homes at least until after they have completed the HNC.

Overall, more bespoke routes to access programmes would be beneficial. There is potential for wider access programmes to be more supportive with inclusive placements which encourage staff to return to work within the sector. While there are many pathways for staff to attain degrees, more work needs to be focused on returning to practice upon completion as the current degree design and set up does not work for people (given all other commitments). Moreover, it has long been seen that social care staff receive comprehensive training from care homes only then to leave the sector and work for the NHS.

Vocational nursing degrees would help people to continue to earn an income while studying over a longer period. Higher Education Institutions (HEIs) can ensure consistent access routes for staff currently working in social care and continue to make routes accessible. One of the means to achieve this is through the community integrated graduate diploma, funded through NES and provided by two universities (at the time of publication): The University of the West of Scotland and Queen Margaret's University.

Staff Safety

The COVID-19 pandemic has changed many things at such pace that it has been challenging to support new staff coming in, and perhaps this was a contributor to them leaving if they left within short periods of time. As a result, many care homes increased agency use. As mentioned in the findings above, many agency staff had different expectations than the reality of care home nursing and nurses were brought in with little experience in care settings.

This demonstrates the inexperience and lack of exposure of nurses to care homes. While agency usage has been incredibly important for safe staffing over the past year, it doesn't provide the appropriate skill mix which would be achieved if there were sufficient staffing levels already in place or were nurses block booked. Agency use is not a long-term or sustainable solution and is a risk for residents as they don't receive continuity of care. It further highlights the issue of pay, a key factor in the high numbers of leavers from the sector. With better pay available to agency staff, it is logical that nurses might prefer to work for an agency. This also relates to how individuals feel recognised for their work and how important it is to feel valued.

Nursing Prescribing

Nurse prescribers may have assisted with patient outcomes during a pandemic, as not all homes have strong relationships with their local GPs. Progressing bespoke prescribing course for nurses to address the prescribing gap in care homes, not least through providing information to staff and to enrol nurses on courses, would be helpful and may avoid prescription delays and can support autonomy for ANPs. Exploring routes of prescribing and specialist qualifications in relation to the sector is an ongoing priority for those involved in strategic nursing groups.

Moreover, this new approach puts care home nursing on an equal footing with more established community nursing specialities in terms of access to education and role development. Safe and timely access to appropriate medication as part of the personalised, rights-based and compassionate care and support that care home nurses deliver is a key outcome of the Integrated Community Nursing (ICN) Pathway – a pathway from NES that supports the changing needs. A more structured and sustainable model for education and development for care home nurses with Nurse Independent Prescribing gives employers, education providers, the multidisciplinary team and the nurses themselves the incentive to overcome the current barriers and enable prescribing to become part of care home nurses' practice.

Funded places were made available in 2020 for the Independent and Supplementary Prescribing for Healthcare Professionals (V300). Undertaking this course is complex for care home staff as it requires access to an appropriate mentor to support staff throughout the course as well as to ensure the practical infrastructure is available for staff to incorporate this into their scope of practice. At present this course is not viewed as within the normal scope of responsibility or necessity and presents issues in relation to additional insurance for providers.

IMPACT AND CONTINUED WORK

Nurses working in adult social care fulfil a complex and multi-faceted role. They enable people with care and support needs -many of whom have multiple co-morbidities and complex health issues- to live positively in homely settings, support individual health conditions and understand the impact this has on their social and community life, and are person and wellbeing-centred. In order to achieve sustainable and inclusive growth for this workforce, and by association achieve parity with NHS workers, advocacy for better pay, terms and conditions with the ability for people to have choice must continue. Fair Work must be a central part of employment practices, funding and procurement as we cannot continue to expect people to work in a sector that does not receive the same financial recognition that NHS counterparts receive.

Key areas that need progression are included in the Scottish Government's Nursing 2030 vision, which aims for a nursing workforce that will be ready and able to meet people's needs as we move towards 2030. This will be achieved through focusing effort on the key themes, the direction of travel for health and social care policy in Scotland, and national and international evidence. One of these includes having systems of assurance in place that ensure consistency of standards across Scotland without losing the essence of compassionate, personalised, rights-based care.

Since 2019, Scottish Care has employed a full-time role dedicated to transforming nursing in social care with a focus on strengthening ties with regulatory authorities and other key partners to develop and cultivate the conditions, space and support for people to learn in care homes and care at home organisations. This will enable providers to build nursing and care workforce capacity and leadership; to promote the awareness of Social Care Nursing and showcase it as a positive career choice; and for independent sector workforce research evidence to positively influence the development of social care workforce policy that supports providers to recruit and retain a compassionate, qualified workforce.

As we come out of the pandemic there are very real concerns that care homes will be over-clinicalised and treated as an extension of the NHS. True person-centred approaches to care means understanding where quality improvement is needed, how to be more prepared for future pandemics, and how to recruit and retain talent. All of this needs to be achieved whilst recognising the unique social care context of a nursing care home environment. While some mechanisms and guidance are in place that work well (TURAS Safety Huddle, Open with Care), new ways of working and thinking about how we view the sector and how we achieve robust clinical care balanced with social care support are needed.

This leads us to consider how to continue to promote the distinct role of social care nursing has in the creation of a 'National Care Service' in Scotland, - what needs to be supported and adhered to through parity of access to equal terms and conditions in the workplace - and its' place within such a system.

LIMITATIONS

One of the objectives of this report was to have a representative sample of the social care nursing workforce participate in the survey. We received a high number of respondents, including nurses, but recognise that many sections of the survey were not applicable to all nurses and therefore may have resulted in a lower participation rate. Moreover, we know that the current workload of staff is high and the time to participate in a lengthy survey may not be readily available or is simply deterring. We contend that regardless of the response rate, this report should be considered as a relatively comprehensive overview of the status of nursing in the independent care sector and the major issues it faces, recognising that more work and further research is required in several areas.

CONCLUSIONS

Social care nursing is a unique field that offers frontline nurses the opportunity to exercise and develop a unique set of skills in supporting some of Scotland's most vulnerable citizens.

This report has argued that we need to recognise the development of staff skills as a key component in maintaining healthy workplace standards. It affirms that regular training support not only ensures compliance with health and safety laws and promotes safeguarding. Further, continued training and development gives nurses the critical-thinking and problem-solving skills needed to solve issues they may encounter while taking care of patients.

Further, it is time that the sector and those that work in it are valued for the distinct work they do and are provided with parity of opportunity, learning and development to that which is available to NHS counterparts. All nurses are required to adhere to the same standards, valued principles and code of practice regardless of where they work, therefore should have the same access to practice, pay and conditions.

There is significant work to be done to continue to recover from the pandemic, however the spotlight that staff and care homes have received have helped demonstrate how fundamental they are, and we hope this recognition continues beyond the duration of the pandemic. We will use our findings from this survey to continue forward research in improving experiences for those receiving care, as well as the workforce that supports them.

There are many unknowns in the future of nursing in social care but regardless of change in structures and models it remains the case, evident in the returns to the survey which this report describes, that the essence of care home nursing remains person-centred, rights-based, informed practice which enhances individual worth and dignity, all of which is delivered by a professional and dedicated workforce.

This report was compiled by Imogen Caird (Policy and Research Officer) and Jacqui Neil (Nursing Workforce and Transformation Lead). Design credit: Shanice Shek. We would like to sincerely thank all individuals who took the time to participate in the survey and ensure that we had a high level of rigor with which we can continue to develop our part in social care nursing and nursing work in care homes.

If you have any questions, feedback or would like to discuss any of the points raised in this report, please don't hesitate to contact Scottish Care.

ABOUT SCOTTISH CARE

Scottish Care is a membership organisation and the representative body for independent sector social care services in Scotland. We represent over 400 organisations, which totals almost 1000 individual services delivering residential care, nursing care, day care, care at home and housing support services. Our membership includes organisations of varying types and sizes, amongst them single providers, small and medium sized groups, national providers and family run services. Our members deliver a wide range of registered services for older people as well as those with long term conditions, learning disabilities, physical disabilities, dementia or mental health challenges.

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If you would like to discuss this report or its findings, please contact:

Scottish Care
25 Barns St,
Ayr,
KA7 1XB
01292 270240
Co. SC243076