

Principles of a Greater Manchester Teaching Care Homes Model

“The state of adult social care services 2014 to 2017” state’s that the learnings from their findings are as follows:

- All services can learn from other services that give good care.
- Strong managers are important for services in giving good levels of care. They are able to talk to all staff and they are honest about what is happening and what they can do.
- Good staff will have had training, are caring, want to do their jobs well so the people they care for live a happy life.
- Services that give person-centred care will give good care and always find ways to improve. Staff really get to know people for who they are and know what they like and dislike.

This programme strives to achieve the above by enabling the workforce to be upskilled, educated and mentored with strong leadership. This will allow for the raising of the profile and perception of care homes so that they are seen as a positive career choice with career pathways, a place people will want to live and the hub of the community. The care homes will have a learning and Improvement environment by developing a culture of continuous learning and improvement, within and across organisations that work together by identifying opportunities to draw on what works and promote good practice. It will also enable the residents to have a voice, to retain the sense of one’s own value and worth as a person, retain their identity and dignity and feel part of the care home and local community.

PRINCIPLES OF A TEACHING CARE HOME

A Teaching Care Home (TCH) encompasses both residential and nursing, leading and embedding a culture of collaboration for continuous learning and improvement. It is a recognised care home which has been developed to provide an education and learning environment for all health and social care staff, both internal and external, whether they provide direct care to residents or other services (clinical and non-clinical). It will also become a research and innovation platform and provide student placements, apprenticeships, work experience, etc. and develop a relationship with the community by providing advice, information and changing the perception of a care home. A GM TCH is not a medical education centre but a training and development centre for all health and social care staff and future health care professionals, including student nurses, social workers, etc. Therefore, this programme will build on the national Teaching Care Home pilots, training and developing all health and social care staff within a care home setting.

A GM TCH will provide learning and education both internally and externally which will include:

- Training, information and advice, on the job learning to **all health and social care staff**, e.g. healthcare assistants, housekeeping, maintenance, kitchen staff, etc. for both internal health and social care staff and other care homes. This can also be extended to other organisations, e.g. acute trusts, ambulance service, pharmacists, primary care providers, etc. as well as families and communities.
- A TCH will become part of the wider community and will lend itself to form a community hub offering community inclusion and integration with the staff and residents of the establishment.
- The training will also include student nurse placements, working closely with all universities within GM. They will provide mentorship, supervision and assessment of the student nurses. The intention will be to explore the possibility of also including other professions for student placements, e.g. social workers, junior doctors, physio, OT, podiatry, mental health etc.

- The TCH may be identified as an expert in a specialism, e.g. dementia and will be required to support and share knowledge and skill sets with other care homes, organisations, families and communities. The specialism may also include social inclusion, use of technology, advice regarding providing choice to residents, etc.

The GM TCHs will have:

- a CQC rating of Good and working to achieve outstanding
- a Registered Manager with a proven track record
- a sustainable workforce – turnover of staff to a minimum
- nurses that have mentorship training (**nursing homes only**)
- staff trained and willing to supervise and develop others
- Standard Operating Procedures, with clear understanding of policies and procedures delivery
- Quality surveillance - key quality performance indicators and key improvement matrix and monitoring
- a workforce and owner which is open to change
- an understanding of financial profit and loss
- a facility that offers itself to be a TCH – right environment and culture
- a fully trained and compliant care team
- part of a an innovative improvement community/working group supporting other TCHs/care homes
- welcomes new innovation
- leadership shared across the organisation
- communities of practice
- mentoring and coaching each other
- Research/evidence based improving care

PROGRAMME FOCUS

Testing the GM TCH Model

We will run a test programme of the GM TCH model over a 9-12 month period. This will allow for a solid evaluation and research ensuring that once this is proven to be successful we can roll out across the whole of the care home community in GM. For phase 1 of the testing, expressions of interest will be sought from care homes which have the following minimum requirement:

- a CQC rating of Good and working to achieve outstanding
- a Registered Manager with a proven track record
- a sustainable workforce – turnover of staff to a minimum
- nurses that have undertaken or are working towards mentorship training (**nursing homes only**)
- staff willing to supervise and develop others
- a workforce and owner which is open to change
- a facility that offers itself to be a TCH – right environment
- a commitment to be part of a an innovative improvement community/working group supporting other TCHs/care homes
- welcomes new innovation
- is open to having leadership shared across the organisation

Once the model has been tested and adapted where required, the programme will consider care homes that are rated Requires Improvement and then the remaining ratings.

Initially there will be a requirement to develop a learning and improvement culture within the proposed TCHs and to enable them to do this; key senior leaders will be provided with change management training.

The programme will work in partnership with key stakeholders, including providers and will focus on:

- **Identifying and developing training for all health and social care staff within a care home setting, some of which can be extended to other organisations, families and communities.** This will include developing a culture of collaboration for continuous learning and improvement, leadership training, change management training for key senior staff within care homes to enable them to make the necessary changes required to become a TCH. It will also include train the trainer, mentorship training, Care Certificate etc. It will identify different methods of training, e.g. e-learning, work place training, 1:1 and group learning, web-ex training, mobile training, etc. ***Not all training will result in a recognised qualification but would be included on a training passport.***
- **Developing a clear career progression, with clear roles and responsibilities.** This may include reviewing and standardising job titles. This will also include student placement and apprenticeships. Other types of roles/training will be explored.
- **Developing a standardised training and educational passport which can be transferred between organisations** to reduce costs, ensure health and social care staff are trained to a minimum level and enable new starters to commence in their roles within a shorter period of time.
- **Research technology to enable training, on-line consultations and to increase social inclusion.** This may also encourage community involvement, e.g. internet café, games consoles, Skype, etc.
- **Understand how the third sector can contribute to the care homes,** e.g. involvement of volunteers, enabling choice, reducing social isolation, providing ideas and sign-posting staff to activities, encouraging the community to be involved, etc.
- **Develop networks between care homes and commissioners to share best practice, advertise events, ask for advice, etc.** This will also include access to documents and up to date regulations and information for the residents, families and public. These networks may include face to face meetings or technology.
- **Identify benefits/incentives** for the TCHs and other care homes which isn't necessarily money but may reduce costs, e.g. bulk buying of equipment across GM, shared training/train the trainer to reduce costs, etc. Also possible clauses within contracts, e.g. a requirement to be involved and attend networks for a selected number of times per year.
- **Develop a sustainability plan,** which includes ongoing quality improvement, continuous monitoring and development.
- **Identify best practice.** Identify and establish evidence of good practice and outcomes in all the above areas.

The programme will take a phased approach which will be identified within the implementation plan and will be developed in partnership with key stakeholders, including providers.

PROPOSED WORK STREAMS

Work streams will be established with key stakeholders, including providers. The proposed work streams are therefore:

- **Workforce**

- Talent Development & System Leadership

- Basic skills training
 - Standardising training – Training Passport
 - Registered Manager Leadership Development
 - Developing a culture of collaboration for continuous learning and improvement
 - Shared leadership
 - Promote asset based models of care
 - Induction
 - Change management
 - Development to support new roles (e.g. tech assisted care)
 - Pre-employment support

Employer Brand and Offer

- Reviewing job titles / roles
- Enabling Trusted Assessments
- Increase perception of care as a career choice
- Pay and conditions
- Flexibility and benefits

Grow Our Own

- Student placements, e.g. nursing, social workers, etc.
- Career progression and development of career pathways
- Apprenticeships and opportunities through the Levy

Filling Difficult Gaps

- Development of new roles
- Reviewing skills mix
- Shared staff resources
- Use of agency review
- Values based recruitment
- Volunteers

● ***IT Technology and network development***

- Website portal – legal requirements, advertise events and training, sharing of best practice, restricted forums for care homes, commissioners
- Network development – Commissioners network, care homes network
- Introduction of I.T. technology into the care homes, e.g. Skype, E-consultations, etc. utilising learning from vanguards
- I.T. training (excluding NHS mail and Information Governance Tool Kit – being led by another programme)

● ***Social and community inclusion***

- Third sector engagement
- Education engagement, e.g. schools
- Community engagement
- Positive promotion
- Social inclusion – reducing loneliness/social isolation, patient choice, continuing previous activities and keeping mobile/active

● ***Sustainability programme***

- Quality Improvement (gold standard)
- Monitoring

● ***Identification of benefits and incentivisation***

- Identify benefits and incentivisation – linking into the GMHSC Partnership's Incentivising Reform work stream.

This may include:

- GM bulk buying, e.g. latex gloves, uniforms, incontinence pads, etc. (pilot being undertaken and outputs will be shared)

- Solar panels
- Wi Fi
- Contracts – include requirement to network, ensuring there is a learning culture, having student placements and mentors, etc.

- **Research, evidence and Innovation**

- This will include establishing evidence of best practice outcomes and designing and implementing robust evaluation of the feasibility, acceptability and preliminary efficacy of the TCH model. This research/evaluation is essential to identify what are the essential and flexible elements of the TCH model and, consequently, how to roll out the model more widely.

OUTPUTS FROM THE PROGRAMME

The outputs from the testing will be:

- Culture will have shifted to an education/learning environment
- Engagement, co-operation and partnership working
- Enhanced training and development including student nurse placement, social work placements, apprenticeships and training passport for all health and care staff
- Third sector engagement
- The communities view of the care home as part of their community
- Support networks including I.T. communications portal
- Adoption of social integration technology, e.g. facetime, internet shopping
- Staff feel they have a voice, have a chance of progression, have support, opportunity for reflection,
- Inter-generational relationship is strong and has been developed/nurtured/is flourishing
- When we meet a resident, they feel that there has been a positive impact on social isolation and loneliness
- Regular evaluation with residents, families and advocates
- Be in receipt of good news stories, testimonials, some `positive noise`, changed perceptions of the care home sector
- Quality surveys to evidence the above will have been developed in partnership with staff, residents, families and advocates

RAISING THE STANDARDS IN OTHER CARE HOMES

In parallel to the testing of the TCH model, to enable the smooth roll out of the model to other care homes there will be a requirement to raise the standards to meet the criteria and adhering to the Quality Improvement Framework. Therefore, the programme will also focus on quality improvement and the implementation of standards and best practice. There are several different programmes already being undertaken both within GMHSC Partnership and in localities on quality improvement and the TCH programme will link into these to avoid duplication, share good practice and ensure they complement each other. Examples of current work/best practice and innovation being undertaken which we will include are the Red Bags, standard operating procedures, trusted assessor, medicines optimisation, on-line consultations (which are not exhaustive).

All health and social care staff will:

- work as a team with one single set of objectives, values and standards
- have access to ongoing training and development to a set standard for the lifetime of their careers
- receive solid leadership, mentorship and supervision
- have the benefit of partnership working across networks and peer support
- have the knowledge and understanding of the care sector environment, their responsibilities/expectation and what opportunities are available to them to further their careers
- agree to engaging with research and teaching and improving practices etc.

We need to build key partnerships within GM to form an alliance which will drive and lay the foundations for GM ultimately having the ability to utilise skills sets of key professionals to develop and improve the care offering to the most vulnerable/elderly individuals within the care home sector.

SCOPE OF THE TASK AND FINISH GROUP

Please refer to Terms of Reference.

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