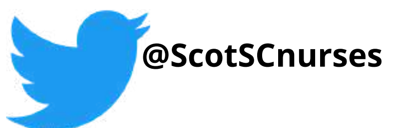
Scottish Social Care Nurses' Journal

April 2023 Edition 3

Welcome to the third edition of the Scottish Social Care Nurses' Journal. The first quarter of 2023 has flown by. The next quarter will bring change with a new First Minister, and I wonder whether Social Care will be on the agenda. Social care is the essential foundation of Health & Social Care. Without solid foundations, structures are weak and they crumble away. It is necessary that Social Care is seen as part of the solution and not the problem. Investment, support and valuing Social Care will help the foundations to develop and grow. Nurses in social care are an important ingredient that provides leadership in the support and delivery of safe and effective care. We know that Nurses who work in Social Care feel undervalued, the stigma still exists and they are still questioned when they choose to work in Social Care. The question of whether we need Nurses in Social Care, predominantly our Care Homes, only perpetuates this poor image and stigma. The question needs to be reframed so that instead of asking 'do we need Nurses in Social Care?' to 'How do we deliver safe and effective care to support the needs and outcomes of people who require nursing support, in Social Care?'. There is a dearth of research around models of nursing in care homes. Much of the research focuses on what is wrong with nursing in care homes, and tends to highlight the same issues. But research that focuses on what is right, what are the positives to having a Nurse led model, are rare. But that is about to change. In March we held Scotland's first Social Care Nursing Conference #ScotSCnurse23, 'The Art of the Phenomenal', which brought together a community of Nurses who are passionate about social care nursing, who see relevance and value in the social care nursing role. The #ScotSCnurse23 conference gave space to gather views from these group about nursing , the model, what nurses bring, and also asked the provocative question, 'do we need nurses?'. The evidence collected at the event will help to inform what our Social Care Nurses bring and how the role can be developed in the future, to meet the growing demand. We know that we will need to change, we know that we have a high demand and we know that we do not have enough nurses. But just because we do not have enough Nurses, does not mean that we do not need them.

Together we can change the narrative

Dr Jane Douglas RN QN
Editor



Editors
Jane E Douglas - Scottish Care
Derek Barron - Erskine
Yvonne Manson - Holmes Care Group
Shanice Shek - Scottish Care

Scottish Social Care Nursing Vision

To create a fully inclusive network that represents the needs and outcomes of nurses who work in social care. Where the role of nursing in social care is recognised, supported and celebrated.'

Purpose of the Network

- To promote nursing in social care and help to develop and define the role
- To provide a safe place to support nurses in social care
- To provide a safe space for discussion and debate
- To assist with professional role modelling and peer support
- To share good practice and develop quality improvement collaboration
- To review and suggest educational resources to support nurses in social care
- To contribute to consultations that impact on nursing within the sector
- To influence policy development and implementation
- To initiate and develop ideas for funding to assist with the development of social care nurses.
- To promote opportunities for the voice of social care nurses to be heard

Blog Spot

Our guest blog for this edition is from George Coxon who is the owner of two care homes, without nursing, in Devon. George is a Mental Health Nurse, qualifying in the 80's he as a Community Psychiatric Nurse in the Exeter area then trainer, manager, psychotherapist and Avon Health Authority Mental Health Advisor in Bristol during the 90s. He then worked as acute and specialist commissioner at Somerset Health Authority before becoming a NHS senior commissioner in Devon from 2001 to 2011 for all areas of health care including stroke, cardiac surgery, ambulance services and specialist commissioning. His final two roles in the NHS were as senior manager for end of life care then senior project lead at Musgrove Park Hospital, Taunton responsible for income realisation for the Trust. He has several complementary health and care roles including as specialist advisor and writer for Nursing in Practice and was national chair of the MHNA (Mental Health Nurse Association) from 2011 to 2017. He was an Academic Health Science Network, 'Associate' from September 2018 up to the advent of the Covid pandemic in 2020 leading work on developing the Institute of Care Home Excellence and introducing a South West Care Collaborative. George was a founding member of the Devon Care Kite Mark leading work on introducing peer review, leadership master classes and various workshops, events and positive profile raising innovations for care homes work locally and nationally. He is now a director of the Devon Care Home Collaborative (DCHC) supporting over 300 care homes in the Devon Integrated Care System (ICS) footprint.

Our guest blogger for our 4th Edition will be Katy Jenks, Dementia Care Manager

500 words blog

If you are interested in writing a blog for the Nursing Network Journal please contact Jane Douglas - jane.douglas@scottishcare.org

George Coxon Director of Classic Care

Culture, Language and Leadership - the Holy Trinity of Care Home Life - March 2023

I was so flattered to be invited to speak at the annual Scottish Care conference last November and was overwhelmed with the amazing welcome and responses I had to my talk.

I shared some of the work we do down in deepest Devon in my 2 small homely non nursing care homes and spoke of the links and likeminded connections made between so many inspiring leaders and those providing examples of fabulous work going on north of the border.

I asked the audience what is the first word that comes to mind when I say ‘care home’? The most common responses are often negative ones about image and profile that are so often based on adverse media attention, stigma and misconceptions but sadly sometimes based on a bad experience either professionally or personally.

My slides were simple, they shared the words that I feel about the work I do and those I do my best to role model and instil in our homes. These words include kind, keen, curious, fresh, fun, safe, proud and atmosphere. I test out at regular intervals in conversations with residents, loved ones, staff and random visitors whether these words are the best words to aspire to and embed in what we do.

There are 3 underpinning additional words that equally set the foundation for the care focus we strive to achieve in our determination to embed belief, confidence, strength and positivity these are CULTURE, LEADERSHIP and LANGUAGE.

The last of these, language, I've become a massive advocate for and am part of a campaigning movement that is promoting care home work that isn't entirely dominated by the medical model, jargon and often alienating terminology . So language wise I'm making a big fuss about words that matter. Last year I wrote for the IHSCM in their publication ‘The Loop’ a piece entitled ‘Language and Stigma’ p26-27 The Loop Issue 6 | July-September 2022 by IHM Publish

I do wonder about the words we take for granted – ‘admissions to care homes’ – we don't have admissions! – people move in, they arrive – we aren't a hospital! In terms of the diagnostic, disease, illness and treatment focus – yes we will acknowledge these as important but there is much more to life in 24/7 care than these being priorities. What about fun, laughter, knowing what matters to the person not just what the matter is, what's right with them not just what's wrong with them and having a full, varied, balanced and happy life?.

It's so vital that we are reflective and receptive in our work and how we address our blind spots without denial or defensiveness. Thinking about what we say about what we do and common expressions that are accepted but can cause offence and distress.

"Who's doing room 10?", "Who's doing the toileting or feeding", "Yes we had a lot of challenging and aggressive behaviour from her today" – terms like these are common but are banned in our homes, or at least the work in progress is doing all we can to make sure bad language (and I don't mean swearing!) is outlawed, but it's a journey and we aren't there yet.

Just to return to aggressive challenging behaviour often terms heard when talking about a person living with advancing dementia. I trained as a nurse when labelling was all the rage – it still is I believe sadly but really my view is a person with dementia is never aggressive. I may need a tin hat for protection perhaps in saying this as I suspect many will have stories to tell of very difficult and 'resistant to care' residents who have, for example, been extremely distressed and hard to provide personal care to.

The difference for me is aggressive requires malicious intent and forethought often with pre mediation whereas a person with dementia is simply frightened, is feeling bewildered and threatened, not aggressive. This may be controversial, but I will stand my ground on this and continue to do my best to, at the very least, plant seeds of doubt and question what words we use and whether they are relationship centred, kind and empathic?

I'd be very interested in hearing from people reading this as to how much of what I'm saying here you like or vehemently take issue with.

I'm in Edinburgh several times a year – love the city and in time am eager to become Scottish so will appreciate help with this medium to long term masterplan too!

George Coxon RMN
Director – Pottles Court and Summercourt Care Homes
Independent Health & Social Care Consultant
Provider Engagement Network Reference Group - Eastern Devon Care Homes
Associate for Devon Integrated Social Care Alliance
Member of the Mental Health Nurse Association National Professional Committee

Follow George on Twitter @CoxonGeorge

Dying Matters

A short article from Dr Julie Watson RN - Julie is the Clinical Lead Care Home Programme for Marie Curie Scotland

'You matter because you are you, and you matter to the end of your life. We will do all we can, not only to help you die peacefully, but also to live until you die'

I often think the quote above from Dame Cicely Saunders who founded the modern hospice movement encapsulates a core value of social care nursing in care homes. Care homes are communities of compassion where life is affirmed and dying is recognised as a normal process, although navigating the transition between living and dying can at times be challenging. In 2021/2022 there were 12406 deaths in Scottish Care Homes[1] and with an ageing population this is projected to rise to 19000 deaths/year by 2040[2]. Social care nurses are the backbone of end of life care provision.

Between 70-90% of people living in Scotland's care homes have dementia[3]. We know that admission to emergency departments is distressing for people with advanced dementia, resulting in poor clinical outcomes. Research has shown that in areas where there are care homes with nurses, there are less emergency admissions of people with dementia in the last month of life, underlining the value of social care nurses[4].

Social care nurses have a unique expertise in relationship-centred care for people living with and dying with or from dementia. This is an expertise that we need to name and celebrate, as well as support and nurture. This support includes addressing systemic factors, such as timely multidisciplinary team working with GPs in diagnosing dying and availability of end of life care medication within care homes to manage symptoms.

These factors are part of a hospice setting but can be barriers to good end of life care in care homes, at times frustratingly out with the control of staff. Marie Curie's ambition is that Scotland is a place where dying, death and bereavement is talked about openly, where people can plan and discuss their care preferences, and everyone affected has the best possible end of life experience reflecting what is most important to them. In my role as Clinical Lead for Marie Curie's care home programme in Scotland I hope to work alongside social care nurse colleagues in the care home sector as we together ensure everyone in Scotland has a good end of life experience.

Please get in touch with me if you would like to find out more or get involved: Julie.Watson@mariecurie.org.

[1] Public Health Scotland (2022) Care Home Census for Adults in Scotland
https://www.publichealthscotland.scot/media/14963/2022-09-13-care-home-census-report-v10.pdf

[2]Finucane, A. M. Bone, A.E. Etkind, S. et al (2020) How many people will need palliative care in Scotland by 2040? A mixed-method study of projected palliative care need and recommendations for service delivery. doi: 10.1136/bmjopen-2020-041317

[3] Alzheimer Scotland: 'Delivering Fair Dementia Care for People with Advanced Dementia' report, 2019

[4] Williamson LE, Leniz J, Chukwusa E, et al. A population-based retrospective cohort study of end-of-life emergency department visits by people with dementia: Multilevel modelling of individual- and service-level factors using linked data. Age and Ageing, 52(3), 1-11.

Aileen Waton

Aileen is a career Social Care nurse, she is currently the Director of Risk & Governance with Bupa. Aileen chose to work in care homes when she qualified as a Registered Nurse. This is Aileen's career journey.

Aileen also the Chair of Scottish Care's Strategic Nursing Group and she is a Director on the Scottish Care Executive

I started my nursing training back in 2003. It feels like a lifetime ago. I had just left school and had always had an interest in mental health and helping people so the opportunity to go to University and train as a nurse seemed like a good option. I qualified with distinction and went on to work in a care home as a night nurse at the ripe old age of 20. It was a daunting time and I had much to learn. Social Care Nursing was not my preferred choice. I had a particular interest in addictions and personality disorders but back then jobs were few and far between – how times have changed!

I spent a year working on nights. I learned a lot and had the pleasure of working with a great group of people. Night shift wasn't for me so I started working days and within a couple of years I became a Unit Manager. This was a tough job but it came with a lot of job satisfaction. Managing and leading a team was interesting, I got plenty of learning and development opportunities and became an end of life champion. I spent lots of time coaching and educating my team. During that time I got married and moved to my first Home Manager post. Thankfully, it was a very small, converted house and I got to experience lots of new things like CI inspections and such like. All learning curves and emotional rollercoasters. This service closed within a year as it was no longer fit for modern day nursing.

I moved onto a 120 bedded multi-site. When I look back now I think I probably coped with this because I was young and naïve, I had no idea what this had in store. Within that year I had 6 inspections and moved the home to Good ratings. I also had a baby and went on maternity leave. I don't think anyone could have prepared me for the stress but to be honest I thrived on that. I was also well supported by my line manager, family, friend and colleagues. Some of my old colleagues are still close friends. These situations tend to create close bonds which I have been grateful for.

Returning from maternity leave changed my perspective on things and I was unable to be available 24/7 to run a care home. So I came back to work in a flexible regional role. That's some of the benefits of the care sector - variety, flexibility, autonomy and support. Not long after commencing in this role, an opportunity came up as a Regional Support Manager. I felt that lent itself nicely to my development. I spent some time in this role and then received a promotion to Regional Director where I spent 3 years with a portfolio of homes in Glasgow. This is where I have my fondest memories. We had a great time over those 3 years.

We spent time working on staff engagement, quality assurance, health & wellbeing, oral health and many more important subjects that make working and living in care homes great. I completed training in leadership and spent time looking at talent and succession planning. I was exposed to business change, models of care, partnerships with external professionals, commercials and how to improve care and support across multiple services. I learned a lot from the people around me.

I then moved onto Managing Director which covered 54 care homes across Scotland and the North of England. This was my first exposure to compliance and regulation in other parts of the UK. It gave me a real stretch and allowed me to build a different style of management and leadership. I have to be sensible with my time and operate more strategically. Bringing a diverse group on a journey is really exciting but there were many bumps along the way. I had exposure to sales and acquisitions, this was new to me being a nurse.

I then took the opportunity to move out of operations after 12 years. I moved into a central function, as the Head of Dementia and Professional Standards. I had a small team of clinical and non-clinical direct reports and we embarked upon delivering our Dementia Plan. This involved new skills like project management, you have to be really diligent and organised. I was involved in writing training materials, policies, standards and stakeholder management. I was grateful to be in a position which was focused on clinical care and gave me a chance to influence the whole business in terms of the care they provide. This lasted 2 years and was a role where I had a good work life balance but was still pushed educationally/mentally.

That brings me onto where I am now. I am still with the same company, 17 years down the line. I am the Director of Risk & Governance. A wide remit. But before I was let loose I had a COVID-19 pandemic standing in my way. My predecessor retired on the 1st May 2020 and if I thought all of my other jobs were difficult then this made them all look easy! I was thrown into a world of uncertainty and chaos. It was a scary time. Whilst I wasn't out on the frontline, it was my responsibility to ensure guidance was translated into a meaningful format and followed. I spent long hours reading government guidance, writing policies, joining calls to cascade the info verbally and then starting again the next day. For those of you who had to do this on your own and run a service I don't know how you kept up. Hats off to you. Fast forward 3 years and whilst COVID is still firmly part of the day job, I do get a chance to do other things.

My priorities this year lie in digital transformation. We are rolling out electronic systems for quality assurance, care planning and medication management across 132 services. This brings fantastic opportunities but every day is a school day. Changing a culture which was predominantly paper-based is a challenge. Supporting our non-clinical colleagues to understand the operations of a care home is also complex. I am in what sometimes feels like a unique position having grew up in care homes I can see things from different perspectives.

I love social care and the variety it brings. It is such an important sector and it's a privilege to be involved in caring for those who live with us. For anyone who thinks social care isn't for them and 'it's a dead end job' then I challenge you to give it a try. There are so many things to try and it's not just about nursing or caring. We have wonderful hospitality, housekeeping, maintenance and administrative employees who have carved out successful and rewarding careers for themselves. I had no idea where I would end up when I started working as a newly qualified nurse but I am so glad I gave it a go.

Follow Aileen on Twitter @aileenwaton

Shiona Martin is a Social Care Nurse and works in a Care Home in the Highlands. Shiona chose to work in Social Care - this is her story. Shiona is also a contributor to @WeCommNurses

Follow Shiona on Twitter - @CareHome_Nurse

Why I became a Social Care Nurse

My name is Shiona and I currently work as a Nurse in a Care Home for Older adults in the town where I live. We have capacity for 40 residents and currently I have nursing accountability of 10 of those residents, but that doesn't mean I abdicate accountability for the other 30 residents. I will support all of them equally, but I will refer any nursing needs to the local Community Nurse Team.

I qualified in 2019 and to be honest I didn't think I would ever work as a Nurse in a care home. Prior to completing my degree, I completed an HNC Social Care and had a 9-month placement in an NHS run residential care home. I enjoyed the caring, but I wanted to be a Nurse. My experience of a care home placement as a 2nd year put me off. After 2 shifts I refused to return and reported the issues to my mentor. Why would I want to work in that environment? My first qualified role was in the Stroke Ward, but I soon realised I wasn't cut out for ward working, I preferred the autonomy of working in the community so quickly got a Community Nurse role where I had previously been a student. I enjoyed this work, but the travelling and petrol costs soon made me consider looking for a job closer to home. A friend who was a housekeeper in a local care home told me they were looking for nurses. So, I applied and got the job. However, the comments I received from the Band 6 and 7 Nurses made me doubt making the move. "You will deskill", "It will be impossible to get a job back in the NHS", and best one of all 'You will become a Carer'.

So, I took the chance to become a Social Care Nurse and I'm loving the role! I can provide holistic/person centred care to my residents. I have maintained my skills in Phlebotomy, Catheterisation, End of Life care and wound care. I have increased my knowledge of care planning, taken part in MDT meetings, worked collaboratively with dietetics, physiotherapy, occupational therapy, SALT, Social work, community nurse team, GPs, Out of Hours team. So much for de-skilling? The role is challenging and diverse, I am lucky to work with amazing Shift Leaders and Care staff who support the residents and myself. No two days are the same when you work in care. My last shift saw me do the following:

- Provide an induction to a new colleague.
- 5 telephone calls with GPs/ANPs regarding emails sent the previous day.
- 7 emails sent to the GP Practice for advice or medication.
- 3 telephone calls with GPs/ANPs regarding emails sent that day.
- 3 medication administration rounds
- Controlled drug administration for 3 residents
- Reviewing the assessments for 2 residents as part of our 'Resident of the day process'
- Call with AP Physiotherapist regarding continence support for complex issue.
- Checked 2 Mattresses & updated care plans.
- Answered emergency and supported unwell resident.
- Supported GP with his visit to a resident and then asking him to see acutely unwell resident.
- Grabbing my lunch on the go (Very naughty I know)
- Email to Community Nurse team for support with another resident
- 3 calls to Community Nurse team to advise them of issues with their patients
- Blood glucose checks
- Insulin administration
- Calling Family members to update them.
- Sending internal emails to the manager
- Checking Sensor Mats are being used properly 3 times a day.
- Answering the phone
- Updating resident notes on interventions
- Updating resident notes and care plans when receiving emails from GP Surgery
- Wound Care and updating wound plan and care plan
- Supporting stress and distressed behaviours in residents
- Updating Medication Administration record sheets with changes
- Updating the handover sheet and then finally handing over to the Nightshift Nurse

And that was a Monday after working the weekend. So, as you can see, I'm certainly not a carer, although being able to provide care is part of my role as well.

My recent highlight was when a family member thanked me for their support as their family member was dying. How I guided them through what was happening with kindness and compassion on a journey they had never experienced. I knew then that for all the challenges over the last few years, the doubts about my role and my future career goals I still preferred working in Social Care to the NHS.

Social Care has changed beyond recognition, when on placement in 2013 as an HNC student a carer told me it was ridiculous that these people were in residential care, that's not what residential care was for, I was shocked by this attitude. They said they needed to be in a 'Nursing Home' with Nurses, not a home without nurses. Nurses and Care staff now provide care for people with complex health and social care needs in a society where the NHS is overwhelmed. Nurses are the backbone of Social Care and support people in their twilight years to remain as independent as possible while living with complex needs. I am passionate that the funding model needs to change within social care to allow us to recruit and retain nurses and care staff, plus allowing private providers the money to invest in CPD for this workforce. I am also passionate about ensuring Nurse education shows students that there is more than just getting a job in the NHS.

As an ambitious Nurse, I don't see myself as a Care Home Manager, I turned down the offer to manage the home where I currently work. I enjoy sharing knowledge, training others and supporting progression. But what are the options for Social Care Nurses to progress? My long-term goals going forward are to obtain my Masters, offer my services as a guest lecturer at local universities on social care nursing, continue using Twitter to network and make connections with other Social Care Nurses and hopefully in the future become a Lecturer or a role that allows me to promote Care Home Nursing as a speciality.

So, to those who are considering a nursing role in Social Care I say go for it!

CELEBRATING THE ART OF THE PHENOMENAL

#ScotSCnurse23 conference

Early on Tuesday 7 March 2023, there was a stirring at the Radisson Hotel in Glasgow. A gathering of Nurses, passionate about Social Care, wanting to make a difference, wanting to 'change the narrative'. This was Scotland's first Social Care Nursing Conference and it was a great success. Two hundred and fifty people signed up to come to the conference and we had a pretty good turn out on the day.

Dr Jane Douglas hosted the event in the morning and talked about the need to change the narrative and consider the issue around nursing in care homes from the perspective of ' just because we do not have enough Nurses does not mean that we do not need them' (Douglas, 2023).

Scotland's Chief Nursing Officer Professor Alex McMahon, was the key note speaker and opened the event. Alex talked about the nursing attrition and how important it is to care about those who care. The audience participated in a question and answer session, too many hands, too many questions, but Alex stayed for the morning and offered to take questions online.

Dr Jenni Burton provided insight into her research with Care Homes, hearing the voices of Nursing and Care teams and how they coped and managed through the pandemic. The research evidenced compassionate leadership, flattened structures and team working.

Following Jenni was Dr Karen Rennie who took us through her research around 'Sexuality Expression and Dementia, 'core emotions, feelings and desires' make us who we are' (Rennie, 2023) and Karen asked the question: 'Imagine being told you can't have sex anymore because you live in a care home?'

Following Karen's presentation there was definite noise around the room and a keen interest to discuss this further. A workshop is being planned for late summer 2023 to support sexuality , expression and dementia.

Kim Barron , Advanced Nurse Practitioner at Erskine provided insight about her role and benefits for residents having access to an ANP who is employed by and works within the Care Home. This benefits the resident, ensuring consistency and timely response, but also benefits GPs, as her role has evidenced savings in GP time.

Tamsin McBride then provide insight in her PhD studies around - My Home Life - Evidence in Care Homes - Exploring and supporting the continued growth of positive learning environments in care homes for everyone.

Tamsin's study highlighted how important it is to have a consistent staff team who learn to know their residents, understanding actions and communication cues.

To complete the morning a fire side conversation took place with Scottish Care's Sheena Williamson having a conversation with Derek Barron, Director of Care at Erskine.

Derek shared his nursing story and journey into social care. How he considered alternative careers such as joining the Police. He talked about how he had a vision of where he wanted to go and how he got there 'better to be prepared for an opportunity and not get one, than have an opportunity and not be prepared' (Barron, 2023).

After lunch the Queen's Nurses provided the wake up session and engaged the whole room with their Capacitar session and the Leadership Dance.

The afternoon was spent in workshops. The Nursing Models workshop had over 80 people attending , all participants took part in answering a series of questions around nursing, care homes and models of support.

The groups worked hard and have provided evidence that will help to explore nursing and care homes. An emerging theme that was apparent from the feedback was around leadership.

The conference closed with Scottish Care's Deputy Chief Executive Karen Hedge. Karen provided a real insight into where we were and where we are going. The creating of a movement, of people who care about the same thing - all that is Social Care. That social care is finding its voice and claiming their identity, 'we are here, we are skilled, we are innovative and we want to work together' (Hedge, 2023)

Just to sign off this review with a verse from Roar by Katy Perry, used by Karen in her key note speech:

'I used to bite my tongue and hold my breath , scared to rock the boat and make a mess.
So I sat quietly, agreed politely , I guess that I forgot I had a choice. I let you push me past the breaking point I stood for nothing, so I fell for everything'

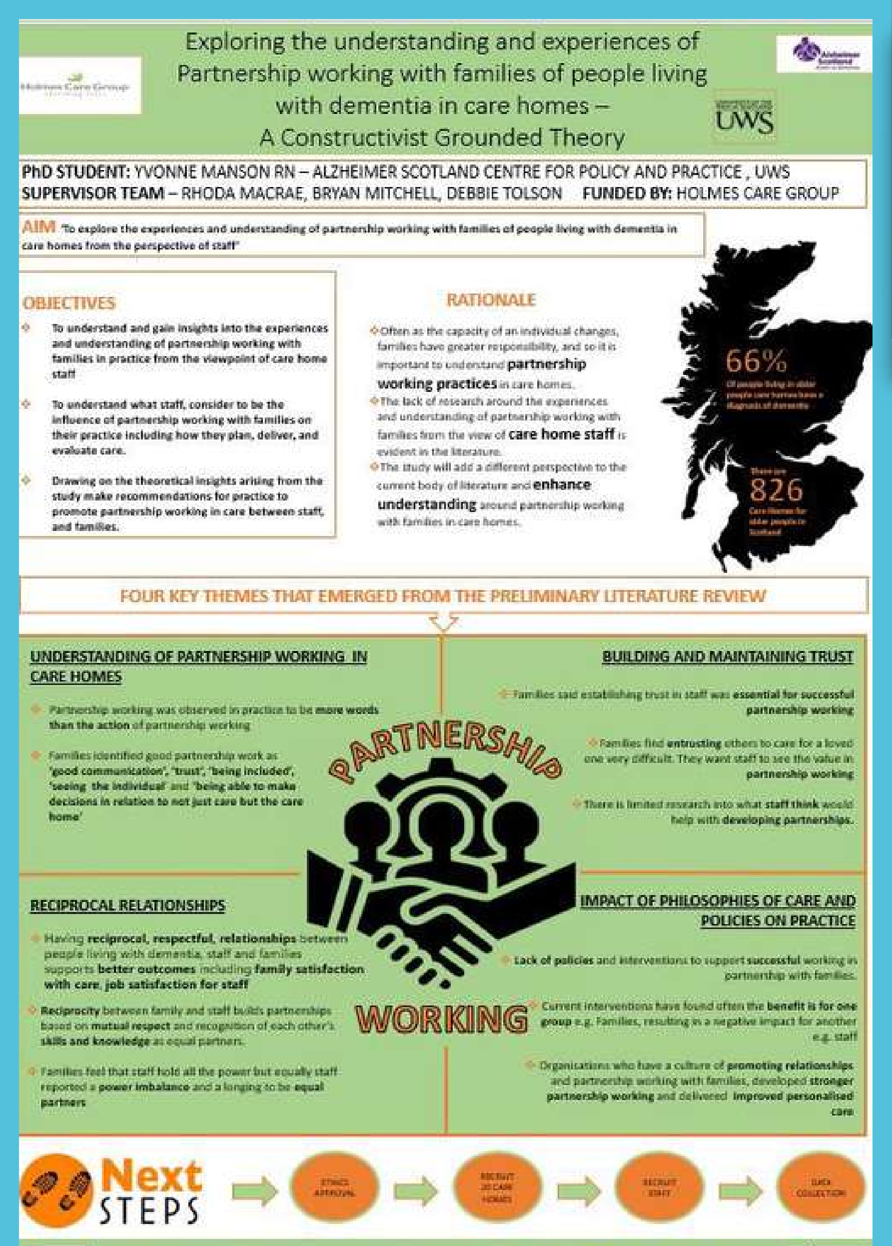
'You're gonna hear me roar'

Roar by Katy Perry, Lukasz Gottwald, Max Martin, Bonnie McKee, Henry Walker .

Review by Dr Jane Douglas, Transforming Nursing Lead Scottish Care, & Lecturer at QMU

follow Jane on Twitter @janeeedouglas

The Art of the Phenomenol #ScotSCnurse23 conference Poster Competition was won by Yvonne Manson - PhD Student



Margot Whittaker RGN, BSc, QN, Dip Nursing Studies, Master NLP Practitioner, is the Director of Nursing & Compliance with Southern Healthcare

Margot has developed an Advance Diploma (CPD) in Adult Social Care Nursing in partnership with the University of Bolton which. Here Margaret provides information and an update about the development of the Diploma for Social Care Nurses.

We would like to bring you up to date on the Advanced Diploma in Adult Social Care Nursing programme that has been written by a senior social care nurse and developed with the University of Bolton over the last twelve months.

This predominantly on-line programme is for Nurses, Assistant Practitioners and Nursing Associates.

Nursing teams within social care, have had a tendency to stay in the background a little and are not always recognised for the skill and significant knowledge they have. There are only a few specific qualifications to aim for that are nationally recognised, other than mandatory training and some clinically specific areas of training such as catheterisation and wound care.

Over recent months , primarily because of the pandemic and the challenges it caused, the Advanced Diploma in Adult Social Care in Nursing has been developed and modified to become a predominantly on-line learning programme together with local face to face assessment of practice competencies and skills proficiencies required for the role over the 16 weeks of learning, and then a further 16 weeks of Clinical Skills Competency development and learning.

This has not been without its challenges since its inception three years ago, but the Course is now coming to fruition. It started off as an ‘easy learn’ programme, but when discussed with the University, it was requested that it be a level 6 programme the reason being that those who would be studying at this level, had already qualified at a level 5/ 6 within their degree.

However, our thoughts are that the two programmes would be helpful to all nurses. The ‘easy learn’ programme could help those coming into the sector and possibly overseas nurses undergoing induction, or those nurses already employed who would like some further updating.

Those who wish to undergo the level 6 programme is aimed for those who are looking for more in depth learning for their continuous professional development and recognition by a University, and which is very much focused on social care nursing with its day to day challenges through a deep dive of situation predicaments that the social care nurse is likely to encounter.

The Level 7 programme has a more critical analytical prospective as the learner goes through the Course. All programmes have been mapped to the QNI Standards of Education and Practice for nurses New to Care Home Nursing, as well as the CQC Key Lines of Enquiry.

As part of this, the Course will embrace innovative immersion elements using up to date technology to make the learning material interesting, relevant and compelling. This will go hand in hand with the easy on-line short modules, much of which can be done on a computer, or indeed, a mobile phone if necessary.

The Course is going to be run initially in Devon, commencing from this September, all being well as a Pilot, and then hopefully out nationally.

We want to see social care nurses striving towards this with pride. They should be recognised within a standard as specialists in social care nursing and be fully equipped to work holistically at a very high level. We are very excited about this project, as it has been met with tremendous enthusiasm from our own nurses and Healthcare professionals, both locally and nationally.

A new era of nursing is dawning, and we are pleased to be very much part of it. Please email the address below if you would like to know more about the programme, and we'll be happy to help.

Southern Healthcare embraces the ethos of person-centredness. Developing caring partnerships with all who are within the home. This is routed in 'the way of being' pioneered by Carl Rogers.
Their priorities are to understand and apply what gives meaning to people, enhances wellbeing and making every day as enjoyable as it can be.
Read more about Southern Healthcare - www.southernhealthcare.co.uk

Southern Healthcare is a family run business with 4 highly rated and distinctive care homes in Devon.

It you are interested in hearing more about the work that Margot is doing you can contact her on :
Margot.whittaker@southerhealthcare.co.uk
and
Shaun Kershaw - Bolton University
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News & other information of interest

Queen's Nursing Institute Scotland

On the 7 March 2023 the Queen's Nurse Cohort for 2023 started their journey at Balbirnie. We are slowly building a network of Contemporary Queen's Nurses who work in Social Care. We are so proud that Kirsty Cartin was successful with her nomination for this years cohort. Kirsty is a Care Home Manager for Rashilee Care Home. Kirsty will be providing insight into her journey on the Queen's Nursing journey in a future edition of the journal.

Queen' Nurses

The Queen's Nurse title is awarded to twenty selected clinical leaders each year. They receive the title having completed a nine month development programme. The programme is a journey of discovery.

If you are interested in applying for the 2024 co-hort and would like to find out more about the process, speak with one of the Social Care Queen's Nurses who will be very happy to assist with any queries and support.

Follow Kirsty on Twitter
@Justacarehomeg1

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News & other information of interest

Adults with Incapacity (AWI) Practice – Informing the future

Scottish social care nurses we need your views – this is an opportunity to influence the new national learning resource for AWI practice across the health, social work, and social care workforce.

Following publication of the Mental Welfare Commission's Authority to Discharge report during 2021, which highlighted gaps in knowledge alongside an appetite to develop AWI practice, the Mental Welfare Commission (MWC) and NHS Education Scotland (NES), in partnership with key stakeholders, are working jointly on a project to deliver a national learning resource for Adults with Incapacity (Scotland) Act 2000 practice. The target audience for this project is the health, social work, and social care workforce, in addition to welfare guardians, with an element of the project dedicated to advanced nurse practitioners and AWI.

We will be seeking your views through your network on how to address these gaps and what you think currently works well in practice settings to help inform the development of the AWI learning resource. Watch this space.

Project contacts - Jo Savege Social Work Officer (MWC) and Vicki Price Senior Educator (NES) nes.adults.awi@nhs.scot

Research articles of interest

More nursing homes may help to reduce emergency department visits among people dying with dementia.

This research has recently been published was conducted by the Cicely Saunders Institute of Palliative Care, Policy & Rehabilitation, King's College London. The finding evidence that more nursing home beds per local authority is associated with fewer emergency department attendances among people with dementia in their last year of life.

Williamson LE, Leniz J,Chukwusa E, Evans CJ, Sleeman KE. (2023). A population based retrospective cohort study of end of life emergency department visits by people with dementia Multilevel modelling of individual and service level factors using linked data. *Age and Ageing*, . https://doi.org/10.1093/ageing/afac332

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