An overview of the challenges facing care homes in the UK

Abstract

Care homes are an increasingly important part of the UK’s healthcare system. Despite their importance, particularly in providing care for older people with complex needs, the sector is often disadvantaged and overlooked by commissioners, policymakers and researchers. The authors provide an overview of some important challenges for the sector. These challenges relate to funding, education and research, overseas staff, career pathways and staff recruitment and retention.

They conclude that recruitment and retention of registered nurses is arguably the greatest challenge, as high staff turnover is the catalyst for other challenges identified.

The care home sector should be considered as equal to hospitals, community settings and hospices. Care homes offer registered nurses many opportunities for development of clinical and organisational skills.

Keywords

care homes, independent sector, nursing homes, older people, recruitment and retention, safe staffing

In THE UK, 405,000 people aged 65 and over are cared for in an estimated 17,678 nursing and residential homes (Laing and Buisson 2014). Care homes now provide more beds than NHS hospitals, which highlights the rise in non-acute care provision required as people grow older with increasingly complex needs (Care Quality Commission 2012, 2014). Living with dementia is the most common example of a complex need in the care home setting (Mitchell and Agnelli 2015a).

The Alzheimer’s Society (2013), the UK’s largest dementia support and research charity, estimates that up to 80% of residents in care homes may live with, or develop a form of, dementia. Other complex conditions prevalent in care homes may include residents with cardiovascular disease, cardiopulmonary disease, progressive neurological conditions and diabetes (Mitchell and Twycross 2016).

Despite the importance of care homes in UK and international healthcare systems, care home nurses and support staff have not always been recognised as specialist practitioners (Stevens 2011, Mitchell and Strain 2015). The National Institute for Health and Care Excellence (2015) highlighted the importance of developing the skills of care home nurses who possess specialist knowledge in older people’s nursing, have competence in gatekeeping for services such as dietetic, tissue viability or palliative care support, and can promote person-centred care in practice. However, care homes are usually not the preferred place of work for registered nurses (Owen et al 2006). Reasons for this include the absence of a defined career pathway, disparities in quality of training and the increasing workload and clinical complexity of the work of care home nurses (Spilsbury et al 2015). The RCN Foundation commissioned Karen Spilsbury, from the University of York, to conduct a multi-method scoping exercise to find out what is known about the nursing workforce in UK care homes. The aim was to identify priorities for future research and development (Spilsbury et al 2015).

It is beyond the scope of this article to provide detailed analysis of the Spilsbury et al (2015) report. However, the authors provide an overview of some important challenges from their own professional experiences in working for a large independent care home provider and frame these with Spilsbury et al’s (2015) report in mind. These challenges relate to care home funding, education and research, overseas staff, career pathways and staff recruitment and retention. While there are many more challenges that face care homes today, this article provides readers with a flavour of the main issues.
Funding
The current model of funding in the UK is probably the most significant issue affecting the long-term sustainability of care homes. Most will remember the dramatic collapse in 2011 of Southern Cross, once the largest independent provider of care in the UK, which threatened homelessness to more than 30,000 residents.

Five years on, there is still a significant burden on care homes with Laing and Buisson (2015) suggesting that for the year October 2014 to September 2015 the average fee paid by councils in England of £512 a week results in a shortfall of £42 per resident. When this figure is multiplied across the 405,000 residents in UK nursing and residential homes, it is easy to see why providers are seeking to increase their levels of funding (Angel 2012, Department of Health 2012, UK Home Care Association 2015).

The introduction of the statutory National Living Wage in April 2016 has added further strain to the care home sector. Significant underfunding carries a number of risks for residents. This is because there are likely to be insufficient resources to organise training for ever-increasing complex services and therefore recruitment or retention of care home staff is affected. In a unique covert ethnographic study, Greener (2011, 2014) participated as a member of the care home team at one of Southern Cross’ facilities with a view to shedding light on for-profit care. His findings, while critical of the care home facility, reflected challenges that are often inherent in failing, under-funded systems. Greener (2011) identified a number of concerning issues related to moving and handling, nutrition and hydration, continence care and personalisation of care.

While these issues are reflective of micro-cultures in the care home in question, they are also likely to be associated with Southern Cross’ difficulties in meeting their financial targets, which subsequently led to the company’s collapse.

Education and research
Care home nurses have a broad and multifaceted role. Their clinical role relates to helping residents live well with a variety of long-term conditions, as well as acute illness, rehabilitation and emergencies (Mitchell 2015). Given the prevalence of people living with dementia in care homes, care home nurses must also be able to promote these residents’ well-being (Mitchell and Agnelli 2015a, 2015b). Care home nurses are advocates and gatekeepers for residents, particularly in relation to accessing medical, speech and language, dietetic, physiotherapy, tissue viability, infection control, palliative care and specialist nursing services (Mitchell 2015, Spilsbury et al 2015, Cousins 2016).

In addition to these specialist clinical requirements, care home nurses lead, support and develop the practice of support staff.

Given these competing priorities, it is unsurprising that one of the greatest challenges that care homes face is ensuring that nurses are competent to plan and deliver care. Poor staff knowledge and competence lead to poorer outcomes for residents and increased unnecessary referrals to NHS services (Spilsbury et al 2015). According to the literature review carried out by Spilsbury et al (2015), care home staff are keen to receive training, but there are often barriers to receiving it, including inadequate staffing to cover attendance, expectations that staff attend training in their own time, and inability to access more specialist NHS training.

Many larger care home providers do not usually have dedicated research departments like the NHS. This is interesting because of the increasing importance afforded to evidence-based nursing practice, a key recommendation of the Francis Report (2013), which was written with NHS trusts in mind.

The lack of internal research departments may act as a barrier to delivery of optimum practice but is often considered too costly for many care home providers given financial strains. Spilsbury et al (2015) assert that engagement of care home nurses in research and audit activity would be a supportive way to help nurses understand and recognise the substantial differences they can make to residents in their care.

However, a number of care homes in the UK do collaborate with university departments for research, education and practice development. These pieces of work, while often not led by people who work in care home settings, provide the independent sector with helpful information, advice or guidelines that facilitate provision of better standards of care (Titman 2003, Fleming et al 2008, Brown Wilson et al 2009, Froggart et al 2009).

My Home Life is perhaps the most well-known example of external development of care staff and enhancing resident experience in the UK (Luff et al 2011). Led by Julienne Meyer, My Home Life is ‘a social movement to promote quality of life for those living, dying, visiting and working in care homes for older people’ (Luff et al 2011). The UK-wide initiative has focused on partnership working
to enhance quality of life and care and management through a relationship-centred approach (Owen and Meyer 2012).

The example of My Home Life promotes the importance of care homes as individual and organisational entities seeking involvement in experiential research. This is because the result of research or practice development often results in recommendations from experts about how to improve the care of residents.

**Overseas staff**

The demographics of care home nursing are constantly changing in the UK. The main reason for this is the high annual turnover of registered nursing staff in care homes. In the UK it is estimated that more than half of care home nurses have less than three years’ nursing experience (Skills for Care 2013). In response to consistently high turnover, there is a need to recruit nurses from outside the UK. This phenomenon is not exclusive to care home settings and extends to hospital-based services. Spilsbury et al (2015) acknowledge the important contribution that overseas nurses continue to make in care homes but highlight unique challenges related to their induction, support, supervision, mentorship and continuing professional development. This is because the level of nursing education among overseas nursing staff is variable. Spilsbury et al (2015) note that some care home staff have raised concerns about potential language barriers between overseas staff and residents. Communication is an important aspect of care for older people.

Without good communication between care home nurses, residents, care partners or family and the extended multidisciplinary team, outcomes are likely to be sub-optimal (Mitchell and Agnelli 2015a).

The landscape of care is set to change, however, with the departure of the UK from the European Union. As a consequence, there are likely to be difficulties and constraints in recruiting staff from outside the UK. The effect of this on nursing home care will likely be detrimental because of the large number of overseas staff who are relied on at present.

**Career pathways**

A poorly defined career pathway for care home nurses is one of the main reasons for high staff turnover. Participants in Spilsbury et al’s (2015) work suggested that national bodies, like the Royal College of Nursing, should promote a national career pathway. The belief is that this would help develop clinical leaders in the care home sector and increase the value of care home nurses in society.

While care home nurses often cite career pathways as problematic, many care homes do enable nurses to develop expertise in specific areas, such as tissue viability, moving and handling, infection control or palliative care. These specific areas of expertise, sometimes known as link nursing roles, are useful ways for care home nurses to have a specialist area.

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**References**


Angel C (2012) Care is not a Commodity. UK Home Care Association, Sutton.


of practice that can be shared with other care home staff to enhance the quality of care (Dawson 2003).

**Recruitment and retention**

For some care homes, there is no greater challenge than recruiting and retaining nurses. As highlighted, inadequate staffing in care homes is arguably the catalyst for most of the challenges that care homes face. As a result of the high turnover of staff, and to maintain the safety of residents, many care home providers operate continual recruitment drives. Continual recruitment costs money and continual inductions can cause senior staff burnout.

High turnover of staff reduces continuity of care for residents because of the time it takes to get to know their preferences for care, life history and clinical needs. Finally, from a commercial point of view, lack of staff leads to reliance on agency nurses which is difficult to sustain, even for short periods. Challenges in recruitment and retention, however, vary considerably across the UK. Some care homes, particularly those with positive cultures, retain their staff for longer periods of time (Spilsbury et al 2011, 2015).

**Conclusion**

Care homes will continue to face significant challenges. Recruitment and retention of registered nurses is arguably the greatest challenge. Despite being a growing and specialist area of practice, most care home nurses choose to leave the care home sector. Unstable staffing results in the other challenges that have been identified. Improving nurse recruitment and retention is the first and most important step for care homes to take as it enables delivery of quality care to residents. If this major challenge is addressed, the focus should move to other aspects, such as education and research.

As a starting point, the authors suggest the care home sector is regarded as equal to hospitals, community settings and hospices. Care homes offer registered nurses a plethora of opportunities for development of clinical and organisational skills.

**Implications for practice**

» Care homes provide more beds than NHS hospitals throughout the UK. While demand for care home beds is increasing, the number of beds that homes can offer is decreasing because of a range of complex challenges that are facing the sector.

» The current model of funding is the most significant issue affecting the long-term sustainability of care homes. It is estimated that care homes may be routinely underfunded by £42 per each resident they care for, per week.

» The national shortage of nurses has meant that recruitment and retention of staff is more difficult and this will likely exacerbate problems with safe staffing in care homes.