



Scottish Care

Voice of the independent care sector

Hearing the nursing voice: Findings from the Scottish Social Care Nursing Conference Workshop - Nursing Models and Care Homes



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INTRODUCTION

Agreement

Having Registered Nurses in care homes enables the management and support of residents with comorbidities. The ability to manage complex needs allows both social and health needs to be met.

Scotland's first Social Care Nursing conference was held in March this year, opened by the Chief Nursing Officer for Scotland. The programme for the day included a workshop to consider nursing in care homes. The workshop was well attended, with an excess of sixty participants who worked in groups to discuss several themed questions. The results of the discussions are presented here. We want to thank all who took part in the workshop and spent time discussing the questions and providing their views and opinions on nursing in care homes. The information gained is invaluable, with contributions from people who work in care homes, those who support care homes, and people who manage and direct care homes.

Do we need nurses in care homes?

The predominant response to this question was - yes due to the complexity of care, frailty, and acuity of residents in care homes. These findings suggest that these health and social care needs are commonly observed and acknowledged among care home residents.

The similarity in responses regarding these factors indicates that care homes commonly encounter residents with complex care needs, frailty, and high acuity levels, highlighting the importance of providing appropriate and tailored care to meet the unique requirements of these individuals. Care homes should have the necessary resources, staffing, and expertise to address the challenges associated with these characteristics, ensuring the well-being and safety of their residents.

Further, it was identified that there was a need for nursing leadership to ensure safe standards of care and support and to support Student Nurses. It was also stated RNs (Registered Nurses) provide clinical oversight and assessment and have accountability. While the answer was positive, caution was expressed, '*no one size fits all access to nursing model*', and while RNs are needed, '*the problem is getting them*'. Additionally, it was stressed that the Registered Manager does not need to be a Registered Nurse.

Having Registered Nurses in care homes enables the management and support of residents with comorbidities. The ability to manage complex needs allows both social and health needs to be met. There was one group response where there was no agreement about having Nurses in care homes, as they stated that not all care homes have Nurses where these care homes were residential. Further questions were raised regarding whether nursing was needed 24/7 and whether there was a need to have a Registered Nurse on duty overnight '*just in case*'. However, it was stressed that there is a need to be able to '*access appropriate primary care out of hours, such as GP, ambulance, end of life care and symptomatic relief*', where a care home does not have RNs. It is important to acknowledge that while residential care homes do not employ Registered Nurses, residents also have nursing needs from time to time, and will access support from the District Nursing services.

Why do we need Nurses in care homes?

There was a range of answers to this question which identifies the complexity of nursing roles and, in particular, the role of the Nurse in care homes. Some of the reasons provided were expressed in the first question regarding the complexity of care. Further detail was provided with the addition of the complexity of risk, anticipatory care and assessment. Again, it was mentioned that Nurses provide leadership and knowledge. Nurses are required to support and manage deteriorating residents, escalate where necessary through competent clinical decision making, and support end-of-life care.

There were seen to be positive consequences of having Registered Nurses in care homes for other services such as supporting primary care – GP and District Nurses. Additionally, the nursing presence was thought to aid unnecessary transfers to hospital. Nurses in care homes support clinical governance and provide person-centred care and ensure continuity of care.

Nursing in a care home was seen to be a specialised discipline, and the change in health needs with an ageing population requires the knowledge and skills that Registered Nurses bring.

'Health needs - ageing population, co-morbidities'

'Skills, escalation, complexity, end-of-life care, clinical decision making, competence'

'Complex conditions management, by competent confident qualified professional nurses'

What difference does a Nurse make?

'If not we would be going back to [the] old days of long stay continuing health care wards - labelled and forgotten'

Having Nurses in a care homes has made a difference; without Nurses there is a risk that we would move backwards, and the result would be long stay continuing health wards where older people are '*labelled and forgotten*'. Collectively the groups stated there is evidence that having Nurses in care homes improves outcomes for people, with the right care, in the right place and at the right time.

Nurses are skilled and proficient and can undertake early assessment, support decision making, and recognise deterioration. Where there are Nurses, there is less need to refer to other health care professionals. Nurses provide leadership, raise standards, making a positive difference. Trust was thought to be important, and the nursing presence helped to gain public trust, helped with relationship building, and families trusted the role of the Nurse. Having a Nurse offers reassurance that their family member will be cared for and looked after.

Nurses are regulated professionally and bound by their Nursing code. They are responsible and accountable for their actions and part of a professional body, which was agreed to be important and helped to raise standards. Finally, there was still a view that there was a negative attitude and stigma towards Nurses working in care homes.

Agreement

Doing nothing was not an option; the consequences would be catastrophic and create sector collapse, putting people at risk.

What are the risks if we do not have Nurses in care homes?

Without Nurses, there would be a change in standards. It was further thought that not having Nurses would have a negative impact on the recruitment and retention of staff. There would be an increased risk, with an increase in unnecessary hospital admissions, further adding pressure to hospitals with difficulty in timely discharge. There would be increased pressure on the District Nurses and out-of-hours services.

Participants spoke about the *'loss of richness of knowledge of the service user'*, where Nurses were not onsite 24/7. Not having Nurses would impact residents' and relatives' anxiety. Additionally, there would be an impact on public confidence regarding care homes.

'Resident/ relative anxiety about nursing cover, medical emergencies. Increase in hospital admissions. Delayed discharges. Increased pressure on District Nurses out of hours...'

What are the alternatives? (to not having Nurses in care homes)

***'Nothing there is no alternative... '
apart from 'long stay Community Hospitals'***

While there were concerns about nothing being done to support nursing in care homes, only a few ideas were mooted to address the issues. A number of the ideas focused on training and suggested consideration of alternative qualifications while revisiting the nursing curriculum. Additionally, there were discussions about the importance of attracting and retaining qualified nursing professionals into the care home sector. It was suggested that not revisiting the National Care Home Contract and ensuring that the cost of care for nursing was re-evaluated could have the potential to cost more in the long term.

What if we do nothing?

The opinion was that doing nothing was not an option; the consequences would be catastrophic and create sector collapse, putting people at risk. This option would continue to impact the care homes, creating an unhealthy landscape with a model of care that will not be fit for purpose. Furthermore, there would be an impact on recruitment and retention, increased burnout, and decreased job satisfaction resulting in poor outcomes for people in receipt of care.

'Sector will collapse, people will be at risk ... [if] we don't have a nursing workforce'

Concerns were raised about funding, and questions were raised about the resource invested into collaborative teams and not into considering the parity of terms and conditions for Registered Nurses working in care homes. Moreover, the allocation of funds to support the specialised role the Nurses have in care homes should be considered.

Agreement

A key role of the Nurse in care homes is to provide leadership and knowledge, which is utilised to enable robust risk assessment and care management.

Conclusion

The nursing role in care homes is integral to support safe and effective care. While some may argue that nursing roles in care homes are relatively straightforward and less complex than other healthcare settings, research suggests that this is not the case. Research undertaken in 2021 has evidenced that the level of disability of residents in care and the resulting complexity, has increased over the last twenty years [1]. Further, Williams et al. [2](2023) identified the need for more nursing home beds per locality was associated with fewer emergency department attendances. These findings resonate with the Intercare Nurse project undertaken by Basel University[3].

A key role of the Nurse in care homes is to provide leadership and knowledge, which is utilised to enable robust risk assessment and care management. Ensuring that appropriate care and support is in place, responding effectively to people who are deteriorating. They use their skills and evidence-based practice to enable safe and effective care. In their leadership role they act as a role model and support Student Nurses and the care team to develop. In effect, they coordinate and prescribe care, ensuring a person-centred approach delivers planned outcomes.

The findings identified the need to invest in nursing in care homes to understand the complex role and the importance of having Registered Nurses in care homes. Nursing roles instill a sense of trust and confidence, not only for residents and relatives but also increased public confidence. While implementing support for nursing through investment may result in increased costs, it was argued that investing in nursing in care homes would lead to better quality of care, improved resident outcomes, and reduced healthcare costs overall. Ensuring that care home residents receive appropriate nursing care could potentially prevent or reduce hospitalisations and the need for more expensive healthcare interventions. Additionally, providing adequate support and training for care home staff could lead to increased efficiency and effectiveness in delivering care, ultimately saving costs in the long term.

There was consensus that care homes without nursing leadership and knowledge would have a negative impact on the outcomes of residents and increase risk. Furthermore, inaction to address the issue of nursing in care homes would have negative consequences, putting further strain on already pressurised services, such as GPs, District Nurses and Out of Hours services resulting in increased admissions to hospitals. In addition, the existing problem of timely and safe discharge would be further compromised.

Nursing has a long tradition as regulated registered professionals, responsible to a professional Code which has been updated over the years, evolving to ensure that it continues to support Registered Nurse to provide safe, effective, and compassionate care. The findings from this workshop have provided further evidence of the value that Registered Nurses bring to care home residents. Furthermore, it provides insight into the views of those Nurses who work in care homes, who understand the complex role that they have.

The evidence suggests that without a sustainable model of nursing to support care home residents it would result in a detrimental impact on them, their family members and staff teams. The time is right, and the time is now to undertake research and action around nursing models to support people living in care homes, to ensure that it continues to support Registered Nurses to provide safe, effective, and compassionate care.



Photo credit - from Poster Basel University - The rationing of Nurses
2005

[1] O Barker R, Hanratty B, Kingston A, Ramsay E S, Matthews E F (2021) *Changes in health and functioning of care home residents over two decades: what can we learn from population-based studies?*, Age and Ageing, Volume 50, Issue 3, Pages 921–927, <https://doi.org/10.1093/ageing/afaa227>

[2] 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>

[3] Basinska, K. Guerbaai, R.A., Simon, M., De Geest, S., Wellens N.I.H., Serdaly, Ch., De Pietro, C., Desmedt, M., Kressig, R.W., Nicca, N., Zeller, A., Vaes, A., Zúñiga, F. (2021). *A nurse-led care model to strengthen geriatric expertise in nursing homes: The development and content of the INTERCARE model.* Institute of Nursing Science, Medical Faculty, University of Basel, Retrieved from: <https://intercare.nursing.unibas.ch/publikationen/>

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The Scottish Social Care Nursing Conference 'Celebrating the Art of the Phenomenal'

Scotland's first Social Care Nursing Conference was held at the Radisson Blu in Glasgow on 7 March 2023.

