

Independent Care Matters

the newsletter for independent care providers in York
and North Yorkshire

Post-code lottery on fee increases for 2009-2010

ICG has expressed disappointment and anger at the fee settlement offered to care providers this year by North Yorkshire County Council. It was able to persuade the Council to increase its 0.9% offer to 1% only. The 1% rise on fees which are already below the rate needed to sustain quality care has been described as 'wholly unrealistic' and 'an insult'. Across the country the average fee increase is not good at 2.8% but NYCC is well below this—and for care homes who are receiving fewer placements by the Council year on year this is a double blow.

Home care too has been awarded 1% only by NYCC which fails to touch the costs of the mandatory increased minimum wage and holiday entitlement over the past year.

ICG Chair, Mike Padgham, says 'This ongoing lack of proper funding for vulnerable people in our society is bound to have a detrimental effect on the provision of care. We believe that there will be an increase in business failures this year causing heartbreak to clients.'

In contrast, the City of York Council has awarded 2.5% to care homes and 3.5% to home care providers. The difference between the two local authorities on fees for care homes is shown below.



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NYCC fee rates 2009-2010

Residential Care	£344.45
Residential EMI	£389.92
Nursing Care	£482.07 (£375.77 + NHS FNC £106.30)

CYC fee rates 2009-2010

Residential Care	£371.78
Residential EMI	£387.15
Nursing Care	£517.32
Nursing EMI Care	£532.69

Members evaluate ICG services

ICG members have given their views on its services. For full details see page 4. Thank you to all ICG members whose support keeps this organisation going.

ICG has arranged a series of local meetings so local providers can raise issues with their MPs

The first meeting was held in Scarborough with Robert Goodwill, MP who listened to concerns and praised the social care sector for the valuable role it plays in society and the local economy.



Robert Goodwill MP talks with care providers at Scarborough

Further meetings are arranged as follows:

Location	Date	Time	Member of Parliament
The Talbot Hotel, Malton	Friday 22 May	9.45 am – 1 pm (Lunch at 12. 30 pm)	John Greenway (at 11.30 am)
Owl Hotel, Hambleton Selby	Friday 5 June	9.45 am – 1 pm (Lunch at 12. 30 pm)	John Grogan (at 11.30 am)
The White Hart Hotel, Harrogate	Friday 19 June	12 noon – 3.30 pm (Lunch at 12 noon)	Phil Willis (at 2.30 pm)
Coniston Hotel, Skipton	Friday 26 June	9.45 am – 1 pm (Lunch at 12.30 pm)	David Curry (at 11.30 am)
Minster Hotel, York	Friday 3 July	12 noon – 3 pm (Lunch at 12 noon)	Hugh Bayley (at 2.30 pm)
Golden Lion Hotel, Northallerton	Friday 10 July	9.30 am* - 2.30 pm (Lunch at 12 noon)	William Hague (at 1.30 pm)

*At Northallerton, a Care Alliance for Workforce Development meeting will be held in the morning (see page 5), followed by lunch and the ICG meeting will be straight after lunch. We have been unable to arrange a meeting with Anne McIntosh MP.

Please make sure to **book your place** (to include lunch) —call Keren Wilson on 01423 816 582 or e-mail: keren.wilson@indcaregroup.plus.com

Flu Pandemic

ICG has been keeping members up to date with developments on **Swine Flu**.

At the time of going to press 101 people have been confirmed as having swine flu in the UK.

So far the symptoms produced have been mild. However, some commentators believe that this virus could return in a more virulent form.

These are the best prevention measures:

- Using a tissue when sneezing then throwing it away
- Washing your hands frequently with soap and water to reduce the spread of the virus from your hands to your face, or to other people—is seen as the most important way to prevent the spread of infection



- Cleaning hard surfaces, including door handles, worktops and car steering wheels frequently.

This is a new virus which has passed from animals to humans and has spread fairly rapidly.

No-one has any immunity to this kind of virus and it would be wise to view the current situation as a warning to make sure you have a business continuity plan in place.

People will find this DH document useful: *An operational and strategic framework - Planning for pandemic influenza in adult social care*.

It is available from: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080755

The latest swine flu updates are available from: www.nhs.uk/news/2009/04April/Pages/Swine-flulatest.aspx

POVA: Time to review procedures – because change is on its way

Davidson Large, law firm in Harrogate, writes for ICG

A House of Lords ruling has emphasised the need for change within the current system of referrals to the POVA (protection of vulnerable adults) list. Currently, an employee suspected of harming or placing at risk a vulnerable adult is provisionally placed on the POVA list while their case is considered by the Independent Safeguarding Authority (ISA).

The Lords held that this system was a breach of the employee's human rights. Not only did employees not get a chance to state their case before listing, but also the stigma of being listed had a severe impact on the employee's career and personal relationships. As a result, an employee might not be able to work in the industry, even if their name was subsequently cleared.

Coinciding with the decision, the ISA announced that from 20 January 2009, provisional listing will cease. While this is undoubtedly a welcome development for employees, it does mean that employers must now be particularly vigilant when taking on new employees.

Future changes

A new system, requiring employee registration, is planned for **October 2009**. The details are not yet finalised, but Government consultations suggest that employees will be required to register with the ISA. Registration can be taken from job to job, free for volunteers but incurring a one-off fee of £64 for employees. Employers will be able to check an individual's status online for free.

In addition, some offences will result in an individual being automatically "barred", and all existing lists (including the POVA list) will be redundant, replaced by two new lists – one relating to children and another to vulnerable adults.

Practicalities

The current system of referrals for the POVA list is still the procedure which should be followed. However, in October it is likely that significant changes will be required on all sides in relation to recruitment and disciplinary procedures. Whilst employees will have to organise their own registration, employers must also ensure they check the registration status of all their workers, since employing an individual who is not on the ISA list or is on a barred list, could result in fines of up to £5,000.

Charlotte Lucy Bond

Davidson Large LLP , Harrogate



Charlotte Lucy Bond

NEW BENEFIT FOR ICG MEMBERS
Harrogate law firm Davidson Large is now offering ICG members a free telephone consultation of up to 20 minutes on any employment issue relating to your business.
Tel: 01423 72 72 72

A free legal helpline is also available for ICG members on any health & social care issue from RadcliffesLeBrasseur, London
Tel: 0207 227 7308

Jim Lawson Presentation

Jim Lawson, of Cloughton Beeches care home, near Scarborough, has been presented with a *Certificate of Appreciation* from the ICG.

Jim retired recently from the ICG Board after having served for more than 6 years.

ICG Chair Mike Padgham says: 'Jim has done a tremendous amount of hard work for the group, all in a voluntary capacity, for many years.

'We wanted to show our appreciation and what better way than by asking our MP to present him with a certificate.'



Jim Lawson receives Certificate from Robert Goodwill MP

Care Alliance for Workforce Development—helping you to take a new look at opportunities to RECRUIT young people

CG is working with North Yorkshire County Council, Wilf Ward Family Trust, and other partners in a new Care Alliance for Workforce Development for North Yorkshire and York which is funded by Skills for Care. The Alliance is working to promote workforce development and provide targeted information and support to all those involved in providing social care.

Young people can form an important part of the Social Care workforce and there are a number of ways to attract and encourage them to work for you—here are three ways for you to recruit them:

Apprenticeships

For people aged 16 – 24 years, undertaking an apprenticeship provides a great opportunity to start a career in social care while they achieve a Government funded NVQ, the technical certificate (the knowledge base in care) and key skills in literacy and numeracy. Apprentices get support in the workplace from the employer, an identified mentor, and the training provider. As the young person is on a recognised training programme there are no issues in relation to undertaking personal care. The recent budget has also announced an initiative—CareFirst—to recruit young people, unemployed for the last 12 months, onto a 'traineeship' which provides the employer with a **£1,500 subsidy** towards the cost of the young person's support in the workplace.

Society, Health and Development or SHD Diploma

Make contact with your local Schools/Colleges who offer this programme for 14 -19 year olds (currently offered in York and Harrogate areas). Colleges are looking for employers to come into the classroom to talk to students and bring in 'real' experience. They also need employers to provide placement experience for students on this course.



Rachael Ross of Skills for Care is working with the Care Alliance for Workforce Development. She can be contacted on **07815 429 170**.

Care Ambassadors

Encourage your staff to be developed by Skills for Care as a Care Ambassador. Care Ambassadors come from all parts of the care sector and are passionate about their work. They work with the Connexions service, visit colleges, schools, and attend Job Fairs promoting care as a career. They are not only able to represent the sector, but can actively recruit into your service.

An identified worker, funded by the Care Alliance for Workforce Development and NYCC, has recently been recruited to provide support to interested employers in North Yorkshire and York.

Michael Watt can be contacted on 01609 538 541 or via e-mail at Michael.Watt@northyorks.gov.uk

Care Alliance for Workforce Development (CAWD) Meetings

Do you want to know more about what is available for employers (including the above) and funding and training opportunities? Then come along to our special Care Alliance for Workforce Development meetings and join us in the workshops—everyone will be welcome:

Venue/location (with lunch)	Date (2009)	Time
The Folk Hall, New Earswick	Wed 8 July	12.30 pm
Harrogate (venue to be arranged)	Thurs 9 July	9.30 am
The Golden Lion, Northallerton	Fri 10 July	9.30 am
Scarborough (venue to be arranged)	Thurs 16 July	12.30 pm

**To book your place call:
Keren Wilson on
01423 816 582 or e-mail:
Keren.wilson@indcaregroup.plus.com**

Your letters ...



Dear ICG

End of Life Care

Recently, we have had a very upsetting experience. We had a client who was palliative care but who was stable. Her condition worsened very quickly over a weekend and our staff nurse on duty called the GP Out of Hours service in order to request a GP visit to ensure that we could keep her comfortable. Both the client and her family had expressed a wish for her to die at our home. As our nurse answered the set of questions asked by the Out of Hours service manned by the Yorkshire Ambulance Service she was told that this had triggered an ambulance - there was no choice. We had called the family who were on their way to us. When the ambulance arrived they insisted on taking the lady to hospital. She died in the ambulance and attempts at resuscitation were made. We have all been very upset by this and I have written to the Out of Hours service because this is the second time this has happened.

Julie Fieldman
Long Meadow Nursing Home

Thank you for drawing this case to our attention. We are very sorry that this has happened. ICG has spoken to Liz Vickerstaff, Senior Commissioning Manager at NHS NYY who says that GPs should notify the Out of Hours Service of their practice's palliative care patients - even if the patient is not on the Liverpool Care Pathway. We advise all care homes to check with their regular GP that they have registered all palliative care patients with the Out of Hours Service in order to prevent this very distressing situation being repeated.

Dear ICG

CRB delays hindering employers and people seeking employment

Delays in gaining Criminal Record Bureau checks for new members of staff are hindering people from getting employment with us. CRB checks used to be returned within 2-3 weeks but recently we have been waiting up to 12 weeks. This is causing us and potential employees real problems. We can get the POVAFirst through which means that the member of staff can start in-house training, however, usually after 4-6 weeks the initial stages of their training has been completed.

Given the time these checks are taking to come back, some staff have accrued annual leave and are using their paid holidays, because we are still waiting for their CRB check to come through. Staff can not be given contracts of employment until we have received satisfactory CRBs. We have complained to the Criminal Records Bureau but they just tell us that there are delays. They do not seem to appreciate the expense and difficulty this causes us and the person needing employment.

Wendy Woods
Threshfield Community Services



Dear ICG

The reality of 'residential' care

I want to let you know the truth about looking after someone who is assessed by North Yorkshire County Council as a 'residential' client for which we get paid **£375.75** a week. Do you think this fee reflects the amount of care we give? Mrs X is 91 and suffers from these conditions:

- * **Alzheimers Disease**—short term memory loss, so needs constant reassurance and supervision. Gets distressed as she wants to go home to her mother, Mrs X says that she is 35, but is in fact 91 years old
- * **Dense cataract** of the right eye and moderate cataract of the left eye, although not a suitable candidate for surgery! Some days she cannot see at all and other days can only see shapes, but no detail. Mrs X needs someone with her at all times when mobilising as she can't see where she is going, also forgets where she wants to go
- * **Atrial fibrillation** – on Digoxin daily so needs regular monitoring as she goes into heart block and then has to have Digoxin strapped until her heart rate returns to normal levels.
- * **Incontinence**—staff toilet her during the night otherwise she has wet beds. Has some stress incontinence during the day
- * **Postural hypotension**—needs supervision when getting up as if she stands up too quickly she becomes dizzy and faints
- * **Swallowing problem**—needs constant monitoring at meal times as she gets choking attacks. Has a soft diet
- * **Weight loss**—poor appetite so has Ensince Plus and milk at meal times as a supplement. Is slowly increasing weight but this is due to staff intervention
- * Unable to maintain her own **hygiene**—staff need to wash and bath her as she does not do this herself, does not like soap and water—as it gives you wrinkles.
- * Needs attention after toileting, as she is no longer able to clean herself properly, if staff do not attend to this she gets very red and sore, also gets Thrush infections.

This lady 'appears residential' but if left to her own devices would be nursing care due to complications of the above conditions. She is residential because of the intervention of my good staff.

Residential clients are by definition, people who can care for themselves, but need supervision. Mrs X needs constant supervision and input. If we did not care, then we would not give her the care that she needs—we would be accused of neglect and Mrs X would be classified as nursing as a result of this.

It is unfair that private residents have to subsidise contract residents but this is what is happening.

We are expected to adhere to CQC standards and prove that we 'can and do care' but NYCC is penalising us by paying lesser fees for doing this when we need to be able to pay our good staff better.

We are getting residents coming to us via Rapid Response, who have had accidents at home, because they are on their own. They do not want to go back home as they realise that we have nursed them back to health, only for it to happen all over again. If someone in their 90's realises this then why can't a Care Manager/NYCC see this?

These people deserve better

Matron
Residential and Nursing Home

Name and address supplied





The voice of independent care providers in York and N Yorkshire

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ICG is a care association which 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 Executives of NY&Y PCT, Borough and District Councils & NHS Trusts; to all local MPs and MEPs and to senior managers at NYCC & CYC.

ICG address:
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At the **ICG AGM** on 22 April the **ICG Board** was elected—pictured from the left: Harry Larcombe, Sue Ullmann, Mike Richards, Tony Conroy (Vice Chair), Michael Hollins, Richard Inman (Co. Sec), Richard Pick, Vicky Craddock, Mike Padgham (Chair), John Fisher, Keith Ludlam (Hon Treasurer), Jose Bishop and Angie Jackson.

Message from ICG Chair—Mike Padgham

This has again been a busy few months for care providers and the **ICG**.

ICG Board

I am particularly pleased to welcome our new Board members. They bring with them a wealth of experience in both business and social care and I look forward to working with them. It is always good to have new people on the Board with fresh ideas and keeps **ICG** on its metal. That said, we were sorry to lose James Burgan who stood down and also Jim Lawson who retired after many years valued service. We are grateful to them both.

ICG Member survey

Continuing on the **ICG** theme, I must comment on the result of the recent member survey. The results have again been outstanding and I must pay tribute to our hard working and loyal chief executive, Keren Wilson, for the service she provides to members. I think you will agree with me that in these tough times, **ICG** membership is real value for money and as such will recommend it to other non-members as a vital part of their social care operation. We will not rest on our laurels though and indeed this next 12 months will form a crucial part in the next stage of our development.

Fees for care

Of course, I could not fail in this issue to touch on the question of fees. Providers are understandably still reeling from a poor fee increase from North Yorkshire this year and as such there is to be special meeting of providers in September to plan a campaign for next year. Look in a future issue of **ICM** nearer the time for details. Don't forget also that it is County Council election this May so if you are concerned about social care in the County ask the candidates what their position is and vote accordingly!

ICG local meetings with MPs ... and the Great North Care Awards 2009

Finally, please come along to the **ICG** meetings with your local MPs and make sure your voice is heard. The nomination forms for the *Great North Care Awards* will come out in June—please put your selves forward and mark the date in you diary, **13 November 2009**, for another spectacular event—we hope to see you there.

Mike Padgham