

Independent Care Matters

the newsletter for independent care providers in York
and North Yorkshire

Tough times ahead!

With inflation hitting 3% and likely to go even higher, care providers were dismayed to read the latest North Yorkshire County Council Provider Bulletin which indicated fee increases for 2009/10 and 2010/11 had already been agreed at 1.5%. In fact, the telephones were red hot as we sought to allay providers' fears that this was a 'done deal'.

The **ICG** immediately pressed the Council on the issue – and following representation it appears that the statement on the following year's awards was made in error. As ICM went to press, the County Council agreed to send out a revised Provider Bulletin correcting the position.

As far as the **ICG** is concerned the position is clear in that no discussions have yet taken place about future fee settlements and we have asked for early meetings in which to conduct our negotiations. That said, the **ICG** Board recognises and **ICG** members need to note that the future fee discussions will prove extremely challenging as the Council seeks to withdraw the link to the Retail Price Index when the current contract ends at the end of this financial year. On the financial front it is therefore likely to be a bumpy ride ahead so **ICG** needs your support more than ever. Watch this space.

Issue 14

Spring 2008



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Cost of care rises but fees fail to keep pace

This year, increases in fees in City of York and North Yorkshire have again failed to meet increased costs of care. Providers are having to meet greater costs in the region of 6% caused by the Minimum Wage rises, increased holiday allowances, utilities, food and petrol. For this reason **ICG** has been unable to agree the uplifts. The local authorities have budget pressures of their own which means that this year the fee uplift has been set at **3.65%** for CYC and **3.5%** for NYCC.

CYC fee rates 2008-2009

Residential care: £362.71. EMI—£377.71

Nursing Care: £501.90. EMI—£516.90

NYCC fee rates 2008-2009

Residential care: £341.04. EMI—£372.05

Nursing care: £487.06*

* *Single rate of FNC £101 included*

Dignity in Care

The Dignity in Care Campaign is about eliminating tolerance of indignity in health and social care services and delivering high quality services in a person-centred way that respects the dignity of the individual receiving them.

A new publication from the Social Care Institute for Excellence is **Practice Guide 09—Dignity in Care**.

This guide can be used by everyone who wants to make a difference and improve standards of care.

The guide can be downloaded from:

<http://www.scie.org.uk/publications/practiceguides/practiceguide09/index.asp>

Dignity Cards

Dignity Cards can now be ordered for all staff working with vulnerable people. The credit card sized cards set out the national expectations of services that respect dignity. *It is essential that all care providers have a good knowledge of the dignity campaign and how it relates to practice in all areas of care. It should form a key part of staff training.*

To order Dignity Cards for your staff e-mail: dignityincare@dh.gsi.gov.uk or telephone Tom Loader on 0207 972 4007.



ICG to present The Great North Care Awards

Make a date in your diary—our **Great North Care Awards** will be held on **Friday 3rd October at The Railway Museum, York.**

Details of all the categories and how to put in a nomination will be sent out shortly.

The planned glamorous award event will celebrate excellence in care. Judging will be conducted independently. More news very soon.

National Care homes week

National Care Homes week will be held 2–6 June 2008. The week will be given over to celebrating the good work done in care homes. Many care homes are planning to take part with lively events of their own. For more information go to www.caringbusiness.co.uk or Tel: 0207 921 8502.

A range of care homes provide choice by Keren Wilson

From what one reads in the press, care in a care home is not a fashionable option. Despite this, many of us believe that there will always be a need for 24 hour a day care in a care home for some vulnerable people who cannot be cared for at home.

In the past, 65% of all residents in care homes were funded by the local authority. Now, as fewer and fewer placements are made year on year, regulation increases and the gap between rising costs and fees paid widens, many care homes are finding it difficult to keep going – in particular small family run establishments. At ICG we believe that there should be a mixed market of care—a care market which caters for all needs and preferences.

In the last month I have visited two completely different care homes and these are my personal observations.

The first care home is a new one. It has many bedrooms. The bedrooms are light and airy and contain new matching furniture in light coloured wood. The curtains and bedcovers match in attractive co-ordinating colours. There are a range of colour schemes but I found the blue and yellow particularly eye-catching. The en-suite bathrooms are standardised and func-

tional. The corridors are wide and well lit. New plantings around the building will soon soften the hard edges and give the residents some pleasant outdoor space. The lounges are well arranged with smart new furniture and a range of pictures. It is easy on the eye with everything clean and modern and bright. It compares very favourably with a modern hotel. No expense has been spared. It is pleasing for the visitor to behold.

The second care home is a gracious listed building. It has lovely grounds. It was not purpose built as a care home and has some quirky architectural features. The rooms are high and well proportioned, the bedrooms have tall windows looking out onto mature trees. Each room has an en-suite bathroom to suit. This home has a policy of encouraging the residents to bring their own furniture with them when they move in. Some even bring their own beds – seemingly a number are electric beds. As a consequence, each room is furnished in idiosyncratic style with old, well used furniture which is obviously the personal choice of the resident. Most of the rooms are furnished in a way which would not win any prizes from Homes Beautiful magazine. Most often, the dressing tables are of dark wood with three mirrors. They have the

usual marks and scratches on them. The wardrobes are of similar age and familiarity. I noticed that there seemed to be no restriction on personal possessions and in some rooms surfaces were filled with nick nacks and photos which must be a trial for those employed to do the dusting! Many rooms have an armchair with cushions and often these do not match the other fabrics in the room but rather, look well used and loved. It conjured the impression of visiting a great aunt or grandma – where one does not make judgements based on one's own taste but always accepts that her house is in **her** style.

This home also allows residents, if they wish, to keep their favourite armchair in the lounge – a large comfortable room which can only be described as homely. Chairs of all shapes and sizes are arranged in groups, each with a useful side table. Only in the large bright dining room overlooking the garden, and in a couple of smaller sitting areas, is there a uniformity of furnishings. In one quiet room an older lady was having a late breakfast at 11.30 am. She was very frail and was being hand fed by a kind girl.

Both care homes work hard to offer a personalised service. I believe it is of great value to have this range of choice.

Undernutrition in the community—Food First

If your clients have a poor appetite, are losing weight without trying or have lost interest in food then 'Food First' should be tried.

What is 'Food First'?

It encourages clients to increase their energy intake by fortifying / enriching food and by offering nourishing drinks.

What foods can be used to increase the calorie content of meals, snacks and drinks?

Double cream - add to breakfast cereals, soup, rice pudding

Skimmed milk powder - add to whole milk and use this 'enriched milk' in rice pudding, milky drinks, porridge, cereals, jelly.

Cheese - add to soups, use in sandwiches, use as 'finger foods' for patients with dementia
Butter & oil - fry foods, use butter liberally on toast and in sandwiches.

Nourishing snacks -

- Cake, chocolate biscuits, sausage rolls, pork pie, sandwiches, crisps, scone with butter & jam, crackers & cheese, toasted crumpets with butter, dried fruit, chocolate, mousse, thick and creamy yoghurts, cubed cheese, muesli bars, jelly made with enriched milk/ evaporated milk.

Nourishing drinks -

Horlicks, hot chocolate, 'enriched' cup-a- soup, milky coffee, smoothies / milkshakes

Aim to provide a nourishing snack mid-afternoon and for supper.

Why screen residents?

Clinical signs of malnutrition may appear only very late, often with a sudden illness such as pneumonia, or a fracture.

Screening emphasises the need to identify speedily those older people who are vulnerable and to treat before they become malnourished.

Use the **Nutrition for Care Home Residents Pack** to screen, assess and follow care plan actions. If you do not have a copy contact **Vanessa Wright**, Specialist Dietician, York and North Yorkshire PCT at Harrogate - Tel: 01423 553 329.

ICG local Meetings

Local meetings for care providers have been arranged as follows:

Harrogate

Thursday 22 May at 2 pm – Greenfield Court

York

Thursday 29 May at 2 pm – Connaught Court

Skipton

Tuesday 1 July at 2 pm – Craven Nursing Home

Scarborough

Wednesday 16 July at 2 pm – Red Lea Hotel

Leeming

Thursday 24 July at 2 pm – Leeming Garth

Letters of invitation will be sent to providers in each locality. The meetings will focus on the role of front line staff in nutrition for vulnerable people. Also crisis events like POVA referrals.

For more information please contact Keren Wilson at **ICG** on 01423 816 582.



At its AGM on Thursday 13 March 2008 the Board of ICG was elected as follows:

- | | |
|----------------------------|-----------------|
| * Mike Padgham (Chair) | * Angie Jackson |
| * Tony Conroy (Vice Chair) | * Jim Lawson |
| * John Fisher | * Jose Bishop |
| * James Burgan | * Richard Pick |

* Richard Inman (Co. Sec)

* Keith Ludlam agreed to remain as Hon Treasurer

* Sue Ullmann was subsequently co-opted to the Board.

Mike Padgham thanked retiring Directors Karen Shann and Gillian Gallagher for their valuable contribution to ICG. A number of ICG members attended including Rob Pursey (pictured 2nd top left).

Could you or one of your staff be a Care Ambassador?

The Care Ambassadors Programme is an innovative and exciting initiative, developed by social care employers to increase the understanding of adult social care and promote social care careers to young people and to adults in our community.

It is a framework to enable employers to empower their own staff to become involved in recruiting and mentoring their future workforce.

Care Ambassadors are committed, enthusiastic individuals who work within the social care sector, in a variety of settings and a variety of job roles, with differing levels of skills, experience and knowledge. The one thing they have in common is they are passionate about their work and have a desire to inspire others to consider working in social care

Care Ambassadors voluntarily undertake a wide range of activities dependent upon their skills, experience and preferences:

- They talk to students, teachers and parents; explaining qualifications, job roles, their own work, the career routes they took and where they could go from here.
- They deliver presentations, run workshops and act as mentors, support teachers to develop resources and offer advice and guidance around curriculum development.
- They attend careers fairs and facilitate taster sessions and work experience placements.

Care Ambassador Teams engage with community groups including single parents, carers, early retirees, ethnic minority and youth services.

Interested?

Join us for lunch and come and meet current Care Ambassadors (managers and staff) at our information session on Thursday 19 June at The Parsonage Country House Hotel, Escrick, York from 10 am to 1 pm.

To book your place or for further information contact:

Jeanette Cookson, Skills for Care Yorkshire and the Humber

E-mail: jeanette.cookson@skillsforcare.org.uk or Tel: 0796 976 2864



A new broker for Train to Gain

National Day Nurseries Association (NDNA) is the new Train to Gain broker for Health and Social Care (taking over from Business Link).

Five steps using the Train to Gain skills broker:

1. The broker works with you to identify the skills your business needs
2. The broker makes recommendations—pinpoints the right training
3. Together with the broker you agree a tailored training package
4. The broker recommends the best ways of funding your training
5. The broker provides continual support and works with you to review training.

NDNA is offering organisations in our sector a skills brokerage service from specialist health and social care experienced advisers and funding is available for NVQ level 2 and some level 3 (criteria applies).

For further information contact:

Linda Herriott, Project Manager on 01484 407 074

or Linda.herriott@ndna.org.uk or the main

Train to Gain helpline 0845 833 7000 or e-mail them at info@yhtraintogain.co.uk



ISA will mean more costs

The Home Office has announced that from 12 October 2009 individuals will need to register with the Independent Safeguarding Authority (ISA) if they are to work or volunteer with children and/or vulnerable adults in a regulated activity.

The cost for an individual to apply to register with the ISA will be a one-off, lifetime fee of **£64.00**. Employers will be able to check an individual's ISA-registration status online or as part of an Enhanced CRB check.

This new cost is in addition to the planned registration of care workers onto a Social Care Register. The first workers to be registered will be domiciliary care workers (in 2008) and Government has announced that the fee level is likely to be **£20 per year** for each member of staff.

Nutrition & the National Association of Care Catering

The National Association of Care Catering- what does it do?



We asked NACC Chair **Sue Ullmann** to explain:

NACC works to promote and enrich the standards of catering within the care sector through the development of professional standards.

It also provides a forum for debate, and enables the exchange of information and experience, whether on catering provided by Social Services or by other caring agencies.

Through its involvement within the care sector the NACC continues to support and work with other stakeholders, the Minister and the Government in the 'Every Older Person Matters' agenda.

National Nutritional Action Plan

Nutrition is now a top government priority. A prime aim of its Nutritional Action Plan is to further encourage provision and access to relevant training so that staff are aware of the issues on the importance of nutrition for good health and nutritional care. I am delighted that the NACC is actively involved with the delivery board.

Under-nourishment among older people has been identified as a real cause for concern.

Training

Training is a key factor—whether for staff in a care home or for those caring for people in their own homes. There is very little training and funding for staff that provide and deliver meals to older people within the different care settings.

Care homes

The NACC has developed documents to assist staff with the delivery of the service and the Menu Planning and Special Diets Document is an invaluable tool for home managers, chefs and cooks within a care home setting.

Home care

Minister for Care Services, Ivan Lewis' vision for the future of Care of the Elderly recognises that more and more people want to stay in their own

homes a lot longer. However it is important that they can access and receive the appropriate support such as intermediate care, extra care and the invaluable Meals on Wheels service provided in this country, which are vital to the future of this initiative.

Sheltered housing

The NACC is working with BAPEN (British Association for Clinical Nutrition) and EROSH (Consortium for Sheltered Housing) to look at addressing malnutrition in sheltered housing. A pilot programme using the MUST screening tool has been implemented and the results are due to be published later this month.

To compliment this work the NACC is also looking in depth at the valuable community Meals on Wheels Service across the UK which has seen a drop in the uptake of the meal service. NACC has commissioned independent research to look at the challenges that face this service and how the NACC can lead and influence its future.

Staff are the vital ingredient

Supporting staff to succeed in reducing the risks of malnutrition and improving the whole meal experience has to be a team effort, good nutrition is vital to the delivery of 'person centred care'.

Everyone associated with the NACC is passionate about the fact that we need to get it right and we will continue to put nutrition and meals within the care sector as a priority, and as an association we are committed to looking at the long term future.

If you think our objectives are worthwhile, if you would like to get involved or would like more information on the NACC please contact: NACC National Administration Office c/o McCullough Moore Ltd. Tel 0870 748 0180 or visit the website at www.thenacc.co.uk.

Note: **Sue Ullmann** will be coming to all of the forthcoming ICG local meetings (see page 3 for details) to talk about tackling under-nourishment and supporting the role of staff.



Your letters ...



Dear ICG

End of Life Care

Thank you for sending me a copy of *Independent Care Matters*. I was particularly interested to read of the End of Life Care concerns.

The Liverpool Care Pathway (L.C.P) has been introduced to twenty nursing homes in the Selby and York area by Linda Ruddock who was the End of Life Care facilitator until her recent move to a new post at St Leonard's Hospice. I have been covering her vacancy for one day per week since December to be available to all the homes that have received the training and to answer any concerns or further training needs.

Most of the care homes are finding the pathway useful but some have had difficulties with certain aspects. Most of these concerns are to do with encouraging GP's on board and the prescribing of anticipatory care drugs.

I have read some of the articles in the *Independent Care Matters* describing these issues and found this very upsetting.

Judith Seagrave started her new post of End of Life facilitator in February 2008 and will be concentrating on rolling the L.C.P out to District Nurses and GP's which will hopefully impact some of the areas of concern raised.

Whilst I have been covering, some of the care home staff have expressed an interest in developing a L.C.P support group to be run quarterly for all care home staff. The idea being it will be an arena to raise concerns, what has worked well and support each other in this emotive area of care. It is an area of care that can be hugely satisfying to nurses when care is planned well and all potential problems addressed but very upsetting when things go wrong. The L.C.P is a very helpful tool to ensure all potential problems are addressed.

Judith Cuminsky at Birchlands Care Home in Haxby has kindly offered to co-ordinate the support group and Judith can be contacted on 01904 760 100. There are many other nurses in the care homes who are interested in being the L.C.P link nurse for their nursing home and I have given Judith their names.

The Macmillan team are happy to contribute teaching or updates for the group and it will be a useful afternoon to provide support and education. The Macmillan team can be contacted on **01904 724 476** and are also happy to help with any aspect of patient care and management.

Caroline Boyd
Community Macmillan Clinical Nurse Specialist,
North Yorkshire and York PCT



Jude Seagrave and Caroline Boyd

On 19 April the Yorkshire Post newspaper printed 2 articles on care. Here are excerpts:

A 'DEMOGRAPHIC time bomb' is to explode in Yorkshire over the next two decades, with councils and health trusts facing huge cash shortfalls in caring for an ageing population.

Increased life expectancy and low birth rates mean that by 2030 there will be fewer than three people aged between 15 and 64 for every pensioner living in the region.

The impact will be most striking in North Yorkshire, where the number of people aged over 85 – those most likely to require round-the-clock care – is projected to rise by 65 per cent between 2001 and 2020.

The demand for care services will be so great that, unless it changes its procedures, North Yorkshire Council will need an extra £43m a year to cope ...

Demographic time bomb: Libraries to offer care help in health revolution
ELDERLY residents in North Yorkshire could soon access help and care at leisure centres and libraries in a huge shake-up to cope with the ageing population.

North Yorkshire Council is changing the way it provides social care for adults as it faces a £43m black hole in its annual finances by 2020.

The council intends to give people 'personalised budgets' so they can buy their own care according to their needs ...

The problem is particularly acute in North Yorkshire. Projected population figures suggest there will be 155,300 over-65s in the county in 2020, up 50 per cent on 2001.

North Yorkshire Council's corporate director for adult and community services, **Derek Law**, said caring for an ageing population was one of the biggest challenges facing local government.

He said: 'Doing what we are doing now is not an option. We have got to do things more cost-effectively but, as the population is getting older, people's expectations are getting higher.'

The council plans to work with district and parish councils, health bodies, voluntary organisations and the independent sector to develop care services.

Mr Law said residential care would become 'a thing of the past' within 20 years as the council provided more extra care housing schemes, designed to allow vulnerable people to live independently ...

Letter to the Yorkshire Post from Mike Padgham Printed 26 April 2008

In response to 'Demographic time bomb' - Yorkshire Post 19 April 2008 (see above)

Residential care 'vital'

Care providers in North Yorkshire will be heartened to read at least some of the County Council's future thinking on social care.

In particular, they will cheer corporate director for adult and community services, Derek Law, when he talks of everyone working together to provide the care that is required in this county.

However, they will be less impressed by his assertion that residential care would become 'a thing of the past' within 20 years. It is our view, and one shared by many experts within the social care sector, that the only way to provide the care that our society needs is by offering solutions to all types of need.

This may indeed be extra care housing, it may also be domiciliary care but there will always be a place for good residential care and the very special 24-hour service it offers those who need it most. The choice should be there for people.

Our organisation has long recognised the looming demographic time bomb set to hit the care sector and has campaigned for more to be done to address it.

In particular, we have called on the Government for many years to put more funding into care to help local authorities like North Yorkshire County Council and care providers to deal with it and help often vulnerable people get the care they need, not just now but in the future, too.

Mike Padgham
 Chair of ICG

If you have any comments or views
 please write to us at ICG—address
 on back page.



The voice of independent care providers in York and N Yorkshire

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See our developing website at:

www.Independentcaregroup.co.uk

ICG represents independent care providers in York and North Yorkshire including care home providers for all client groups, domiciliary care agencies, supported living and extra care housing providers, and day centres in the private and voluntary parts of the independent sector.

Independent Care Matters is sent currently to all care providers in York and North Yorkshire, all City Councillors, all County Councillors, Chief Executive of the new PCT, Borough and District Councils, NHS Trusts, to all local MPs and MEPs and senior managers at NYCC & CYC.

ICG contact address:

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