



Lincolnshire
Care Association



Do you care?

**The future of adult social care
in Lincolnshire**

July 2022

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An introduction from **Melanie Weatherley MBE**

What does the future of adult social care look like for Lincolnshire? Well, that is a question.

The adult social care sector supports some of the most vulnerable people in society, working tirelessly to ensure that people don't just survive - they thrive. Social care is key to helping vulnerable adults, older people, and those with learning disabilities to live their lives to the fullest, yet it must be recognised that this incredible sector, and the dedication of those working within it, is vastly underappreciated.

The fight against COVID-19 made it clear just how vital social care is - not only for those who rely on these services, but also to our communities, the economy and our NHS. Weekly claps during the height of the pandemic gave long overdue recognition to hardworking care workers, who despite the circumstances, continued to go above and beyond for those they care for.

However, the pandemic also shone the spotlight on the inequalities within the social care sector that create barriers to health and happiness. It also highlighted the poor integration between decision-makers, social care, the NHS and local communities. Poor integration and inequality are caused by a range of factors, and there is no easy fix. But let me tell you, we are ready and willing to tackle these issues. There are many valuable lessons to be learned from COVID-19, but there is also a risk of being too reactionary and creating a social care sector that is fit for a crisis but not fit for purpose.

An ageing population means the demand for social care will only continue to grow, making it vital that we have a system that meets the needs of those it serves, as well as recognises the contribution of the 19,000 care workers in Lincolnshire that bring the sector to life.

We have the power to make crucial change at a local level. We have a rare opportunity to grasp this groundswell of support and take charge of Lincolnshire's social care future. We have the chance to make life better for the older and vulnerable people right on our doorstep – our parents, friends, families and loved ones – as well as the devoted care workers that make a difference every day.

What does the future of adult social care look like for Lincolnshire? The answer is really up to us. Let's not allow COVID-19 to define this decade, and instead, let's make it the dawning of a new era in social care.

An era where the lessons learned during the worst global health crisis in a century allowed us to make change closer to home. An era where the contributions of dedicated care workers are recognised, and care work is viewed as a career – not a skill-less job with no prospects. An era where service users and residents remain a part of their community, and where decision-makers come together to make life better for those who call this county their home.

In this paper, we propose a bold ambition for the Lincolnshire social care sector. Covering adult social care, care for older people and care for people with learning disabilities, we have set out our vision for a more integrated social care sector. One that brings together social care, the NHS, key decision-makers and communities to make life better for Lincolnshire's older and vulnerable people.

The Government's white paper, *Health and social care integration: joining up care for people, places and populations*, breaks down the Government's plan to create a more integrated health and social care sector. Our plan for Lincolnshire supports this, but while this national integrated care system is still being developed and formed, our white paper explores how our county can better integrate its own systems, in a way that works for us.

Our forward-thinking plan is based around the "four Cs" – community, collaboration, connection and choice – and breaks down not just why our social care sector needs to change, but how it can be done.

The People at the Heart of Care: adult social care reform white paper sets out the Government's plan for social care reform over the next 10 years. The paper discusses how to fund social care, but for true social care reform, there needs to be good quality, sustainable choices. This white paper sets out how we can build a system in Lincolnshire that allows older and vulnerable people to live the way they want and can make the choice that's best for them.

Thanks to some innovative leaders, Lincolnshire has stayed ahead of the curve in many ways when it comes to social care, so let's continue to revolutionise. Let's take what we have learned over the past 18 months and turn it into a bright future. COVID-19 was a tragedy, but it would be a further tragedy if we let this opportunity go to waste.

**Best wishes,
Melanie Weatherley MBE
Chair of the Lincolnshire Care Association**





The vision for social care in Lincolnshire

COVID-19 may have wreaked havoc on the social care sector, but this arduous year has given us the insights we need to make real change. Although the country is beginning to return to some semblance of normality, for us, it's still not time to rest. We must take advantage of the current swell of public support and move towards a care service in Lincolnshire that works for everyone and is fit for purpose in the 21st century.

How do we achieve this? The answer is with the four Cs – community, collaboration, connection and choice.

So, how do we successfully bring care and community together?

1. Community

What is community? A community is about more than just your address. It's about connections, support, and most importantly, a real community reminds you that you are valued. A strong community looks out for one another, accepts one another's differences, and makes life better for its members – a strong community is something to be proud of.

However, a strong community cannot exist unless it includes people of all ages and abilities – so why are older and vulnerable people often left out of the communities they call home? Or cast into the shadows in places they have lived most of their life? It's not intentional, but sadly it appears that our older and more vulnerable community members are an afterthought, sometimes reactively sent to institutions or institutionalised within the system, rather than supported at home or in a home from home and treated equally to everyone else. If this issue is not rectified, person-centred care will always be out of reach for Lincolnshire.

Opening up care homes to the community

A care home is a community in its own right, filled with dedicated staff who go above and beyond to make their residents feel cherished and included. But despite the efforts of these compassionate care workers, a care home that is cut off from the local life surrounding it will never be enough.

The choice to seek social care is often done so in crisis, when additional support has become an urgent need. This can lead to decisions made in haste and not always in the best interest of the individual. Leaving behind your home and starting over somewhere new, where you don't know anybody and have to adjust to a new routine, would be distressing for anyone. But for older people, who have likely spent their whole lives as a part of a community, the situation can feel so much worse - especially if the choice of where to go is taken out of their hands. When moving into a care home, they're not just leaving behind a house, but their friends, loved ones and the life they've built in that community – they're leaving behind a part of themselves. However, older people's entire lives do not need to be uprooted just because they need additional support.

The solution to this problem is actually very simple: better integration of care homes into the community. If a care home is already a key part of local life, residents can easily remain a part of that community and the transition will be much less traumatic. There will be no need to leave behind the life they love while receiving the additional support they need.

But how do we better integrate care homes into the communities in which they reside? By opening them up to those who live and work in those communities. Examples include inviting schools to visit and offering placements for young people interested in a career in care, or providing space or a room in the care home for groups of all ages to meet – including residents and their loved ones. If all corners of the community get involved with the care home, it will not be a place for older people to fear, but a place they can call home.

However, community integration isn't just necessary for care homes that serve older people. Services and residential care providers that support those with learning disabilities also need, and deserve, to be a part of the community. It's a travesty in the 21st century that those with learning disabilities are still being institutionalised or kept out of sight, when they deserve to be seen, heard and regarded as valuable members of their community.

Care services empower those with learning disabilities to have control over their lives and choices, but community integration is key to helping these individuals to live their lives the way they want. Meeting with people, developing

connections and taking part in community activities can all help those with learning disabilities to build a sense of belonging, but those things cannot happen if a care home or the providers supporting older people and vulnerable people are disconnected from local life.

The community and home care

But institutionalisation does not only result from care homes – home care can also lead to older and vulnerable people feeling shut off from society. Many people would rather spend their later years in their own home, where they are comfortable and have spent time building happy memories. Home care allows these people to remain at home for longer, by providing the additional support they need to live independently.

However, home care cannot fulfil every need. For older and vulnerable people living at home to truly enjoy life, they need the support of their local community. A real community checks in on its neighbours, pops 'round for a cup of tea and lends a hand when needed. By watching out for the older and vulnerable people in our communities, we will not only fight loneliness, but help to relieve some of the burden on the social care sector. We must do better in this regard. We need to connect people and demonstrate the value that friendship and connection brings to everyone – not just older people and vulnerable adults. We have allowed our communities to fragment and disconnect over several decades, and so we need to find ways to reconnect people with our communities once again.

Case study

Opening up care homes to the community: Grosvenor House Care Home

Based in the picturesque village of East Stockwith, near Gainsborough, Grosvenor House is an award-winning care home dedicated to community spirit. Recognised both locally and nationally for its approach to care, the 41-bed nursing home not only believes in creating a community environment where their residents can feel at home, but also that Grosvenor House is a vital part of the local community.

The home makes every effort to include the local community within its walls, from hosting local Parish Council meetings, which residents are encouraged to take part in, to working with local childminders groups and schools to bring joy and social interaction to their residents. Local businesses, such as a nail technician and baker, pop in once a week for pamper sessions and to drop off homemade treats. Grosvenor Care Home also has a coffee hub, where people from the village can come and spend time, as well as activities and communal spaces to bring residents together. Lauren Green, Wellbeing, Engagement & Communication at Grosvenor, said:

“We have links with every area of our community. From families to schools to local professionals. We have a woman who comes in and hosts clothes parties and the local childminders group performed a choir for us at Christmas. We always make sure our home is filled with laughter, dancing and giggling.

We’re a close-knit family, but we also know the medical professionals – doctors, dentists, GPs – in the local community as well, meaning our residents get the most consistent care possible.”

However, Lauren also knows that Grosvenor House is as important to the local community as the community is to them. She explained:

“We’re such a small village. Before COVID, people would regularly pop down to our coffee hub – it’s not just our residents who missed this interaction during the pandemic, but the community too.”

2. Collaboration

The pandemic has shown that for older and vulnerable people to truly get the care they need, better collaboration between key partners is required.

These key partners include:

- The NHS
- Businesses
- Education
- Local authorities

NHS

To best serve the individual, there needs to be increased communication and collaboration between the NHS and social care. An ideal situation would involve social care and the NHS making the most of each other's strengths and resources, instead of duplicating jobs and complicating the care journey for older and vulnerable people.

An example of this would be to upskill care workers, allowing them to act as the eyes, ears and hands of the clinician. The clinician would still use their specialist knowledge to make key decisions, but by upskilling care

workers to do more basic tasks and feed that information back to the clinician, the system can work more effectively. Conversely, care workers would have that clinician's expertise on hand when needed, allowing them to take on more responsibility and better serve the person in their care.

Increased cooperation between the NHS and social care will not only lead to better quality care for citizens, but also prevent the duplication of resources, freeing up both care workers and NHS staff and helping to prevent these keyworkers from being spread too thinly.

Businesses

The possible benefits of bringing together local businesses and social care are endless - not just for residents and service users, but also for the local workforce.

There are several ways that local businesses can support care homes, from volunteering for social responsibility weekends to hosting activities and offering training. Businesses can help care providers to plug gaps in their resources and provide new activities and social interaction, while businesses will have the satisfaction of doing something good within their local community.

Case study

Collaboration with the NHS: Ashdene Care Home

In 2021, Ashdene Care Home took part in the VIVALDI Study, a national study to find out more about COVID-19 infections in care homes. The study, published in May 2021, was created by Four Seasons Health Care in partnership with the Department of Health and Social Care, and aimed to discover how many care home staff and residents had been infected with COVID-19, to help inform policy decisions and approaches in the future.

When asked why they feel it was important to take part in the study, Manager Jilly Hunt explained:

“ A lot of care homes were badly affected by COVID, and a lot of deaths occurred in care homes. We wanted to do our bit and see if we could make a difference.

The outbreak of COVID-19 was extremely stressful, but I think the more research that can be done in care homes, the better we can look after people now and in the future. ”

Jilly feels that more collaboration with the NHS, leading to a more integrated health and social care sector, would create the best outcomes for both care staff and the older and vulnerable people being cared for. She said:

“ We should be working in partnership with the NHS and support each other. We’re looking after the same people – our residents go into hospital and we accept people from hospital. There needs to be joined-up working. Without the NHS we’d struggle, but they’d struggle without us too.

During COVID, our team has learned all sorts. They have been delivering insulin shots and applying dressings. This upskilling of our staff has helped the NHS, as community nurses don’t need to pop in as often. We know our residents best, so training and working collaboratively, as well as more recognition for care workers and their skills, would benefit everyone. ”

Education

There are a number of ways that social care and education can work together to enrich the lives of older and vulnerable people, as well as benefit those considering a career in care. An obvious benefit is the upskilling of care staff, leading to more fulfilling careers and higher-quality care for service users and residents.

However, there is so much more that a partnership between education and social care could bring to both parties. Examples include schools and colleges working with care providers to create placements, so that students can gain a stronger understanding of what social care is, and how rewarding a career it can be. Another option is for lecturers to offer training sessions in relevant skills to care organisations, or enrichment sessions for courses such as hair and beauty, who can provide valuable, confidence-boosting services - such as haircuts and manicures - to older and vulnerable people.

Local authorities

Closer collaboration with district and parish councils is instrumental in normalising care services in local communities. If councils have a better understanding of the care providers in their area, they can use their influence to reassure constituents in need of support and help to break down the stereotype that care is something to be feared.

An example of this in action could be a parish council holding their meetings in a care home, or a councillor using a care home to host their monthly surgeries. This would encourage people to visit their local care home and help to dispel the myth that care homes are depressing or negative places to visit. Another example could be ensuring that care homes are included in local events and festivals, so they are naturally integrated into the community rather than excluded by default.

However, building a partnership between local councils and social care is about more than just breaking down negative stereotypes for the public. District and parish council leaders also often hold negative assumptions about care homes and providers, due to being the first point of call for complaints. Better communication between the two would expose these local influencers to more positive care stories and the many examples of committed care workers going above and beyond for those they care for. In time, this would help to rally the support of councils and encourage increased integration between care homes, home care providers and the communities surrounding them.

Care providers can also support local councils in reaching their goals. If providers are made aware of a district or parish council’s priorities, such as increased inclusivity or representation, they can offer assistance towards these goals – but only if productive communication is established between the two.



3. Connection

It's an unfortunate fact that accessing social care often doesn't happen until a crisis situation has occurred. At this point, panic mode sets in, and families and service users make choices under pressure that are not well-suited to the person's wants and needs. Issues such as funding and accessing necessary information can be daunting when you don't know where to turn, but a better relationship between the NHS, families and social care can ensure that the care package chosen is the right one.

There are multiple ways that a more holistic approach could be implemented. If the local care system is better known and understood by the community, this will automatically break down a significant number of barriers. Families will already be aware of the available choices for their loved ones, whether that's the name of the local care home or the support that home care providers in their area can offer.

There is also more that can be done to bridge the current gap between the NHS, families and social care. A key pain point is the information that can be shared between hospitals/the NHS and social care staff. If a service user or resident goes into hospital, social care providers and their staff cannot access any of the patient's information – even whether they're dead or alive – despite being crucial to that person's day-to-day living and knowing their needs better than anyone. This makes preparing for their return difficult, compromising the quality of care that person receives when they arrive home.

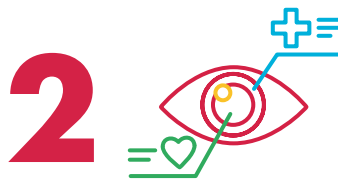
If the NHS works better with the resident or service user's existing care team, such as letting them know when their stay is expected to end and how they can best support them, their needs can be better supported. This is particularly poignant regarding service users who don't have families to act as a middleman, where the care provider and their team are the only family they have.

4. Choice

Why should a person spend the majority of their life in one place, yet be expected to spend their old age in another? That is what happens when there isn't a diverse provision of care for people to choose from. For older and vulnerable people to truly live the way they want, they must have options, but under Lincolnshire's current system, that's not always the case.

Whether they want to live in a village or the city, at home or in supported living, the more high-quality options available, the better quality of life for those who use these services. People don't want to leave the communities they've spent years a part of, or spend the end of their lives surrounded by strangers.

Home care, which is pivotal in supporting people to remain at home for longer, also needs to be better recognised as a credible alternative to care homes, while care homes of a range of sizes and specialisms are needed to support true choice.



Making the vision a reality

Now that we have set out a clear vision for bringing change to Lincolnshire's social care sector, it's time to discuss the ways in which we can make this vision a reality. Real change doesn't happen overnight, but with a well-constructed plan that combines service users, residents, families, social care and the NHS, we can make truly person-centred care the default option. It's time to make community, collaboration, connection and choice a reality. Here's how we intend to do it.

1. Design: Rethinking the bricks and mortar offer

Truly person-centred care cannot exist if there isn't also a varied provision of services available. For older and vulnerable people in Lincolnshire to truly live the way they want, we need to rethink the bricks and mortar offer currently provided by the county's care homes, as well as how we can support the options that allow people to remain in their homes for longer.

Care home sizes and locations are key

We already know that older people often want to stay in their community, even if they can no longer remain at home. The obvious solution is smaller, community care homes, that allow older people to stay in their local area when it's time for additional support. With the right number of beds for the communities they serve, these care homes will be a part of - and not isolated - from the local community. This will not only allow a smooth transition for those needing additional support, but also mean they can spend their later years in the communities they know and love, instead of being forced to move far away to an unknown location full of unknown people.

Still, we know what you're thinking – what about the cost? Yes, more smaller homes will likely cost more than fewer larger facilities, but can you really put a price on a person's quality of life? This drive to larger facilities is no different to the workhouses in the Victorian era and we can all agree that we do not want to see the return of these large impersonal facilities that act as a "catch all" solution. It wasn't right then, and it's not right now.

However, this does not mean that larger, city-based homes do not have their place. Life-long city dwellers also deserve the option to stay near to their family and friends – their "community" might be a little bigger, but their choice to stay close to home is just as valid.

These larger care homes provide a sanctuary for those who would prefer to remain anonymous. This might be okay for someone who wishes to have that distance from others, but these individuals are few. Although, we do recognise that human connection is key to a person's happiness, and what constitutes a "connection" is a little different for everyone. The key here is choice. Whether a person wants to stay in their local community or go further afield, we are advocating for a diverse provision of care to give every person the best life possible – from cradle to grave.

Case study

Benefits of larger homes: Country Court Care

Nike Ajewole is Home Manager at Fenchurch House, a 61-bed residential and specialist dementia care home based in Spalding and owned by Country Court Care. Nike says that a larger care home like theirs is a community in its own right, with a range of different facilities and specialist care provided to meet their residents' individual needs. She explains:

“Those with dementia have their own space, those who are reaching the end of their life have their own space, but no one is isolated - it's like lots of little communities all under one roof.

The size of our home means that people can have privacy and specialist care when they need it, but also feel a part of a community. Our residents come from far and wide and we get an interesting mixture of people.”

Fenchurch House has a range of impressive facilities for residents to enjoy including both public and private dining rooms, a pub, cinema and a marketplace filled with shops. A larger home also has a larger staff, which means more people for residents to interact with. Nike said:

“As a larger care home, we have more capacity on our team. This means we can ensure that not only our residents' needs, but also their preferences are taken into account, and our customer services manager regularly checks in with residents to ensure they're happy.

We also have more than just care workers on duty. We have waitresses, front of house staff, chambermaids and more, who ensure our residents have a high quality of life and help to take some of the pressure off our care staff.”

To ensure that residents can build a meaningful relationship with those caring for them, Fenchurch emphasises continuity of care, with each care worker assigned specific residents or floors. Nike said:

“They know their residents very well. This system gives both residents and staff a sense of belonging.”

Case study

Benefits of smaller care homes: Grosvenor House Care Home

Lauren Green, Wellbeing, Engagement & Communication at Grosvenor House Care Home, believes that a smaller nursing home such as theirs allows the team to better deliver person-centred care. With only 41 beds, Lauren and her team feel they have more opportunity to build a bond with their residents, creating a family environment that helps residents to feel more at home. She explained:

“ It’s more personal. You build up that relationship with the residents – you become each other’s family. You get to know their likes and dislikes and what makes them happy.

You have more say in the resident’s wellbeing. Your ideas are listened to, and you have a say in the decision-making process to provide the best care for them. ”

Being a stand-alone nursing home as opposed to a chain organisation means that the staff can be more creative with their approach to meeting their residents’ needs, from social interaction to entertainment. Daily activities can be changed depending on residents’ moods, and Grosvenor House has several “resident animals” based at the site for residents to help care for, including a Shetland pony called Tina, three pygmy goats and six chickens, which residents hatched and raised from day one. Lauren said:

“ We were only meant to keep the chicks for two weeks before they went back to the farm, but the residents loved them so much that we decided to keep them permanently. One resident struck a particular bond with one of the chicks while it was hatching. She would sit and watch it every day and would pick it up and say ‘I watched you being born.’

Without having to worry about a head office, the team who work with these residents every day make the decisions, which helps our residents to live to the fullest. ”

Helping people to stay in their homes for longer

Remaining at home is becoming a more attractive choice for people. Home care can provide the opportunity to build relationships, allowing those who are cared for to retain independence. It gives them the opportunity to continue doing the things they have always loved.

Home care has the unique benefit of providing varying levels of support, allowing for bespoke packages to meet the needs of the service user; support can range from small tasks, such as personal care and medication monitoring, to a 24-hour live-in service.

Home care means service users can spend their later years living independently, while still receiving the support they need. They can remain in the home they know and

love amongst the community that cares about them, still seeing friends and maintaining their routine. Home care can support them as little or as much as they need, minimising disruption to not only the service user's life, but to the lives of their loved ones. Home care can be funded by the NHS at local authority level if specific criteria is met; however, it is still an affordable way to receive care even if a service user may not be eligible for funding.

What this all comes down to is choice; if an older or vulnerable person wants to stay in their home and extra support can make this possible, then their feelings deserve to be taken seriously. With home care, the service user is able to remain fully integrated into their community and keep their independence.

Case study

The community and home care/ helping people to stay in their homes for longer: Walnut Care

Tina Redford, an Assistant Manager at Walnut Care at Home, believes that social interaction should be treated like any other need for truly person-centred home care. Community support is crucial for helping those who would rather be cared for in their own homes to do so. She said:

With home care, the service user is in their own home and surrounded by their own things. They have more freedom and less structure – to me; it's more person-centred. But loneliness can be a problem.

Tina and her team at Walnut Care have been working closely with health colleagues from the Lincolnshire Community Health Service Trust. The district nursing team have been helping to upskill the care staff. They can now perform basic

observations for people who are frail or becoming unwell. This early intervention helps to identify any issues with a care user so the teams can try to avoid people going into hospital.

For care staff, working with the the district nursing team helps carers to become more skilled. For residents, it means many people can stay in their home, and for district nurses it frees up their time. This preventative care helps keep the care users at home, and early intervention is vital for their safety and health.

The team are also helping to support care users with diabetes in their own homes. This reduces district nursing teams' workload and the level of NHS intervention, as experienced nurses can now delegate tasks to the care workers. This creates a more collaborative environment with carers and NHS staff, and therefore service users are receiving better overall care.

Homecare with Walnut Care offers you the support to stay connected and embed yourself in your community. The care staff want to ensure that those in their care still live a full and vibrant life. They can help with daily activities and help you stay connected to those who matter most to you.



Respite care

Respite care is hugely beneficial for both service users and their loved ones. However, the current business model for care homes in Lincolnshire does not support this.

If an older or vulnerable person is primarily being cared for by their family, then respite care, whether in a care home or at the person's house, can give their family a much-needed break. No matter how much a person loves their mum, dad, grandparent, sometimes, we all just need some time for ourselves. Respite care gives family members a few days off from their caring responsibilities, allowing them to take a holiday or spend some time on self-care, helping them to be better carers to those they love in the long run.

However, respite care can also be a positive experience for the service user. Planned respite care in a care home is often compared to a holiday, providing a change of scenery and the opportunity to socialise with others. But unfortunately, the business model to support this is not in place in Lincolnshire.

As well as providing fun and excitement, the added benefit of respite care in a care home is that if the time comes for an older person to move into a care home permanently, they already know what to expect. They may have already made friends and built relationships, making the transition much more comfortable for them. To bring respite care in care homes and its many benefits to our county, a change in business model will be required, but the benefits to the mental health and wellbeing of older and vulnerable people would certainly be worth the cost.

However, respite care at home also has its benefits. Respite care in the person's home means their routine can remain in place, which minimises disruption, while still providing their family with the opportunity to take time for themselves.

2. Digital/telemedicine

The future is digital - and that includes social care. Integration of digital technology for providing better care is an area where Lincolnshire is already ahead of the curve, but there is still room for improvement.

Here at the Lincolnshire Care Association, we are delighted to be a part of the development of the Care Portal, led by NHS Lincolnshire Integrated Care Board. Designed to support the service user or resident in securely sharing their information with those who care for them, the care portal will make it easier for families, doctors and care professionals to share details about a person's health. This will lead to a smoother and more integrated care plan, that better supports the wellbeing of older and vulnerable people.

This is just one example of how increased digitisation can lead to a more effective social care sector. While the Care Portal is developed, we are also exploring other ways that digital technology can be integrated into the Lincolnshire social care sector, improving the quality of care across the county. Here are more examples of how the further integration of digital technology can improve the quality of care across the county.

Greater connectivity between professionals

It's hard to believe that we trust care professionals with the lives of those we love, but when a crisis happens, they're unable to access the basic information they need to support those they care for. Care workers spend all day, every day, supporting you, yet are not allowed to know when you're coming home from the hospital – or even if you're not coming home at all.

But imagine a system where GPs, hospital staff, families and care providers can find a patient's data, all in one place, allowing for better treatment and more integrated care for the individual – that's where our proposed care portal comes in.

By supporting residents and service users to add items to their health record, care providers and the NHS can ensure that person receives the smoothest care possible. By creating a care portal that allows individuals to add notes - or professionals and trusted individuals to add notes on their behalf - that then be shared amongst those responsible for caring for that person, we can better support Lincolnshire's older and vulnerable people.

For example, imagine an older or vulnerable person being discharged from the hospital. They may have reduced capacity, such as dementia, or have full capacity, but their understanding is diminished by factors

such as nerves or a hearing impairment. This can interfere with their ability to take in information or remember what the doctor is telling them, negatively impacting their care when they return to their home or care home.

In instances such as these, a care portal would allow the doctor to add notes to the person's records for care staff to read and implement upon their return home, leading to a better outcome for the resident. But right now, care providers cannot access this information, despite being their service users' and residents' ally and advocate. A secure care portal would lead to better communication between those responsible for an individual's care, ensuring everyone involved has the information they need, when they need it, and most importantly relieving some of the burden on individuals and their families.

An obvious example of this situation in action would be medication changes. If a patient visits their GP, the clinician can add medication changes to their patient's care portal, making a record that families and care providers can access. This takes the burden off the resident or service user to remember all the information, making a stressful health situation less stressful.

Another example would be a patient whose blood pressure needs monitoring closely. A GP could put this information on the care portal, so care staff are aware of the issue and can offer their support or be especially vigilant. This system would also benefit medical professionals, with care providers able to keep notes on their service user or resident's health and wellbeing.

This means doctors could easily be made aware of any issues that the patient may not be able to transmit, as well as this information then being used to support clinical decisions. A care portal, and the resulting more effective system, would also lead to less time in hospital, making the situation less traumatic for the patient and allowing them to return to the comfort of their home.

Reassurance for relatives

However, telemedicine isn't just useful for ensuring the smooth running of care services, it also has the benefit of reassuring relatives. An online care portal means that families would be able to easily stay up to date with their older or vulnerable loved one's condition and feel involved in their care, allowing for peace of mind. This is especially useful for relatives that do not live close by and are grappling with additional issues such as time zones. Imagine being able to check in on your mum or dad's wellbeing from halfway across the globe!

Remote oversight

Another area where increased digital innovation can lead to more effective care is the adoption of remote oversight – care workers and nursing associates being overseen digitally by senior staff and clinicians. An example is nursing associates being guided virtually by a registered nurse, or a district nurse supporting care workers in the community. This allows registered and district nurses to not only expand their remit and support more individuals, but to also focus on the more clinical tasks that only they are qualified to undertake.



3. Workforce

Despite all they do, care worker is a role that is grossly underappreciated. Stereotyped as a low-skilled, low-paid and dead-end job, the fulfilling nature of care work is often overlooked. Truthfully, care workers are naturally compassionate people, who spend their days making a real difference to the lives of others. They deserve to be recognised for all they do, and although it shouldn't have taken a pandemic to make that happen, care workers are beginning to be seen as the key workers they are.

A career in care is a valid career path. For the first time, the Government has recognised that registered care managers are professionals. In its *Health and social care integration: joining up care for people, places and populations* white paper, registered managers were listed as health and social care professionals, alongside NHS and local authority workers – overdue and much deserved. Offering care workers opportunities to upskill and progress not only helps them to feel valued, but helps the sector to hold on to these values-driven individuals instead of losing them to other avenues.

In this chapter, we discuss the value of upskilling Lincolnshire's care workforce, for care providers, policy makers and most importantly, the older and vulnerable people they care for.

The value of upskilling

1. Nursing associates

In January 2019, Lincolnshire's first cohort of nursing associates joined the Nursing and Midwifery Council's (NMC) register – the first in the country to do so. A brand-new role designed to bridge the gap between social care workers and nurses, in just two years these skilled care workers have made a measurable impact on the lives of those they care for.

Working primarily in nursing homes, nursing associates – who must graduate from a two-year foundation degree (FdSc) – are trained to handle certain clinical tasks, allowing registered nurses to focus on more complex responsibilities. These tasks can include everything from taking an ECG to administering medication and dressing wounds, but there is still room for additional responsibility in this role – with the right supervision in place.

An example of this already in action is night provision. Some nursing homes in Lincolnshire are already allowing nursing associates to take additional responsibility in this area, under the supervision of the registered nurse. This frees up the nurse to focus on the more clinical tasks, and the more nursing associates that are trained, the more support these registered nurses will receive.



Case study

The value of upskilling: Stewton House

After completing in-house training with her employer Drovers Call Care Home, former care assistant Emily Gillott was inspired to progress her career further. She decided to undertake the FdSc Nursing Associate course at the University of Lincoln, and over two years learned the skills she needed to become a registered nursing associate. Nursing associate is a stand-alone role designed to bridge the gap between care workers and registered nurses, allowing nurses to focus on more complex care. Emily spent roughly half of her time studying at the university, and the other half gaining practical experience in nursing at Drovers Call. Emily said:

“ It seemed like the perfect opportunity for me to take my next big career step. I could work while I learned and I improve my skills and knowledge. I can provide safe and effective care while supporting the nursing team. ”

After the outbreak of COVID-19, Emily was trained in night provision, allowing her to cover for a registered nurse when needed. With the support of a skilled care team, Emily uses care plans created by the nursing team to monitor residents overnight. This means that the nursing team are free to focus on tasks that only they are trained to do, and the residents receive high-quality nursing care 24/7. This has proven invaluable when staff shortages arise, and a registered nurse is always available by phone to offer Emily advice if needed.

Since qualifying three years ago, Emily's role has continued to evolve, and she's gained even more skills and expertise. Her success has also inspired other team members to pursue a career as a nursing associate. She said:

“ One person has just qualified, two trainees have just joined us, and more are showing interest. When I first started, I had no experience whatsoever. I completed my NVQ Level 2 and 3, medication training and my nursing associate qualification, and I've just been promoted to deputy manager. I think seeing me start at the bottom and working my way up has shown it's possible and available to anybody willing to try. ”

2. Delegating tasks to care workers

However, nursing associates aren't the only part of the social care network that can support additional responsibilities. If first upskilled, certain tasks can also be delegated to care workers – whether in a home or out in the community – and monitored by a registered nurse.

An example is wound care. Imagine a dressing falling off while a home care worker is assisting a service user. With the right skills, the home care worker could redress the wound, removing the need for the district nurse to make a visit. In other instances, a district nurse could also assess a wound over a platform such as Zoom, instead of travelling – sometimes for miles – to take a look, with the care worker being responsible for cleaning and dressing the wound if its condition is not serious. As it stands, a nurse would need to be called straight away to assess a wound, instead of a more suitable time, putting a strain on both themselves, the care worker and the service user. This is unnecessary, when technology has made it possible for care workers to act as the eyes, ears and hands of clinicians.

Another example is data collection. Care workers could be trained to monitor their service users' and residents' health in a more medical manner. If they are trained to observe and report changes, they can be useful in gathering vital information in a form that is meaningful to clinicians. By developing a common language between medical and care staff, deterioration can be spotted sooner, along with a higher quality of care provided.

By training care workers to handle low-level interventions, we can save time, resources and most importantly, stress for the service user or resident. When possible, it is much less intrusive for a service user to be treated by the same person who has helped them with their personal care and that they have a bond with, than a nurse or medical professional they do not know.

Still, despite the wonders of digital, this concept will only succeed if supported by a closer working relationship between community health services and the county's care providers. Upskilling and increased integration of technology are important tools, but to be utilised to their full potential requires stronger communication between

the people using them. The increased adaption of digital technology during the pandemic shows that this system can work, and if done properly, means that registered nurses and care workers can be more flexible and effective in their roles than ever before.

3. Workforce retention

Another benefit of upskilling Lincolnshire's social care workforce - whether they're working in a nursing home, care home or out in the community – is the increased retention rate of staff. The image of care work as a low-skilled option needs to change, with values-driven individuals offered not just a job, but a career. By investing in Lincolnshire's care workers, we encourage them to invest in themselves, leading to a skilled workforce poised to lead Lincolnshire's social care sector into the future.

The CareinLincs website, which launched in February 2020, is designed to both expand and develop the county's social care workforce. As well as a place for Lincolnshire care providers to post their job opportunities, CareinLincs also provides information on the wide range of routes and roles available in social care. From breaking down the difference between residential homes and domiciliary care, to highlighting the different qualifications and career pathways available, the website was created to showcase care as a real career choice for those with the right values. By reframing the conversation, we can help to give a career in care the respect it deserves.

4. Support for staff: where do specialists come in?

Although upskilling care workers comes with a myriad of benefits, these changes cannot be made without the support of specialists. To get the best results, specialists and clinicians need to be involved from the ground up, building relationships with those they will be supporting.

If clinicians and specialists are involved with training, they become one team, instead of several. They get to know each other better, trust one another more, and can successfully collaborate to provide what is best for the service user or resident.

For example, specialists and clinicians that work with care homes getting more involved in industry meet-ups would be beneficial, such as the LinCA Registered Managers' Network meetings. That way, clinicians, specialists and care providers can build a better understanding of each other's trials and issues and work together to develop solutions that work for everyone – but especially those they care for.

An example would be a specialist in dementia. If the clinical lead for dementia, a senior doctor, attends these meetings, they will get to know care home leaders and decision-makers. This strengthened working relationship is mutually beneficial, with care homes being able to feedback ways that they can support the NHS regarding dementia patients, as well as clinical leads offering their recommendations to make life better for dementia sufferers in care homes. But the people who will most benefit from this improved working relationship are the residents with dementia, whose health and wellbeing will be enhanced by the additional support and solutions provided.

5. The importance of recognising care workers for their hard work

As a sector filled with naturally compassionate and values-driven individuals, it's common to find care workers going the extra mile for those they support. Whether a manager, personal assistant or nursing associate, it's crucial to recognise the contribution social care staff make to society. That's why we created the Lincolnshire Care Awards, to celebrate the amazing social care workers across our county. Taking place annually, the awards are a chance for service users, residents, families and colleagues to nominate a deserving care worker for all their hard work. These awards not only honour those going above and beyond, but give others something to strive for and increases their desire to upskill, knowing that they and the work they do are valued.

4. Volunteers

Volunteers are incredibly useful for improving the quality and efficiency of social care services. Supporting the sector in a range of areas, volunteers are key in linking care homes and home care providers with the local community and can help to support integrated care. By refining the way Lincolnshire's care providers recruit and work with volunteers, we can better utilise the support they provide.

A countywide system of support

Fortunately, there doesn't seem to be a gap in compassionate people hoping to volunteer for their local care provider. However, a disorganised volunteer system means opportunities can be missed to make the most of this stream of support. For the Lincolnshire social care sector to really benefit, there needs to be better infrastructure in place for managing volunteers. A countywide volunteer system could be the solution to this, helping providers to really benefit from the support available.

This could include training within care homes on managing volunteers. Performance managing a volunteer – who is not being paid for their time – is very different from managing an employee, who are contracted and need to adhere to certain rules and obligations. By working with care providers to better manage volunteers, we can get the most out of their service.

There are also issues with the ways that volunteer opportunities are presented to the public. Opportunities are not always easy for eager volunteers to find, whether that is because providers do not have the time or resources to display them, or the knowledge of how to best reach their target audience. The development of an app would be a contemporary solution to this problem, where care providers can easily post their opportunities and would-be volunteers can find them.

Case study

Volunteer visitor hosts: The Bungalow Care Home

The Bungalow Care Home is a 28-bed facility in Spalding that prides itself on its “home from home” feel. The home was one of the first in Lincolnshire to have a volunteer visitor host, who during COVID-19 came once a week to support staff in delivering COVID-secure visits with residents’ friends and family. Their duties included the lateral flow testing of visitors, ensuring accompanying paperwork was completed, that visitors were wearing appropriate PPE and assisting staff at reception. Residents and visitors both enjoyed her company, and her support meant that the team were freed up to focus on more important tasks. Janet Bolton, Registered Manager at the Bungalow Care Home, explained:

“ COVID-19 meant that care workers had additional responsibilities to keep residents safe, such as additional paperwork, entering test result data onto the computer and an intensive cleaning process. Having another pair of hands available protected both our staff’s time and the resident’s time. ”

Care homes can’t always afford an additional staff member on duty, but a volunteer visitor host provides much-needed support without the cost impact. Volunteering is also beneficial for the visitor host, who gets the satisfaction of knowing that they are making a difference to the lives of others.



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