

Multi Provider Forum 19th October 2017



Welcome

- **Caroline Taylor, Director of Adult Services, Torbay Council**
- **Housekeeping**
- **Agenda**



Good news!

- We now have 2 providers in Torbay rated outstanding by CQC
- Home Instead Senior Care South Devon

and

- Rawlyn House
- CONGRATULATIONS!



Commissioner key messages for providers

- **Judy Grant** Strategic Partnership Manager, Joint Commissioning Team, Torbay Council
- **Fran Mason** Head of Partnerships, People & Housing, Torbay Council



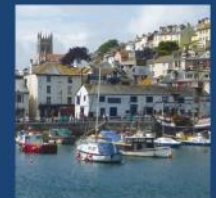
*South Devon and Torbay
Clinical Commissioning Group*



Commissioner key messages for providers

Partnership and engagement

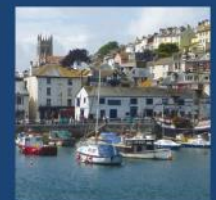
- Independent sector providers are crucial to our success in implementing our new model of care
- To help you we have refreshed our [Market Position Statement](http://www.torbay.gov.uk/health-and-wellbeing/care-and-support-providers/mps/) and made it a website area here, <http://www.torbay.gov.uk/health-and-wellbeing/care-and-support-providers/mps/>
- with information designed to help you plan ahead,
- and tell you about our commissioning intentions,
- and provide information about Torbay if you have too write bids or business plans



Commissioner key messages for providers

Partnership and engagement

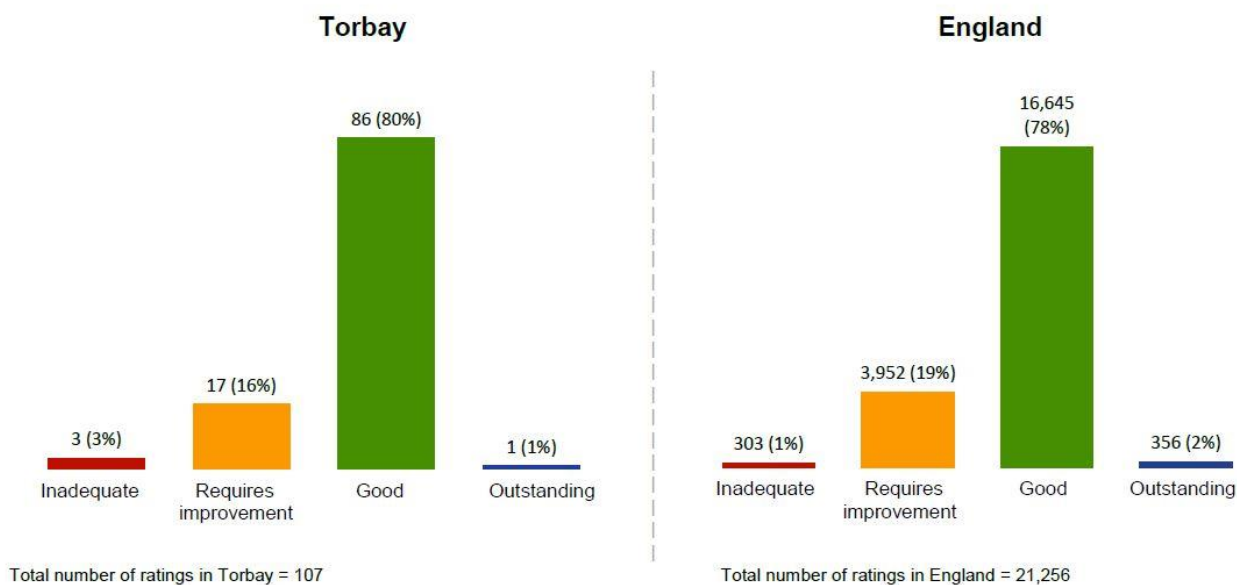
- There is also information in our [care and support provider](http://www.torbay.gov.uk/health-and-wellbeing/care-and-support-providers/) website pages <http://www.torbay.gov.uk/health-and-wellbeing/care-and-support-providers/>
- Please take our [on line survey](https://www.torbay.gov.uk/surveys/mpf/mpf2017.htm) to tell us what you think about forums <https://www.torbay.gov.uk/surveys/mpf/mpf2017.htm>
- Sign up for enewsletters <http://www.torbay.gov.uk/health-and-wellbeing/care-and-support-providers/mps/care-support-providers-newsletter/>
- And join our [Provider Reference Group](http://www.torbay.gov.uk/health-and-wellbeing/care-and-support-providers/mps/help-providers/) to help us shape our engagement with providers <http://www.torbay.gov.uk/health-and-wellbeing/care-and-support-providers/mps/help-providers/>



CQC talking about State of Care later

Torbay highlights - we are very similar to other areas - pleased now to have outstanding providers

Adult social care overall ratings in local authority boundary of Torbay



CQC ratings for active locations and registered providers, 31 July 2017



TIME	OPENING AGENDA PRESENTER IN THE ARLINGTON ROOM		
12.00	ARRIVAL AND NETWORKING		
12.30	WELCOME		
12.45	CURRENT COMMISSIONER - KEY MESSAGES FOR PROVIDERS		
1.00	WORKFORCE DEVELOPMENT UPDATE		
1.35	INFECTION CONTROL AND THE FLU PREVENTION INITIATIVE		
2.15 to 2.30	COFFEE BREAK		
2.30 to 3.00	CQC UPDATE AND CQC NEW MEDICINES KEY LINES OF ENQUIRY		
3.00 to 3.30	ROWCROFT HOSPICE FIVE YEAR STRATEGY AND OUR WORK WITH PROVIDERS		
TIME	AGENDA A COMMUNITY PROVIDERS OTHER THAN CARE HOMES IN THE ROUGEMONT ROOM	TIME	AGENDA B CARE HOMES IN THE ARLINGTON ROOM
3.30 to 4.15	TRANSFORMING CARE PARTNERSHIP - DUAL USE ACCOMMODATION	3.30 to 4.30	INTERGENERATIONAL CARE
4.15 to 5.00	AGEING WELL UPDATE - PROVIDER OPPORTUNITIES TO GET INVOLVED		
CLOSE			

Torbay Provider Forum 19th October July 2017



Rosalita Mainwaring
Skills for Care – Locality Manager



The size of our workforce

Question: how many people do you think currently work in adult social care?

A
750,000

B
1 million

C
1.45 million

Question: how many people do you think currently work in adult social care roles?

Answer:

A

750,000

B

1 million

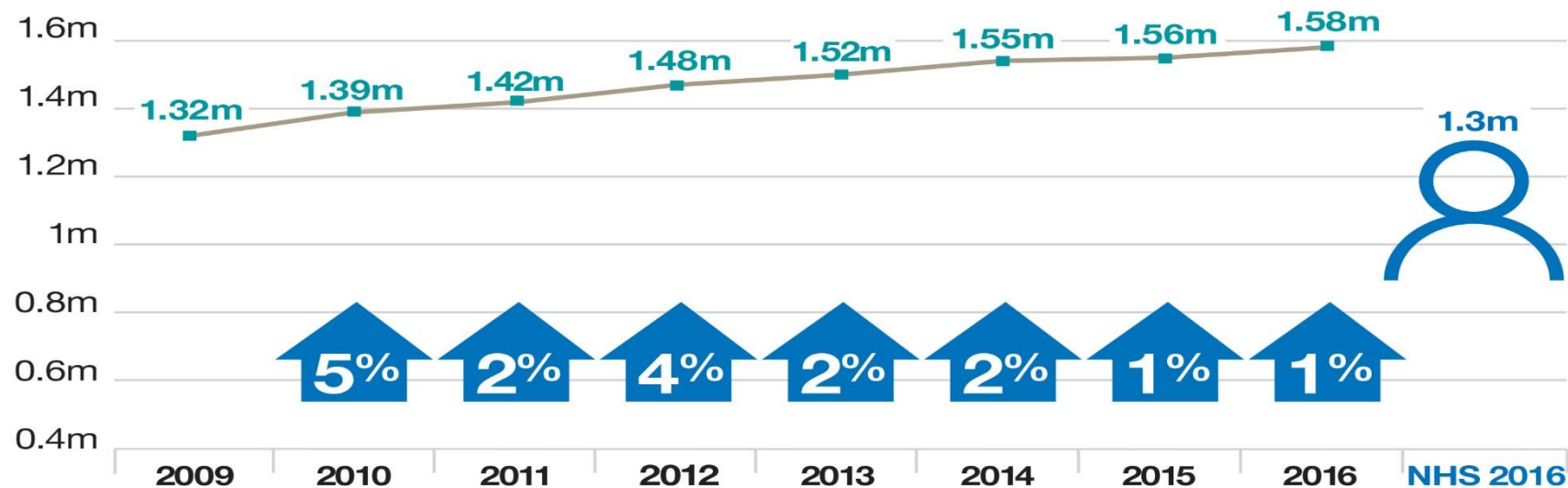
C

1.45 million

The size and structure of the adult social care workforce in England, 2017

Continued growth in the adult social care workforce

Estimated number of adult social care jobs in England



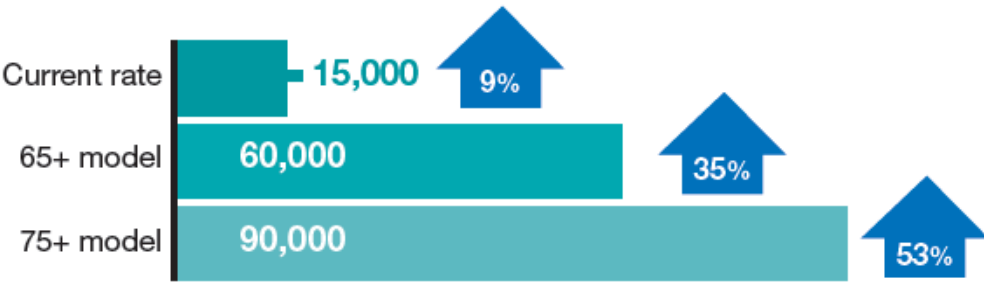
 Percentage change from previous year

The information for this infographic is taken from Skills for Care's 'State of the adult social care sector and workforce in South West 2017' report and uses workforce estimates based on data from the National Minimum Data Set for Social Care (NMDS-SC).

Adult social care jobs in South West: 170,000



Projected number of additional adult social care jobs required by 2030



Current rate assumes the workforce will continue to grow at the same rate as it has between 2012 and 2016. **65+ model** assumes the workforce will grow proportionally to the number of people aged 65 and over in the population. **75+ model** assumes the workforce will grow proportionally to the number of people aged 75 and over in the population.



There are around **2,300** organisations and **4,600** locations delivering or offering adult social care.



The workforce has increased by **4.3%** since 2012. This rate of growth has slowed in recent years.

Selected job roles



88,000 care worker jobs



13,000 jobs for direct payment recipients



14,000 managerial roles



11,000 senior care worker jobs



5,100 registered nurse jobs



1,700 social worker jobs

Recruitment and retention 1/2



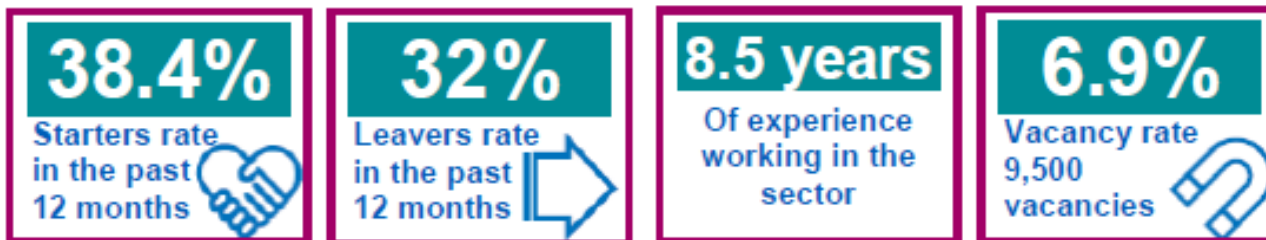
Overview of the recruitment and retention of the adult social care workforce in the South West region, 2016/17

- Staff turnover rate of directly employed staff was 32%.
- The turnover rate was higher within registered nursing roles (33.1%) and care worker roles (39.5%).
- Turnover rates have increased steadily, by 7.3 percentage points, between 2012/13 and 2016/17.
- Starters rate in the past 12 months was 38.4%.
- Workers had, on average, 8.5 years of experience in the sector.

Recruitment and retention 2/2



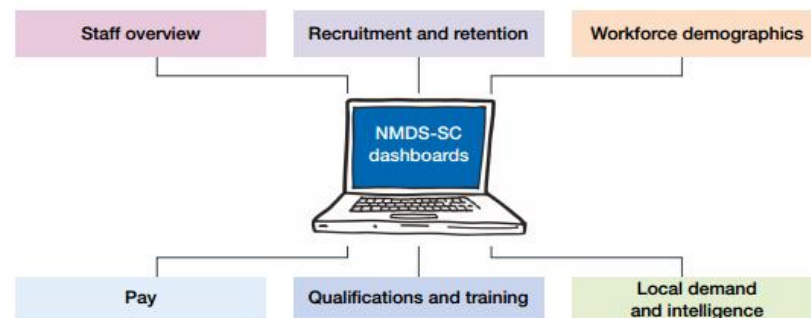
- Employers are struggling to find and recruit suitable people to the sector
- Estimated workforce of 150,000 and an average of 5.0 sickness days,
- Skills for Care estimates that 6.9% of the roles in adult social care are vacant, this gives an average of approximately 9,500 vacancies at any one time.
- The vacancy rate between 2012/13 and 2016/17 remained fairly stable, increasing by one percentage point over the period.



Useful links



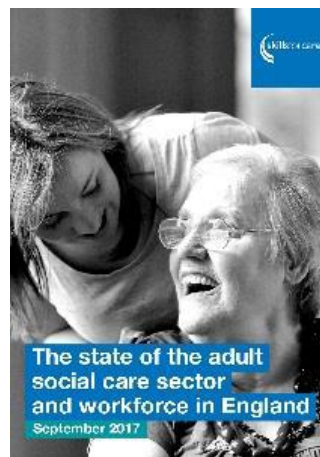
All workforce intelligence publications can be found here
www.skillsforcare.org.uk/WIpublications



NMDS-SC Dashboards



The size and structure of the adult social care sector and workforce in England



The state of the adult social care sector and workforce in England



NMDS-SC briefings and trend briefings

What is the NMDS-SC?

- The National Minimum Data Set for Social Care (NMDS-SC) is an online database of information about social care services and the workforce in England
- Social care providers provide answers to a number of questions
- Collecting data since 2005
- The Department of Health use the information to make policy decisions about how to plan social care services

The National Minimum Dataset for Social Care (NMDS-SC)

What is it?
The National Minimum Data Set for Social Care (NMDS-SC) is an online nationwide data collective for the social care sector. It's the leading source of robust, evidence-based data for adult social care.

It holds information on around 25,000 care-providing locations (across the statutory and independent sectors) and also has individual worker data for approximately 700,000 workers across England.

Who uses it?
Social care employers/providers use the NMDS-SC to help ensure their information better supports business and workforce planning. They register, maintain and access their business information through their online accounts. They can use it to track staff retention rates and qualifications with personalised reports.

The Government, strategic bodies, commissioners and policy makers rely on this data for policy-making, service planning, development, workforce modelling and planning at national and local level for social care services.

Local authorities use NMDS-SC to help them plan resources for the local workforce and to commission services.

Why do we need it?
The social care sector is changing and growing fast. It's crucial that the sector has clear, robust evidence of its size and needs. This will help workers to position as a major workforce.

What data does it provide?
The NMDS-SC provides information on the size and structure of the whole adult social care sector including:
• Where of care services that are provided
• How much care provision there is
• A detailed picture of the workforce

“The level of being associated with NMDS-SC very supportive both from a strategic perspective and operationally.”

www.nmds-sc-online.org.uk

Benefits to you for being part of NMDS-SC



1. **Funding** - completing NMDS-SC allows you to apply to the Workforce Development Fund
2. **Reporting** - helps create management information for workforce and service planning
3. **Training records** - helps you manage and track training including the Care Certificate for example.
4. **Save time** - with your permission, we can automatically share your data with NHS Choices, the Care Quality Commission and local authorities to populate your provider profiles
5. **Help our sector** - allows staff to be counted to help policymakers and commissioners plan. Allows you to compare your organisation to other similar organisations, or the sector as a whole i.e. pay rates.

What do I do next?



Visit:

www.nmds-sc.online.org.uk

Talk to your Director/Manager/HR about setting up an account and the benefits for your organisation.



Any Questions?



Sign up for enews.....

Skills for Care Website:

www.skillsforcare.org.uk

rosalita.mainwaring@skillsforcare.org.uk

Tel 07971002270



**The Care Certificate &
The Care Worker Video Library**
Supporting Care Providers, Improving Skills, Increasing Capacity

Richard Wyatt-Haines

www.healthandcarevideos.com
richard@healthandcarevideos.com
077 111 39697

The innovative video solution from Torbay and South
Devon NHS Foundation Trust

FREE TRAINING RESOURCES FOR YOU AND YOUR STAFF

Torbay and South Devon NHS Foundation Trust's newly launched Care Knowledge Hub will not only give you, as part of the Private, Voluntary and Independent sector across Torbay and South Devon, access to the learning support resources on this website, but you will also be able to take advantage of:

- All e-learning courses delivered through the Trust's Learning Management System 'The Hive'
- Provision of training reports to support quality assurance returns
- Face to face mandatory and clinical skills training courses
- Online Care Certificate training programme (due to go live later in 2017)
- Online Assessor training programme (due to go live later in 2017)
- Vocational training including specialist diplomas and accredited modules
- Apprenticeships (paid out of your organisation's levy)

The Trust are offering access to all of these training and resources completely **FREE** for **12 months (from October 2017)** to anyone within the Private, Voluntary and Independent sector across Torbay and South Devon who completes the Training Needs Survey.

Completion of the survey needs to take place by 31st October 2017.

The data will then be collated, giving the Trust vital information on expected take up of the courses and enabling them to prepare for the demand.

To access the Training Needs Survey, please [click here](#) to register and find out more.



www.healthandcaretraining-tsd.co.uk/membership-enquiry/

Log in


Username / email

Password

Remember username

Log in

[Forgotten your username or password?](#)

Cookies must be enabled in your browser 

Is this your first time here?

To access this site, you first need to create an account.

[Create new account](#)

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ANNOUNCEMENTS Welcome to the Knowledge Hub! We will advertise our latest news here!



Welcome to the Knowledge Hub



Care Certificate Programme

Care Certificate Programme

Course >



FAQs

Care Certificate FAQs

Course >



Care Certificate Learner Resources

Care Certificate - Learner Resources

Course >

Completion Progress

CARE CERTIFICATE

NOW

Progress: 0%

Standard 4 - Assessment Not completed

Allergies	Blood Pressure	Breast Screening	Care Laws
Carer Support	Casts	Casts and Plasters	Child Care
Children	Children's Allergies	Code of Conduct for Carers	Communication
Consent	COPD	COPD/Respiratory	Crutches
Dementia	Diabetes	Diet	Ears
Endoscopy	Exercises	Eyes	
Feet	Fracture Clinic	Heart Failure	
Inhalers	Lifestyle	Management and	
Maternity	Medicines Management	Mental Health	
Patient Safety	Physiotherapy	Physiotherapy and	
Pregnancy	Pressure Ulcer Prevention	Radiology	

INTRODUCTION TO DEMENTIA

Introduction to Dementia: Being ready for unusual behaviour



Introduction to Dementia: Reducing the risk



An introduction to Dementia



CARING FOR SOMEONE WITH DEMENTIA

Caring and Dementia The 6 C's of Care



Caring and Dementia: Keeping healthy



Caring and Dementia: Maintaining contact with the world around you





Thank you

Richard Wyatt-Haines

www.healthandcarevideos.com
richard@healthandcarevideos.com
077 111 39697

The innovative video solution from Torbay and South
Devon NHS Foundation Trust

In Partnership With 
Torbay and South Devon
NHS Foundation Trust

FREE NHS TRAINING

- The Trust are offering access to all of the Care Knowledge Hub's training and resources completely FREE for 12 months from October 2017 to anyone within the Private, Voluntary and Independent sector across Torbay and South Devon who completes the Training Needs Survey.
- * Please note* - Some registration costs will apply such as First Aid and 10% of the Apprenticeship levy
- Completion of the survey needs to take place by 30th September 2017. The data will then be collated, giving the Trust vital information on expected take up of the courses and enabling them to prepare for the demand.
- Please log onto this website <https://www.torbayandsouthdevon-courses.co.uk>



Education

Course Title	Course Description - Detail	Face to Face or E-Learning	Duration
Care Certificate	The 15 domains of the Care Certificate delivered through video based modules incorporating assessments of knowledge and understanding. Launch Autumn 2017	E-Learning	
Care Certificate Assessor Training and Update	This is a training and update session for Care Certificate Assessors only. Understand the principles and requirements of assessment and different types of assessment methods when making judgments against the Care Certificate.	E-Learning	
Carers Awareness	The BUZZ welcomes Katy Heard, Carer Lead for the Trust, and Diana Sibley, Carer, to guide you through Level 1 and 2 Carer Awareness training – including 'Who is a Carer', and 'What to do once you have identified them'.	E-Learning	30m
Care Record Keeping	Relevant for anyone involved with Care Records. The programme is suitable for all staff especially those who need to take a refresher to remind themselves of the important issues.	E-Learning	30m
Delegation and Accountability	As service needs change, Registered Nurses are expected to delegate more client specific tasks to non-registered staff, often in clients homes. This cannot be achieved safely without stringent guidelines, assessment and support in place, for all parties.	Face to Face	1 hour
Effective Communication Skills	This one day workshop will help you understand how to enhance your communication skills. Far too often much of what we try to communicate gets misinterpreted and can cause conflict and frustration.	Face to Face	1 day
LEAD (Leadership Exploration and Development)	This 4 day course leading to ILM Level 3 Award in Leadership and Management. Aimed at first-time managers across the system. Course has 2 modules Understanding Leadership and Solving Problems and Making Decisions. Opportunities to explore what it means to be a leader, motivation, delegation and resilience as leaders.	Face to Face	4 days
Managing Stress in the Workplace	This module will introduce you to some guidelines for managing the impact of stress within your team. If you are suffering from stress yourself, the guidelines in this module are just as relevant.	E-Learning	30m
Mental Health First Aid Training	Mental ill health can affect every single one of us. There is widespread ignorance of mental ill health in the general population and there is the associated stigma too.	Face to Face	2 days
NICE Guidance Evidence into Practice	NICE Guidance - Evidence into Practice is an e-learning resource for the National Institute for Health and Clinical Excellence (NICE). The e-learning offers practical advice about how to use evidence based medicine in daily practice. Three 30 minute e-learning sessions covering Evidence Based Decisions, Evidence in Practice and How to Bring About Change	E-Learning minutes x 3	30m
Resilience for Staff	This practical 2hr course is for staff on how to recognise and manage stress. All staff who are not managing or leading a team.	Face to Face	2 hours
Risk Assessment and Care Planning	This is a one hour, internal training session for all clinical staff. The course content will include training in FACE risk management and Care Plan Development.	Face to Face	1 hour
Strengths based working in Social Care	Ensuring that peoples own skills and networks are maximised. Applying the theory into practice. Some practical tips and techniques for now and the Future. Looking at how to develop a localized approach.	Face to Face	3 hours
Translation and Interpretation Services	The BUZZ welcomes Emma McCluskey to talk about the importance of providing information in an accessible format.	E-Learning	30m
Accessible Information Standard	The Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.	E-Learning	30m
WRAP for Wellbeing	This half day course is a chance to look at how WRAP (Wellness Recovery Action Plan) can help you to manage your emotional and physical wellbeing.	Face to Face	3.5 hours

Apprenticeship & Vocational Training

Course Title	Additional Mandatory Learning	Cost of Levy	Employers Pay (paid monthly over 18 months for example £300 over 18 months = £16.66)	Suitable Job Role	Course Description - Detail	Face to Face or E-Learning	Duration
Apprenticeship Standard for Healthcare Support Worker Level 2	Care Certificate; Level 1 Functional Skills Maths & English	£3,000.00	£300.00	HCA's relatively new to the role	Aprox. 8 sessions of face-to-face delivery (induction into OneFile, diploma elements plus functional skills), self-directed learning and observations from assessors. An E-Portfolio called OneFile will be used. An End Point Assessment (EPA) will take place at the end of the qualification	Face to Face and E-Learning	18 months
Apprenticeship Standard for Senior Healthcare Support Worker Level 3	Care Certificate; Level 2 Functional Skills Maths & English	£3,000.00	£300.00	HCA's that are more experienced	Aprox. 8 sessions of face-to-face delivery (induction into OneFile, diploma elements plus functional skills), self-directed learning and observations from assessors. An E-Portfolio called OneFile will be used. An End Point Assessment (EPA) will take place at the end of the qualification.	Face to Face and E-Learning	18 months
Apprenticeship Standard for Adult Care Worker Level 2	Care Certificate; Level 1 Functional Skills Maths & English	£3,000.00	£300.00	HCA's relatively new to the role	Aprox. 8 sessions of face-to-face delivery (induction into OneFile, diploma elements plus functional skills), self-directed learning and observations from assessors. An E-Portfolio called OneFile will be used. An End Point Assessment (EPA) will take place	Face to Face and E-Learning	18 months
Apprenticeship Standard for Lead Adult Care Worker Level 3	Care Certificate; Level 2 Functional Skills Maths & English	£3,000.00	£300.00	HCA's that are more experienced	Aprox. 8 sessions of face-to-face delivery (induction into OneFile, diploma elements plus functional skills), self-directed learning and observations from assessors. An E-Portfolio called OneFile will be used. An End Point Assessment (EPA) will take place	Face to Face and E-Learning	18 months
Level 4 Diploma in Adult Health & Social Care			£500.00	Senior care workers in a social care setting	Aprox. 2 sessions of face-to-face delivery including induction into OneFile, self-directed learning and observations from assessors. An E-Portfolio called OneFile will be used.	Face to Face and E-Learning	18 - 24 months
Level 5 Apprenticeship in Leadership for Health & Social Care	Level 2 Functional Skills Maths a& English	£6000.00	£600.00	Managers or those in a senior role, dealing with complex cases	Aprox. 2 sessions of face-to-face delivery including induction into OneFile, self-directed learning and observations from assessors. An E-Portfolio called OneFile will be used.	Face to Face and E-Learning	18 - 24 months
Apprenticeship Standard for Assistant Practitioner in Health Level 5	Care Certificate; Level 2 Functional Skills Maths & English	£12,000.00	£1200.00	Senior workers in a clinical setting	9 taught study sessions to include induction onto OneFile, self-directed learning and observations from assessors. An E-Portfolio called OneFile will be used. An End Point Assessment will take place at the end of the qualification and must be passed	Face to Face and E-Learning	18 - 24 months
		Registration	Credit Value	STAND ALONE ACCREDITED UNITS			
Stand-Alone Unit: Understand the Process and Experience of Dementia (Level 3)		£150.00	3	Experienced staff who work with people with dementia	1 face-to-face study session to include induction onto OneFile. The rest is assignment based. An E-portfolio called OneFile will be used	Face to Face and E-Learning	3 months
Stand-Alone Unit: Dementia Level 5		£200.00	6	Senior or management working with people with dementia	1 taught session to include induction onto OneFile, self-directed learning and observations from assessors. An E-Portfolio called OneFile will be used	Face to Face and E-Learning	3 months
Full Certificate in Dementia Care (Level 3)		£300.00	21	Experienced staff who work with people with dementia	Aprox. 3 half day taught study sessions to include induction onto OneFile, self-directed learning and observations from assessors. An E-Portfolio called OneFile will be used	Face to Face and E-Learning	12 months
Stand-Alone Unit: End of Life (Level 3)		£150.00	7	Experienced staff who work with people at end of life	Aprox 2 taught sessions to include induction onto OneFile, self-directed learning and observations from assessors. An E-Portfolio called OneFile will be used	Face to Face and E-Learning	3 - 6 months
Full Certificate in End of Life Care (Level 3)		£300.00	26	Experienced staff who work with people at end of life	Aprox. 8 taught sessions to include induction onto OneFile , self-directed learning and observations from assessors. An E-Portfolio called OneFile will be used	Face to Face and E-Learning	9 - 12 months
Stand-Alone Unit: Support the Use of Medication in Social Care Settings (Level 3)		£150.00	5	Experienced staff who work in a health and social care setting	Aprox. 1 taught study session to include induction onto OneFile, self-directed learning and observations from assessors. An E-Portfolio called OneFile will be used	Face to Face and E-Learning	3 - 6 months

Mandatory Training

Course Title	Course Description - Detail	Face to Face or E-Learning	Duration
Information Governance	Importance of records management and record keeping/consent/confidentiality/IT/ Quality of information/Social media/Data Protection Act/Freedom of Information Act. Explain organisational and personal responsibilities under the Data Protection Act/Freedom of Information Act/Caldicott principles/Health and Social Care Information Centre Confidentiality Rules/Acceptable Use Policy/Organisational and Departmental Guidance	E-Learning	30m
Information Governance Refresher	This Mandatory refresher session is designed to provide staff with an understanding of how the Trust and other NHS and social care organisations and individuals handle information to ensure that it is safe and secure at all times.	E-Learning	30m
MOVING + MANUAL HANDLING			
Moving & Manual Handling Non Patient Refresher	This Mandatory refresher course will update your mandatory Moving and Handling Non Patient Handler training.	E-Learning	30m
Moving & Manual Handling Patient Handler (Community)	This Mandatory refresher course is an update session for Community Staff only. Staff are required to have attended the mandatory Patient Induction training for clinical staff no more than 12 months ago, prior to undertaking this refresher.	Face to Face	2 hours
Foundation Course in Moving and Handling and Risk Assessment	This course is designed to enhance current moving and handling skills and increase knowledge in practical skills, legislation, risk assessment and management associated with moving and handling of complex patients and clients.	Face to Face	2 days
SAFEGUARDING			
Safeguarding Adults - Level 1	This course will update your mandatory Safeguarding Adults - Level 1 training.	E-Learning	30m
PREVENT			
Prevent (Healthwrap training)	Prevent is part of the UK's counter terrorism strategy, preventing people from becoming involved in terrorism or supporting terrorism.	Face to Face	1 hour
END OF LIFE			
Advance Care Planning & Care after Death Which one do we want to offer?	This course provides an update on Advanced care planning, treatment escalation plans, just in case bags, last offices followed by verification of expected death (VOED is only suitable for registered nurses). This course is open to nursing staff, Allied Health Care Professionals, Nursing & Residential home staff.	E-Learning	30m
Advance Care Planning.*Trust Priority*	This course is for staff who work with people at end of life and need to know how to use Advanced Care Planning tools including Just in Case Bags (JICB) and Treatment Escalation (TEP) forms correctly.	Face to Face	2 hours
Care of Carers & Bereavement	This course is for staff who work with people at end of life who want to learn more about care of carers & bereavement.	Face to Face	2 hours
Communication Skills in End of Life Care	This course is for staff who work with people at end of life and want more knowledge on communication.	Face to Face	2 hours
Individual Care Planning at End of Life	This course is for staff who work with people at end of life and want to know more about Individual Care Planning at End of Life.	Face to Face	2 hours
Recognising dying & what are the priorities as EOL approaches	This course is for staff who work with patients who may be at End of Life.	Face to Face	2 hours
Symptom Management & Medication in Palliative & End of Life Care	This course is for staff who work with people at end of life and want more knowledge on Symptom management and medication in End of Life.	Face to Face	4 hours
Verification of the Expected Death (VOED)	This course is for Registered Nurses who verify expected deaths.	Face to Face	2 hours

Mandatory Training

Course Title	Course Description - Detail	Face to Face or E-Learning	Duration
CONFLICT RESOLUTION			
Conflict Resolution	The aim of this training is to refresh and consolidate the delegates prior learning and experience regarding conflict resolution. To give delegates the opportunity to explore additional knowledge and skills.	Face to Face	2.15 hours
DEMENTIA MENTAL CAPACITY SAFE APPROACHES			
Dementia Awareness	This training will give viewers a basic awareness of supporting a person with dementia. The programme is suitable for those who have no prior knowledge of dementia and for those who need to take a refresher to remind themselves of the important issues.	E-Learning	30m
Specialing, Dementia and Safe Approaches.	This course is in two halves. This is theory only Your Certificate will be available after attending BOTH sessions.	Face to Face	5 hours
Safe Approaches	Practical Only. Brief overview of the role of the special types of dementia and how to manage types of challenging behaviour.	Face to Face	4 hours
Purple Angel (Dementia Awareness)	Basic introductory (Read only document)	E-Learning	5m read
Mental Capacity Act - Level 2	The module consists of 8 short videos followed by a set of questions on each video to consolidate your knowledge in the subject. The pass mark of 80% has been set for each quiz. You are given 2 attempts per question.	E-Learning	30m
EQUALITY & DIVERSITY			
Equality , Diversity & Human Rights	This course is designed to raise awareness and can be used as a refresher at anytime however it is a requirement that ALL staff update their Equality, Diversity & Human Rights in the Workplace certification every 3 years.	E-Learning	30m
FIRE			
Fire Safety Awareness	This Mandatory refresher course has been designed to give personnel the necessary information, knowledge and training for them to be competent in basic fire safety. Fire awareness is a mandatory training requirement for all employees.	E-Learning	30m
FOOD HYGIENE			
Food Hygiene	This course has been designed for staff who only handle food and/or drink on behalf of patients at ward level.	E-Learning	1h
HEALTH + SAFETY			
Health & Safety	This refresher training will provide essential knowledge and awareness of workplace health and safety issues for any employed persons or those seeking employment so that they will be able to work safely within any organisation.	E-Learning	30m

Mandatory Training

Course Title	Registration Costs	Course Description - Detail	Face to Face or E-Learning	Duration
HEALTH + SAFETY				
Emergency First Aid - Level 2		This is a day course for all those who may be 'Appointed Persons' in the work place or whose work may involve responsibility for caring for others. This Emergency First Aid course covers the Introduction to First Aid, Action at an Emergency, Initial Assessment and Priorities. Unconsciousness. Causes and Treatment, including Head Injuries and Heart Attacks. Recovery Position.	Face to Face	1 day
First Aid at Work - Level 3		This Emergency First Aid course covers the Introduction to First Aid, Action at an Emergency, Initial Assessment and Priorities. Unconsciousness. Causes and Treatment, including Head Injuries and Heart Attacks. Recovery Position.	Face to Face	3 days
First Aid at Work Refresher - Level 3		<p>The First aid at work requalification training course updates the first aid skills of those who need to renew their First aid at work certificate. The HSE strongly recommends that you requalify within a month of your certificate expiring. The course aims to update and refresh your knowledge of the First aid at work syllabus, while allowing time for revision and practice sessions in preparation for a written assessment</p> <p>This course is for people wishing to renew a valid First aid at work certificate.</p> <p>This course covers the contents of the three-day First aid at work course in two days.</p>	Face to Face	2 days
INFECTION CONTROL				
Reducing Antimicrobial Resistance: An introduction		<p>This course has been designed to support all health and social care staff in a variety of settings to understand the threats posed by antimicrobial resistance, and ways they can help to tackle this major health issue.</p> <p>The course as been developed by Health Education England with support from Public Health England and NHS England.</p>	E-Learning	30m
Infection Control		Demonstrate the standard infection prevention and control precautions relevant to their role including: Identify own responsibilities of current infection prevention and control legislation, know how to obtain information about infection prevention and control within the organisation , understand the chain of infection and how this informs infection prevention and control practice , understand individual roles and responsibilities for the three levels of decontamination	E-Learning	30m

Clinical Skills

Course Title	Registration Costs	Course Description - Detail	Face to Face or E-Learning	Duration
RESUSCITATION ANAPHYLAXIS				
Adult Basic Life Support and AED	£25 per head	The aim of this 2 hour course is to update staff in adult basic life support and automated external defibrillation (AED).	Face to Face	2 hours
Immediate Life Support	£100 per head	A one day Resuscitation Council (UK) accredited adult resuscitation course.	Face to Face	1 day
Advanced Life Support	£250 per head	Resuscitation Council UK accredited course that covers all aspects of advanced life support. A fee is payable for this course. All staff working in acute areas with adult patients. At the end of the course you will:- Complete ABCDE assessment Team lead a cardiac arrest situation Defibrillate safely in manual mode Understand special circumstances in cardiac arrest	Face to Face	2 days
Anaphylaxis	£25 per head	Anaphylaxis course is delivered via eLearning or classroom sessions. Choose how you would like to take this course from the icons below. Both routes cover the Learning Outcomes below and will update your learning record. This course is for all clinical staff who administer medicines including local anaesthetics, cytotoxic therapy and contrast etc. It is applicable to acute and community based staff.	Face to Face	1 hour
VITAL SIGNS MANAGEMENT OF THE SICK PATIENT				
Vital Signs		This day offers an insight into the importance of vital signs monitoring and recognition of abnormal parameters. It is underpinned with relevant anatomy and physiology sessions as well as practical work stations.	Face to Face	4.5 hours
ECG Recording			Face to Face	1 hour
Lying and Standing Blood Pressure Training		This session looks at best practice in recording lying and standing blood pressure and its implications. Also looks at theory and rationale for practice. This training is open to all nurses and Allied Health Professionals.	E-Learning	30m
Lying and Standing Blood Pressure Training		This session looks at best practice in recording lying and standing blood pressure and its implications. Also looks at theory and rationale for practice. Identifies signs and symptoms and postural hypotension, record accurately and safely. Demonstrates an understanding of the rationale behind the practice, including theory, treatments and management. The training is open to all nurses and Allied Health Professionals.	Face to Face	1 hour
Recognition of the Sick Adult		A 2 hour training course in recognition and initial treatment of the ill adult and vital signs. All community hospital based registered nurses and HCA's should attend this course. This course covers the ABCDE approach, the Early Warning Score, the SBAR communication tool, enabling staff to work in small groups and practice using vital signs equipment and the above approaches.	Face to Face	2 hours

Clinical Skills

Course Title	Registration Costs	Course Description - Detail	Face to Face or E-Learning	Duration
SEPSIS				
Sepsis		Programme of 5 e-learning modules which aim to address the early identification and management of sepsis. Each module is 30 minutes: Session 1: Introduction Session 2: Sepsis in adults Session 3: Sepsis in childhood Session 4: Complex issues and future development Session 5: Care homes and frail elderly	E-Learning	30m x 5
PRESSURE ULCER TISSUE VIABILITY				
Pressure Ulcer Prevention		Pressure ulcers cause considerable harm to patients hindering recovery, frequently causing pain and development of serious infections.	Face to Face	1 hour
Preventing Pressure Ulcers		Preventing Pressure Ulcers' is an online learning resource aimed at registered nursing staff, working within a hospital trust, community or a care home setting, to help reduce the number of pressure ulcers.	E-Learning	30m
VTE				
VTE Prevention in Primary Care		This session is aimed at Primary Care to increase the awareness of healthcare-related VTE and enhance the quality of patient care with respect to VTE prevention prior to hospital admission and after discharge. It is designed for all healthcare profession	E-Learning	30m
WOUND CARE				
Basic Wound Care and Aseptic Technique		To provide an understanding of wound types, being able to accurately describe a wound, in order to record, escalate and follow a dressing care plan appropriately. An understanding and practical demonstration of aseptic technique	Face to Face	5 hours
Wound Healing		This 2 hour session will enable healthcare practitioners to understand the wound healing process, appropriate dressing selection (as per formulary) and commensurate documentation.	Face to Face	2 hours
NUTRITION BOWEL CARE				
Bowel Care Management (Community)		Anatomy and physiology of the bowel, bowel conditions, treatments and interventions for bowel management. Including a practical of per rectal examination	Face to Face	1.5 hours
Oral Suction and Mouth Care		Anatomy and physiology of the mouth and throat. The reasons for and use of oral suction. Including practical. Oral hygiene and associated conditions. Includes practical	Face to Face	1 hour

Clinical Skills

Course Title	Registration Costs	Course Description - Detail	Face to Face or E-Learning	Duration
MEDICINES MANAGEMENT				
Enteral Medication Administration, Delegation & Accountability		<p>Level 3 medication administration via enteral tube training for carers and healthcare professionals.</p> <p>Anatomy and physiology, safe medicine administration theory and practice via PEG tube manikins.</p> <p>This training is usually client specific to facilitate discharge or prevent hospital admission for patients with enteral tubes</p>	Face to Face	2 hours
Safe Use of Insulin		<p>Insulin is prescribed to and taken by a large number of people with diabetes in the UK. Insulin prescription and administration errors are a recurring problem within healthcare, yet are easily preventable.</p> <p>This module highlights the most common errors, and shows how to avoid them.</p>	E-Learning	30m
Electronic Prescription and Medicines Administration			E-Learning - 30 minutes	
Nebulise Administration		To have an understanding of nebuliser use, drug preparation for nebulisers and the administration of the drugs used, plus Nebuliser after care.	Face to Face	45 minutes
Subcutaneous Injection Technique		Medication awareness, anatomy of subcutaneous sites for injection, how to administer subcutaneous medication via portable pumps. How to insert subcutaneous safety devices and lines.	Face to Face	1 hour
Ear and Eye Drop Administration		<p>This course is for HCAs and SNR staff.</p> <p>It covers the anatomy and physiology of both ear and eye.</p> <p>The safe administration of drops and any side effects to be aware of.</p> <p>Includes practical session</p>	Face to Face	2 hours
FOOTCARE				
Footcare Awareness		Introduction to anyone who wishes to develop their skills in general foot health & nail cutting.	Face to Face	2.5 hours
Diabetic Footcare		<p>his course will cover the essentials of diabetic footcare covering : - Nail Cutting & Heel Pressure Ulcer Prevention</p> <p>The course will improve the knowledge & understanding of how diabetes affects clients feet.</p>	Face to Face	2.5 hours

Clinical Skills

Course Title	Registration Costs	Course Description - Detail	Face to Face or E-Learning	Duration
FALLS				
Falls Training		<p>This course covers issues around falls and osteoporosis and how to identify those at risk. The course also includes how to screen those who have fallen & who are at risk of osteoporosis.</p> <p>The falls pathway, including the falls register, is included along with case histories and resources to support those who come into contact with those who have fallen or those at risk of fracture.</p> <p>This course is open to all staff that have an interest in falls and staff that work with the elderly & any patient at risk of falling.</p>	Face to Face	3.5 hours
Advance Falls Awareness Training - Sensory Loss		<p>This half day advanced falls risk training focuses on sensory loss risk factors that includes:-</p> <ul style="list-style-type: none"> Visual conditions leading to impaired vision increased falls risks Visual testing for falls risk Hearing loss Sensory loss team services and how to refer 	Face to Face	4 hours
Advance Falls Awareness Training - Environmental Assess		<p>Course is suitable for senior care workers. This course will look at Medical Falls Risks, Assessments & Intervention. This training is for Clinical nursing staff, physios and OTs who have ideally completed the basic falls awareness course and are involved in the care of older patients in hospital.</p>	Face to Face	3.5 hours
Advance Falls - medical falls risk assess and intervention		<p>Course is suitable for senior care workers. This course will look at Medical Falls Risks, Assessments & Intervention. This training is for Clinical nursing staff, physios and OTs who have ideally completed the basic falls awareness course and are involved in the care of older patients in hospital.</p>	Face to Face	3.5 hours
Advance Falls Training - physical risk assessment		<p>Course is suitable for senior care workers. This half day working with and assessing those who fall with a view to reducing their risks. To qualify for this course staff need to have completed the basic falls awareness course within the last 3 years and be regularly involved in falls assessment of older people.</p>	Face to Face	Half Day
EPILEPSY				
Epilepsy Awareness and Rescue Therapy Administration		<p>This training is suitable for Registered and non registered carers who may need to administer buccal Midazolam or Rectal diazepam in the course of their duties. The course will include lectures, group activities, practical demonstration, opportunity to pr</p>	Face to Face	1 day
SPEECH & LANGUAGE THERAPY				
Speech and Language Therapy Dysphagia Awareness Workshop		<p>This workshop is designed for those directly supporting people at risk of dysphagia and choking as a result of various conditions, such as dementia, stroke, Parkinsons disease.</p> <p>It is also relevant to those supporting people with developmental disabili</p>	Face to Face	2.5 hours

Equipment & Devices

Course Title	Course Description - Detail	Face to Face or E-Learning	Duration
Amika Enteral Nutrition Pump		Face to Face	
Baxter Colleague Volumetric Pump Training	To enable authorised staff to use the Baxter Colleague Volumetric Pump Safely and competently.	Face to Face	1.5 hours
Enteral Feed Pump Training	<p>This forty-five minute interactive training session enables the practitioner to become familiar, and skilled in the safe use and application of the enteral feed pump.</p> <p>The course is for all authorised users, nurses and Allied Health professionals</p>	Face to Face	45 minutes
Equipment and Adaption Course - 2 day	This two day course will give participants the background to prescribing equipment and adaptations, familiarise participants with standard items of equipment and adaptations, make them aware of correct use/prescription.	Face to Face	2 day
Glucose Meter and Urinalysis Training (Inform2)	<p>This training is for new users or staff wishing to do a refresher course on use of the Inform2 Blood Glucose meter. This is the meter used on most of the acute wards in Torbay Hospital. You will receive a bar code on completion of the course to be able to access the meter. Urinalysis will also be covered at the end of this session including the Urine Meter if required.</p> <p>All nurses including HCAs and 3rd year students who are new to glucose testing or are existing users of the Inform2 Glucose meter wishing to do their update training</p>	Face to Face	1 hour
Infusion Devices Training Update	This session is to teach qualified ward staff in how to competently use infusion devices, commonly used in ward areas.	Face to Face	1.5 hours
Syringe Driver	The aim of this course is to teach delegates the correct methods of using McKinley T34 syringe driver.	Face to Face	1 hour
Syringe Pump Training	The aim of this course is to teach delegates the correct methods of using a syringe pump. Syringe Pump Training - includes training for skilled non registered (SNR) staff who are acting as 2nd signatory/ checker	Face to Face	2 hour
Syringe Pump Training & Competencies for Registered Nurses	This course is intended for Registered Nurses dealing with patients requiring a syringe pump.	Face to Face	2 hour
The Safe Use Medical Gases (Oxygen)	To enable authorised staff (users) to safely handle and manage Medical gases (Oxygen).	Face to Face	

Torbay Multi Provider Forum- Introducing Infection **Prevention** & Control OCTOBER17

Lynn Kelly Infection Prevention &
Control (IP&C) Lead Nurse

01803 655757

Selina Hoque Director of Infection
Prevention & Control(DIPC)

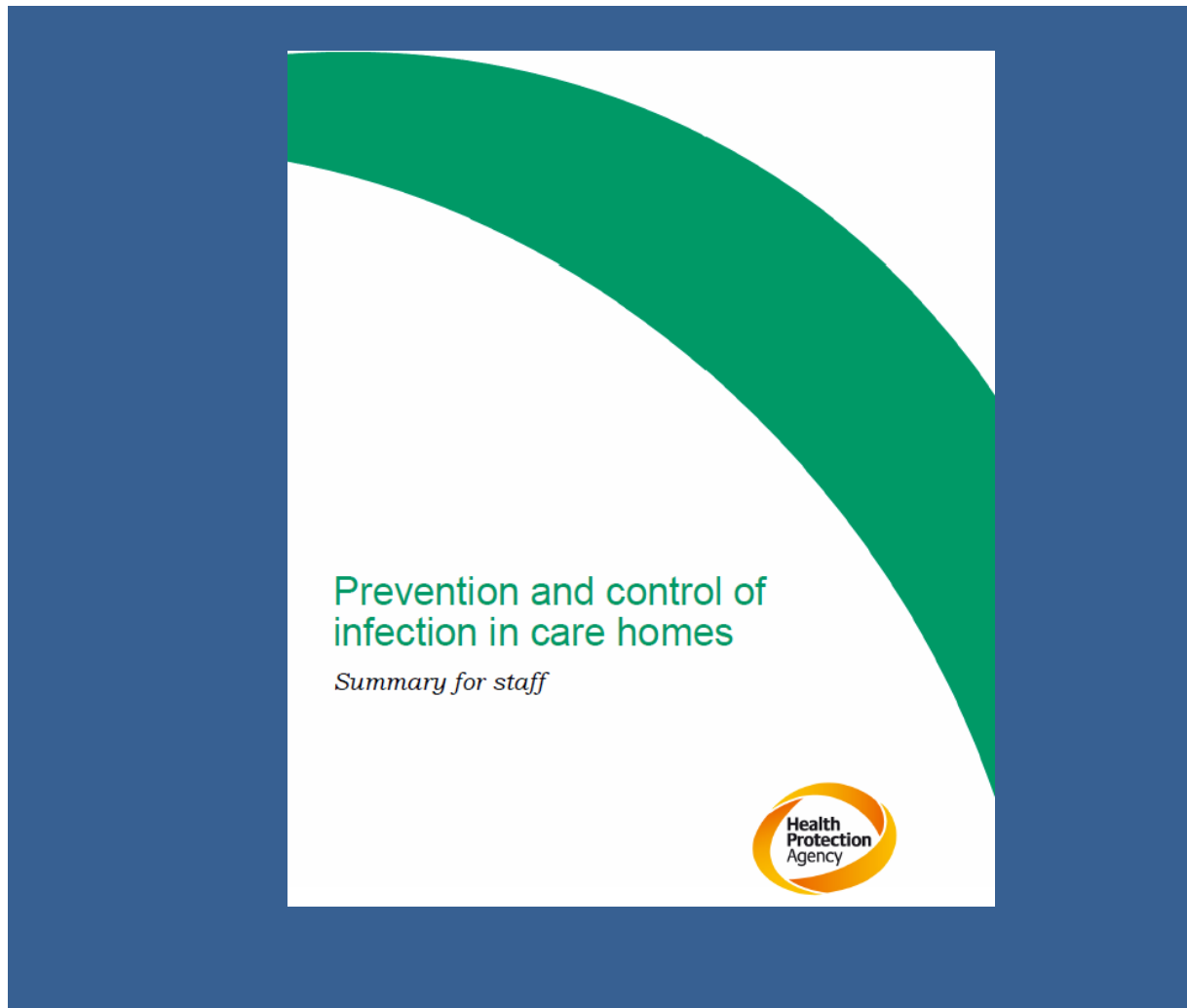
01803 654990



IP&C and you.....

- Provide telephone advice for Community nurses, members of QAIT. (01803 655757)
- No jurisdiction over Independent Sectors (Care homes, Adult Social Care Providers).
- Support the IP&C Annual Audit Tool for Care homes used by QAIT.
- Support the requirements requested by Commissioners. Eg. Provide IP&C education.

DH & PHE Guidance from 2013 remains relevant



Infection Prevention is breaking the chain of infection



Standard infection prevention & control precautions

A simple, consistent and effective approach to infection prevention & control



Hand hygiene



Use of gloves



Personal protective equipment



Use of gowns/apron



Safe handling of sharps



Safe handling of waste



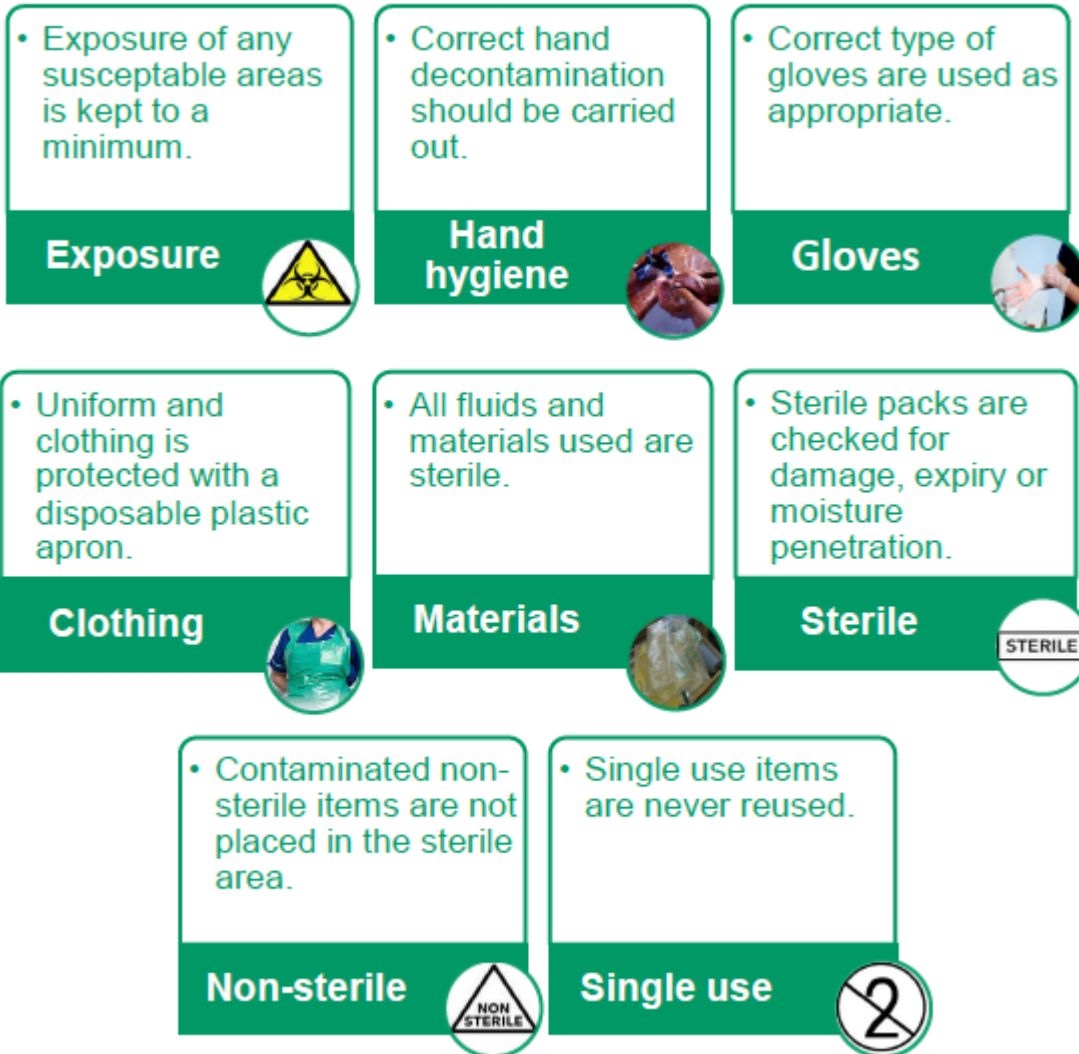
Safe handling of soiled linen



Environmental cleaning

Minimise contact with blood and body fluids by ensuring safe working practices, protective barriers and a safe working environment

When catheterising, accessing venous lines, changing dressings use aseptic technique



Hand hygiene after removing gloves please..

- Wear well fitting and correct size gloves.
- Always change gloves between resident contact.
- Ensure hand hygiene before and after use of gloves.
- Use standard infection prevention and control precautions

Hand hygiene
& glove use



Hand washing technique with soap and water

Wash hands when visibly soiled! Otherwise, use handrub.

Hands should be washed before and after all care procedures, and handling food. Also after dealing with used linen, waste and body fluids or contaminated equipment and after removing gloves.



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



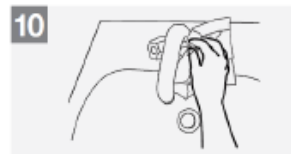
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Rinse hands with water;



Dry hands thoroughly with a single use towel;

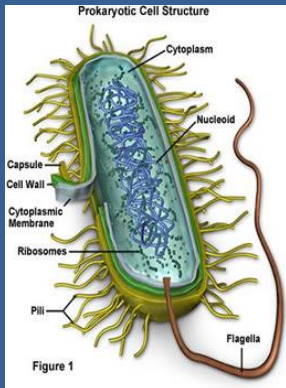


Use towel to turn off tap; ;



Your hands are now safe.

Care Homes will have decide where they will keep hand hygiene products?



My 5 Moments for Hand Hygiene

The 'My 5 moments for Hand Hygiene' approach defines the key moments when health care workers should carry out hand hygiene.

This evidence based, field tested, user-centred approach is designed to be easy to learn, logical and applicable in a wide range of settings.

This approach recommends health-care workers to clean their hands:-

1. before touching a resident,
2. before clean/aseptic procedures,
3. after body fluid exposure/risk,
4. after touching a resident, and
5. after touching a persons surroundings.

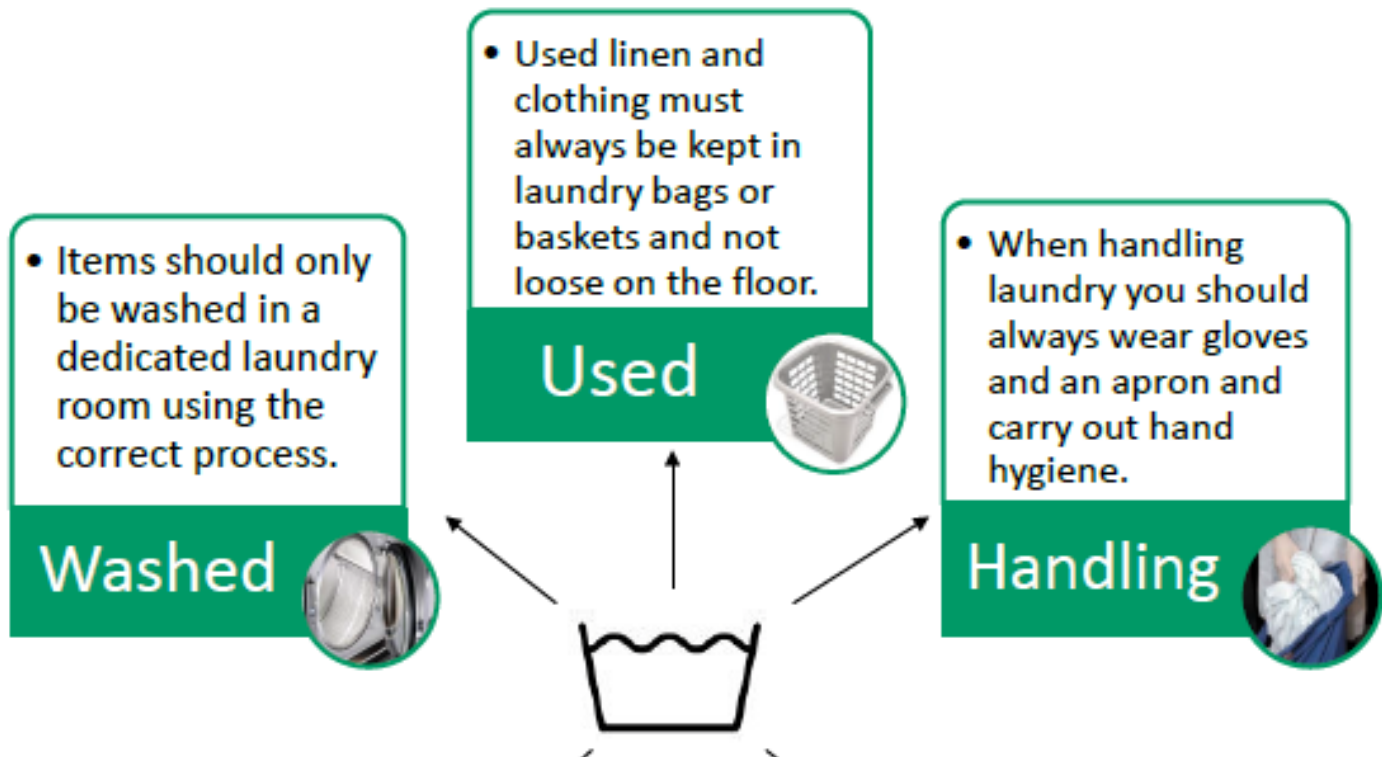


Adapted from World Health Organisation 'Clean Care is Safer Care' About Save Lives: Clean Your Hands
<http://www.who.int/gpsc/5may/background/5moments/en/>

Housekeeping...

Linen and laundry

- The provision of clean linen is a fundamental requirement of care.
- Incorrect handling and storage of linen can pose an infection hazard.
- Care homes use a variety of different laundry systems and equipment, therefore it is important to understand the system being used and why.



Contact PHE for advice on outbreaks, 03003038162

Outbreaks of communicable infection or an infection control incident

A number of infectious diseases may spread readily to other residents and cause outbreaks within any care setting.

The commonest outbreaks are due to viral respiratory infections and gastroenteritis. The organisms may be spread by hand contact and on occasion by other routes which may include food.



Whilst awaiting to hear from PHE consider the following...

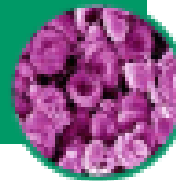
- It is important to start a record keeping file and collect all data for future reference.

Record keeping



- By using standard precautions the risk of spreading infectious disease is reduced.

General control measures



- Consider stopping admissions, day care and transfers to other homes until considered safe to do so.

Admissions, discharges.



Isolation for residents with a communicable infection

Isolation of infected residents may be necessary to prevent further cases of infection. Ideally single rooms should be available for this purpose and consideration needs to be given to how best achieve this.



Standard infection prevention & control precautions

Prevention and control measures include implementation of standard infection control precautions as good practice. Isolation precautions can be implemented for a resident in their own room.



Physical and psychological well-being

When a decision about isolating a resident is taken, it is important to consider the likely effects on the resident. Advice should be sought on the management of individual cases that pose difficulties.



Information

Verbal and written information should be given to the resident and visitors. This should include the details and reason for the isolation, likely duration, precautions required and the ways in which their well-being will be met.



Environment

Single rooms should contain hand hygiene facilities with a liquid soap dispenser and antimicrobial hand rub. Ideally en-suite facilities including a toilet. The environment should be as clean and clutter free as possible.

Need to make sure Sharpsafe devices are used.

Safe handling and disposal of sharps

Staff should be trained in the safe handling and disposal of sharps. Venepuncture and injections should only be carried out by trained and competent staff.



Auditing IP&C in the Care Home..

- Use the glow box to check hand hygiene technique..



Auditing IP&C in the Care Home..

Use the Saving Lives Hand Hygiene Audit Tool – observe an area for 10 mins.

Was there a hand hygiene opportunity(eg. after removing gloves)?

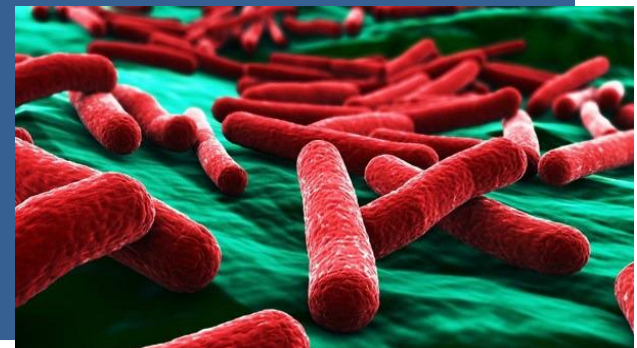
Was hand hygiene done?

3. Do other Saving Lives Audits eg Urinary Catheter Care?



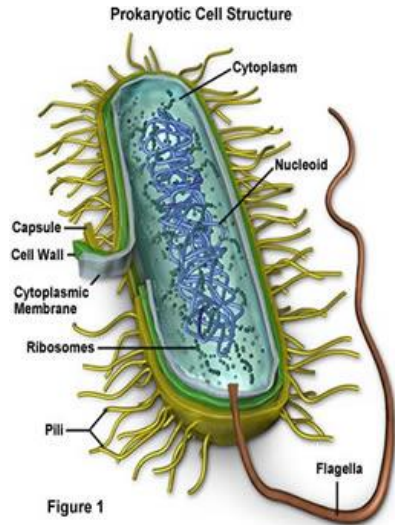
Gram negative infections such as E coli

- These bacteria are found in the bowel of all of us.
- Problems if get into the wrong part of the body.
- Cause UTIs, can colonise pressure sores.
- Can then get into the blood and cause septicaemia also called bloodstream infection (bacteraemia).

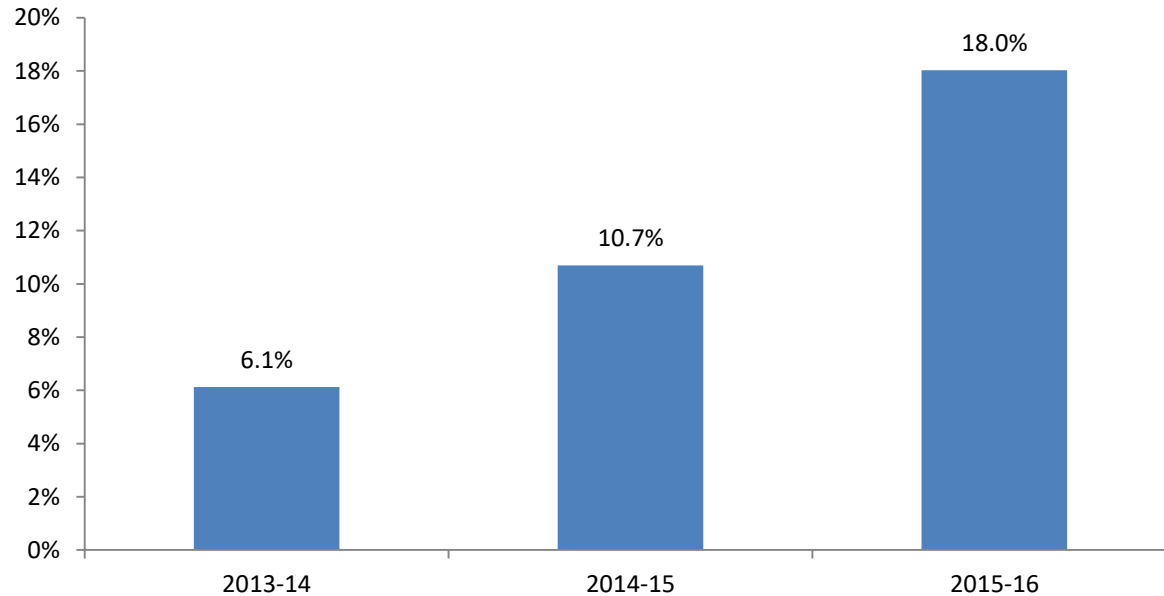


The increase in *E.coli* bacteraemia

E. coli bacteraemia now have a CCG Target to decrease by **10% each year!!**

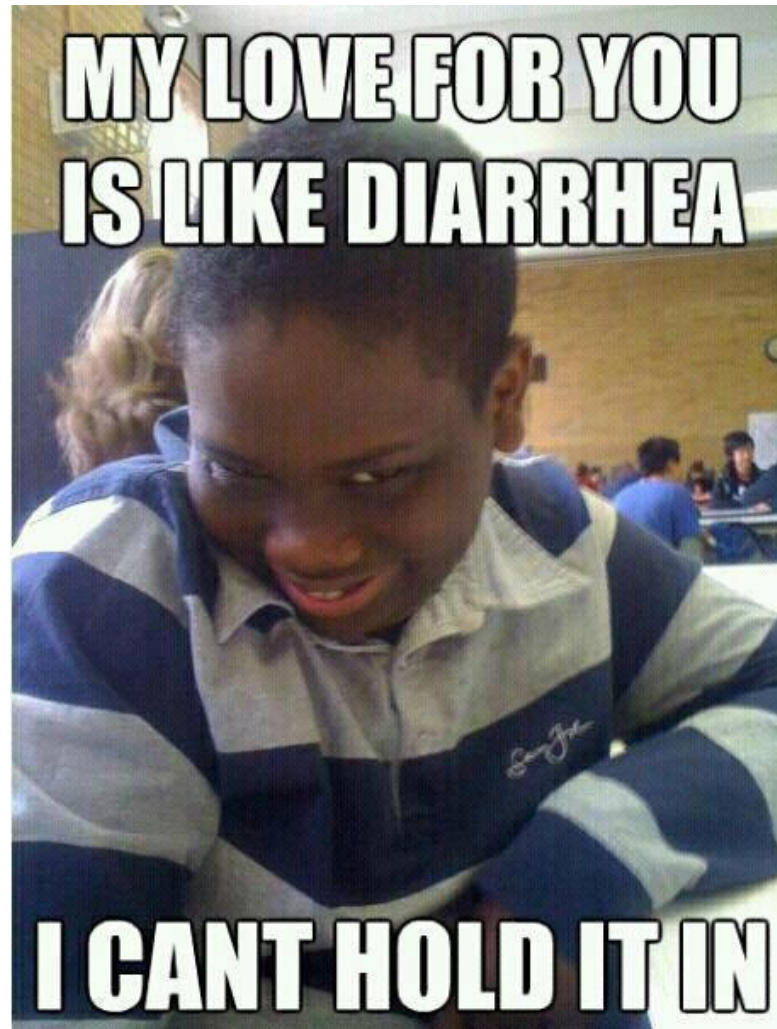


% change



Good News- Care Homes in Torbay were responsible for around 15% of *E coli* bloodstream infections.

Questions?



Flu vaccination

Julia Chisnell

Public Health, Torbay Council

A little test...

If you had a vaccination last year you don't need one this year

False

- New flu vaccines are made each year and updated to work against the three or four influenza viruses expected to be most common
- Immunity declines over time, so a yearly vaccination gives optimal protection

The flu jab won't protect you against swine flu

False

- The vaccination cocktail includes H1N1

If you've already had flu, you're immune

False

- There are different strains of flu and you won't be immune to them all
- Next year the strains will be different again

**If you're pregnant you shouldn't have
the flu vaccination**

False

- Pregnant women should have the flu vaccine to help protect them and their baby

December is too late to have a flu vaccination

False

- People are recommended to get a flu vaccination by the end of October
- But flu vaccination is still worth getting in January or later
- Most flu activity peaks between December and March

Washing your hands is the best defence against flu

False

- The flu vaccine is the first and most important step in protecting against the flu
- But hygiene measures like hand-washing are still important to help stop germs spreading...

A dose of flu isn't that serious

False

- Flu is a serious contagious disease that causes illness, complications, hospitalisations and deaths every year, even in otherwise healthy people

You can spread the virus even before you have symptoms

True

- Healthy adults can infect others 24 hours before they develop symptoms

Flu is caused by:

- Bacteria
- Virus
- Parasite
- Unknown

Flu is caused by:

- Bacteria
- **Virus**
- Parasite
- Unknown

After exposure, symptoms develop within:

- 24 hours
- 2-3 days
- 2 weeks
- A month

After exposure, symptoms develop within:

- 24 hours
- **2-3 days**
- 2 weeks
- A month

Flu can be treated with antibiotics

False

- Antibiotics don't work on viral infections

Antivirals need to be used:

- Within 24 hours of onset
- Within 48 hours of onset
- Within 3 days of onset

Antivirals need to be used:

- Within 24 hours of onset
- **Within 48 hours of onset**
- Within 3 days of onset

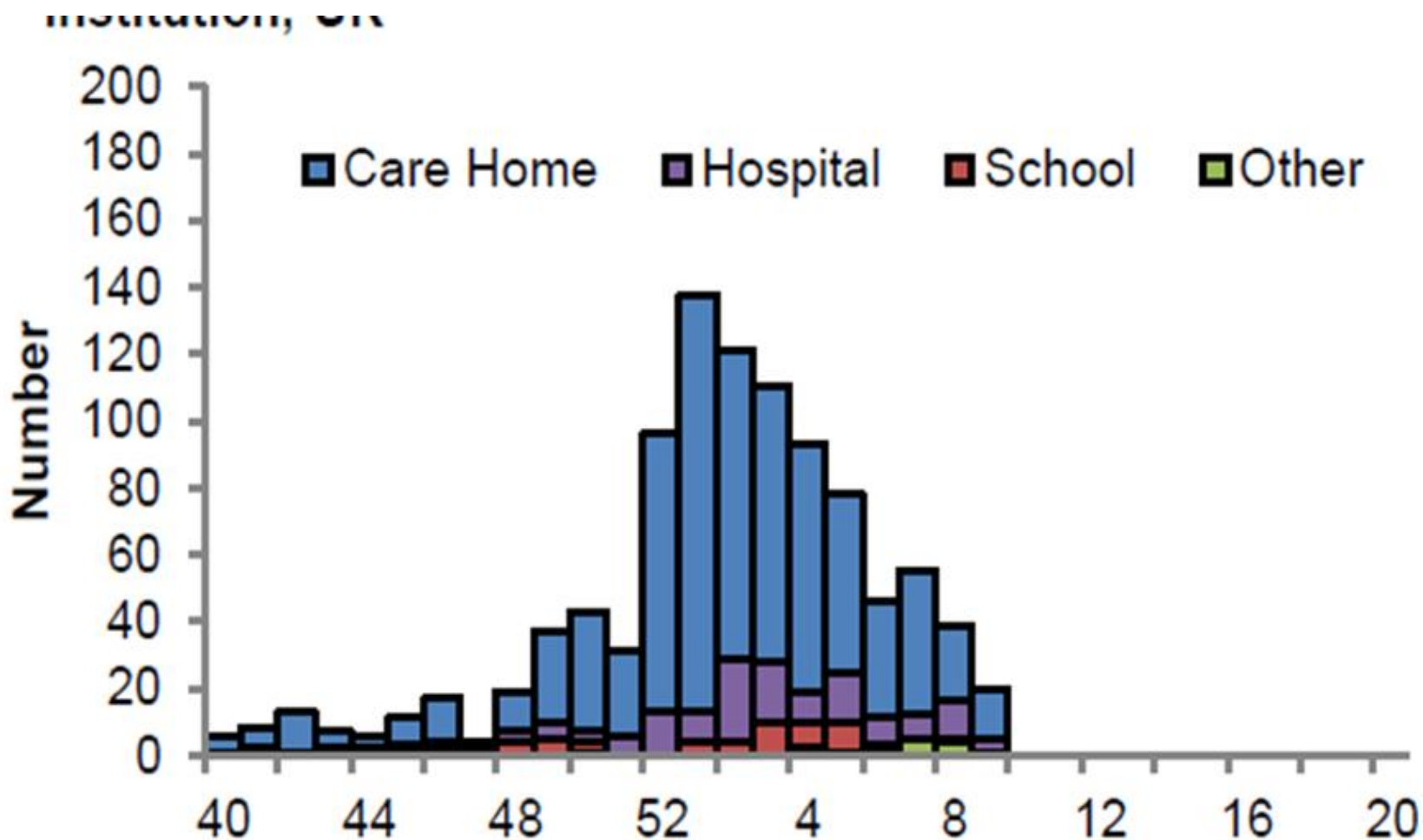
Groups eligible for free flu vaccine

- 65 and over
- 6m-65 with a chronic health condition (cardiac, respiratory, kidney, liver, immune, stroke, diabetes, neurological, BMI 40+)
- Residential & nursing home residents
- Pregnant
- Children 2 years to school year 4
- Main household carer for older/disabled person
- Frontline health & care staff

What happened last year?

- 139 reported outbreaks of flu in 2016/17 in the South West
- Mainly in 65 and overs
- 78% of outbreaks in care homes
- Both residents & staff were affected
- Hospital admissions
- Home closures during outbreaks
- Very good vaccine uptake in residents
- Poor or unknown vaccine uptake among staff

Weekly national influenza report to 9 March 2017



What can we do?

- Make sure care home residents are vaccinated
- Good infection prevention & control (see above)
- Ensure staff are vaccinated early
- Record numbers of staff vaccinated
- Report flu outbreaks early & prevent spread
- Go through the PHE Care Home Winter planning checklist & toolkit: <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/09/winter-checklist.pdf>
<https://www.england.nhs.uk/south/info-professional/public-health/infection-winter/care-guidance/>

Why vaccinate staff?

- Protect them & their families
- Protect residents
- Help prevent hospital admissions
- Keep homes open and functioning
- Meet inspection & professional requirements around infection control & duty of care

Vaccination is less effective as people get older or have impaired immunity so it is all the more important to vaccinate those caring for them

Suggestions from the toolkit

- Flu immunisation policy for residents & staff
- Recording of vaccination status (needed in an outbreak)
- Named individual / 'flu champion' to help with communications & promotion
- Vaccinate early in the season
- Catch up vaccination for those unwell or missed out
- Simple clear consent procedures
- Good clear information available on the importance of vaccination (video links, e-learning, Q&A)

Advice for home care

- Similarly important to protect staff & clients
- Resources for care homes also useful for home care providers (eg. Winter planning toolkit)
- Staff in a risk category can get free vaccination via their GP or pharmacy
- Promote vaccination with staff & clients
- Good infection control procedures
- Manage incidences of flu proactively

Free vaccination for care staff

- Free vaccination for care staff announced 12
October 2017
- Timings & staff cohort not yet confirmed
- We will keep you informed as details are released
- For queries email:

PHE Screening & Immunisation Team:

england.southwestscrimms@nhs.net

or Torbay Public Health:

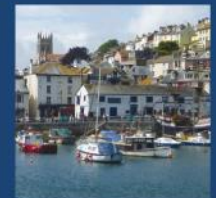
Julia.Chisnell@Torbay.gov.uk

Useful resources

- Winter readiness pack:
<https://www.england.nhs.uk/south/info-professional/public-health/infection-winter/>
- Flu vaccination toolkit:
<https://www.england.nhs.uk/south/info-professional/public-health/immunisations/influenza/care-guidance/>

SAVE THE DATE OF THE NEXT FORUMS
28th Feb & 9th May 2018

BREAK



Medicines in Adult Social Care Care homes & care at home



*Laura Picton
Torbay Multi-provider forum
18th November 2017*

Our purpose

- We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve



- Register
- Monitor and inspect
- Use legal powers
- Speak independently
- Encourage improvement
- Outstanding, Good, Requires Improvement, Inadequate

- People have a right to expect safe, good care from their health and social care services

Unique oversight of health and care

- **Full picture** of the quality of health and social care in England, with ratings for all sectors
- Now have a **baseline** from which to draw conclusions about quality and safety of care and what influences this

- 21,256 adult social care services
- 152 NHS acute hospital trusts
- 197 independent acute hospitals
- 18 NHS community health trusts
- 54 NHS mental health trusts
- 226 independent mental health locations
- 10 NHS ambulance trusts
- 7,028 primary medical care services

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

- Increasingly, CQC will report on **quality of areas** and coordination across services – for care fit for the 21st century

Are adult social care services closer to the tipping point?

People receiving publicly funded services

Public funding of adult social care similar in 2016/17 to the previous year: budget 15/16 = £19.6bn, 16/17 = £19.7bn.

An extra £2bn has been made available through the Better Care Fund and changes to the precept.

Quality of care

78% of services are rated as good and many services have improved on re-inspection.

However, 23% of good services have deteriorated on re-inspection.

Are adult social care services closer to the tipping point?

Home care agencies handing back contracts

ADASS survey found 43 councils reporting homecare contracts handed back in 2016/17, affecting 3,135 people.

Unmet need

Age UK estimate nearly 1.2m older people have unmet care needs – up from 1.0m last year.

Nursing home bed numbers

Stopped rising in March 2015 and 4,000 fewer since then, with regional variation.

Adult social care

- 78% rated good, but 19% rated requires improvement and 1% (303 locations) inadequate
- Caring rated best – 92% good and 3% outstanding. Safe and well-led poorest – 22% requires improvement and 2% inadequate
- High-performing services have strong leaders – innovative registered managers known to staff, people using the service, carers and families had a positive impact
- High-quality services are person-centred – staff get to know people as people, understanding their interests, likes and dislikes
- Most enforcement for poor care relates to governance, safety, staffing and person-centred care
- *Quality matters* joint commitment developed



Torbay ratings up to 31.7.17



Torbay

0.9% **outstanding**

80.4% **good**

15.9% **requires
improvement**

2.8% **inadequate**

Total 107 ratings

Devon, Plymouth and Torbay

3.7% **outstanding**

81.6% **good**

12.8% **requires
improvement**

1.8% **inadequate**

Total 511 ratings

- Adverse reactions to drugs are responsible for **6.5%** of all admissions to hospital and over **70%** are avoidable.
- **A third of people** aged 75 years and over are taking at least six medicines
- A person taking ten or more medicines is **300%** more likely to be admitted to hospital
- Patients and their carers often have **inadequate** information about their medicines. Between **30%-50%** of newly prescribed medicines are not taken as prescribed.

Key lines of enquiry



- To focus our inspection, we use a standard set of key lines of enquiry (KLOEs) that relate to the five key questions
- KLOEs support consistency of what we look at under each of the five key questions and focus on those areas that matter most
- KLOEs are supported by guidance on the key things to consider as part of the assessment; these are called prompts
- Each KLOE has a defined set of ratings characteristics – what does ‘good’ look like?
- **S4: How does the provider ensure the proper and safe use of medicines?**

S4.1: Is the provider's role in relation to medicines clearly defined and described in relevant policies, procedures and training? Is current and relevant professional guidance about the management of medicines followed?

- Policies should be service specific, reflect practice be in date, read by and accessible to staff
- NICE guidance:
 - SC1 for care homes
 - NG67 for people living in their own homes

S4.2: How does the service make sure that people receive their medicines (both prescribed and non-prescribed) as intended (including controlled drugs and as required medicines), and that this is recorded appropriately?

- Medicines records – MARs, controlled drugs
- Treatment of minor ailments
- Additional guidance for when required medicines and those with variable doses
- What adjustments are made for time sensitive medicines?
- Compliance aids vs original packs

S4.3: How are medicines ordered, transported, stored, and disposed of safely and securely in ways that meet current and relevant regulations and guidance?

- Secure or controlled access to medicines in care homes
- Risk assess storage in people's own homes
- Responsibility for ordering and collecting medicines
- Safe disposal of unwanted medicines – controlled drugs
- Suitable temperature for storing medicines
- Storage in people's rooms – e.g. creams

S4.4: Are there clear procedures for giving medicines covertly, in line with the Mental Capacity Act 2005?

- Assessment that person lacks capacity to make decisions about medicines
- Best interest meeting to consider each individual medicine – should be the last resort
- Discussion with pharmacy about how to administer safely and ensure continued effectiveness

S4.5: How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines?

- Inappropriate use of sedation
- Antipsychotic medicines for people living with dementia
- Psychotropic medicines for people with learning disabilities – STOMP-LD
- Good care planning to anticipate behavioural patterns and environmental adjustments
- Records, care plans and staff guidance

S4.6: How do staff assess the level of support a person needs to take their medicines safely, particularly where there are difficulties in communicating, when medicines are being administered covertly, and when undertaking risk enablement assessments designed to promote self-administration?

- Medicines support – person centred, medicine specific
- Assumption that people can self-administer unless preference or risk assessment says otherwise
- How do staff decide if a person needs to be given their medicines covertly? Is it always a last resort?

S4.7: How does the service engage with healthcare professionals in relation to reviews of medicines at appropriate intervals?

- Supporting people to attend appointments and reviews
- Contacting the GP to arrange a medicines review
- Knowing when to refer to healthcare professionals

S4.8: How do staff make sure that accurate, up to date information about people's medicines is available when people move between care settings? How do medicines remain available to people when they do so?

- Medicines reconciliation
- New medicines
- Entry into new care services
- Discharge from hospital

Paraffin based skin emollients: fire risk



Smoking or a naked flame could cause patients' dressings or clothing to catch fire when being treated with paraffin-based emollient that is in contact with the dressing or clothing.

Advise patients not to: smoke; use naked flames (or be near people who are smoking or using naked flames); or go near anything that may cause a fire while emollients are in contact with their medical dressings or clothing

Change patient clothing and bedding regularly—preferably daily- because emollients soak into fabric and can become a fire hazard

Staff Training and Competency



- All staff should receive appropriate training and support and should have an annual review of their knowledge, skills and competencies
- Appropriate training, support and competency assessment is essential to ensure the safety, quality and consistency of care.
- Tasks can be delegated from a Registered nurse to a care worker following DH and NMC guidance on delegation and accountability

- Home care providers **must** have robust processes for medicines-related safeguarding incidents
- Home care providers **should** have robust processes for identifying, reporting, reviewing and learning from medicines-related problems.
- These processes **should** support a person-centred, 'fair blame' culture that actively encourages people and/or their family members or carers and home care workers to report their concerns.

What can you do?



- Use the **Caring for Care Homes** guidance sheets, newsletters and audits
- Keep up to date with NICE guidelines and other sources of best practice
- Talk to other providers – share best practice
- Use your medicines experts:
 - Medicines optimisation team
 - Community Pharmacy
 - GP practice

Thank you



www.cqc.org.uk
enquiries@cqc.org.uk



[@CareQualityComm](https://twitter.com/CareQualityComm)

[#qualitymatters](https://twitter.com/hashtag/qualitymatters)

Laura Picton





The future of Rowcroft Hospice

Hospice hit by funding crisis

by KATE COTTON

ROWCROFT Hospice needs to make £1 million in cuts over the next four months.

A shortfall in legacy income funding, increase in demand for its services and financial pressures on the NHS have forced the charity to scale back its services to protect its long-term future.

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The cost reduction is planned to minimise impact on patients, as much as possible. Some of the hospice's services will have to be scaled back and there is a proposal for the chronic oedema clinic, which supports patients with lymphoedema, to no longer be provided through the hospice. The

The charity is also urging supporters to support them any way they can; from making a regular or one-off donation, to playing the hospice's lottery or donating to Rowcroft

Rachael Bryett, head of fundraising, said: 'Anything you might like to offer, no matter how big or small would be hugely valuable help us to continue to provide essential care to our patients and their families right now.'

CONTRIBUTED

Mass outpouring of support for cash-strapped hospice

By COLLEEN SMITH
cm.s@thealderspress.co.uk
Twitter: @colleensmith

THE people of South Devon have rallied behind Rowcroft Hospice after the heartbreaking news the charity which cares for the dying is making drastic cutbacks.

The shocking news has been met with a mass outpouring of messages of support and pledges of monthly donations.

The charity which cares for thousands of patients and their families

'This has been a last resort. We have had a significant legacy issue.'

'In one fell swoop, the legacy income has dropped from £3.2million in 2014/15 to £1.4million in 2015/16.'

'It is very difficult for hospices throughout the country.'

'We have weathered the storm for the last five years but now we simply cannot continue.'

'It has been a really very, very difficult few days for our staff and volunteers and supporters.'

'It has been a huge outpouring of

Factfile

- It costs in excess of £8million to run Rowcroft each year
- Last year Rowcroft cared for 2,200 patients, plus their families
- Rowcroft care covers 300 square miles
- The charity employ 270 full- and part-time staff
- It is also supported by 500 volunteers, both at the hospice and in the Rowcroft shops, which saves in the region of £400,000 a year

Hospice looking to save £1m after fall in legacy donations

ROWCROFT Hospice, which provides vital care for the terminally ill in south Devon, is facing a cash crisis as it is forced to look at making more than £1m of savings in the next four months.

Hospice at Home have expanded to provide 24/7 care to patients in their own homes.

Mr Hill added: 'Unfortunately, despite our best efforts and a 13 per cent growth in fundraising income, our income has not

our local community.

'The number of patients and families we care for has more than doubled in the last ten years.'

'The cases we see are increasingly complex, leading to the necessity for increased staffing levels,

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'However, anything you might be able to offer, no matter how big or small, would be hugely valuable and will help us to continue to provide our essential care to our patients and their families right now.'

PEOPLE RALLY TO HELP BAY HOSPICE

THE people of South Devon have rallied to help after the shock news that Rowcroft Hospice is facing cutbacks and a funding crisis.

The Torquay hospice, which cares for thousands of local people at the end of life every year, says it has been humbled by this week's outpouring of love and support.

Rowcroft needs to make

Guinness World Record pool success at Kingsteignton pub

Monday, 27 February 2017 By [Kate Cotton](#) in [Local People](#)

THEY did it! Kingsteignton pub pool players Graham Cuthbert and Darren Stocks have chalked up the Guinness World Record for longest continuous play.

They smashed the current record of 100 hours by playing each other for 106 hours at The Bell Inn. They broke the record at 4pm on Sunday, February 26, and continued playing until 10pm to add six hours on to it.

After four days and nights of pool, Graham, the pub's landlord, and Darren, a property manager, were spending Monday resting in bed.

Landlady Caroline Cuthbert said: 'They're both zombified after all that pool, and are aching all over. Graham is walking with a stoop after leaning over a pool table for all those hours. They're both feeling very





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Self Storage
...it dainton.com

MARITIME

RYDON SIGNS
RYDON

GREENHAM
Safety & Workplace Supplies

MCCARTHY



MasterMove
Move loads safely from
50 kg to 120 tonnes,
like this boat.

LIFE
ITION

The Found

MACDUFF



rowcroft
hospice

GRETNA GREEN
SINCE 1754
FAMOUS BLACKSMITHS SHOP





The Big Seaside Family Fun Day in Aid of Rowcroft

August Bank
Holiday Sunday

Charity Fundraiser

Young's Park, Goodrington



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The charity is also urging supporters to support them any way they can; from making a regular donation, to playing a part in the hospice's fundraising events.

Rachel Bryett, head of fundraising, said: 'It is a very difficult time for our families and friends who are struggling to support us to continue to provide essential care to our families right now.'

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csmith@heraldexpress.co.uk
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Mass outpouring of support for strapped hospice

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...BUT WE DO NEED CONTINUED SUPPORT

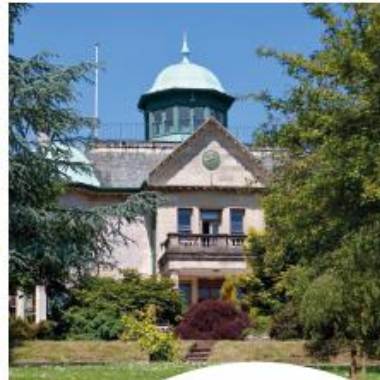




April 2017 – March 2018

Rowcroft Hospice Our Education Programme

www.rowcrofthospice.org.uk/education



NHS
South Devon and Torbay
Clinical Commissioning Group

rowcroft
hospice education

Registered Charity No: 282723

SED
TORIA

THE
COMPLETE
COFFEE
ADVENTURE
DEPARTS

rowcroft
hospice boutique







ROWCROFT
HOSPICE
VOLUNTEER

THE
COLOUR RUSH
TEIGNMOUTH
BEACH





rowcrafter hospice



rowcrafter
hospice


Our vision is...

“To make every day the best it can be for all patients, and their families, living with life limiting illnesses in South Devon”



With five clear strategic goals

- 1 — To deliver outstanding personalised specialist palliative care when and where it is needed, 24/7, regardless of diagnosis or circumstance
- 2 — To be the community specialist palliative care provider of choice for patients across South Devon



"Rowcroft has been a tremendous benefit to me, they do exactly what they say on the tin - they care"
- Mike

With five clear strategic goals

- 3 — To extend the reach of our palliative care to one in two adults living with life-limiting illnesses across South Devon by 2023, and two in three by 2030
- 4 — To empower and educate the community by becoming a 'community beacon' in end of life care



"Rowcroft has been a tremendous benefit to me, they do exactly what they say on the tin - they care"
- Mike

With five clear strategic goals

- 5 — To build a sustainable future with new, diversified funding streams that will represent at least 10% of Rowcroft's funding by 2023, and to achieve reserves that equate to 50% of the hospice's annual running costs

= requires an additional £1.5m income per annum by 2023



*"Rowcroft has
been a tremendous
benefit to me, they
do exactly what
they say on the tin
- they care"
- Mike*

And clear strategic initiatives

3



&

3



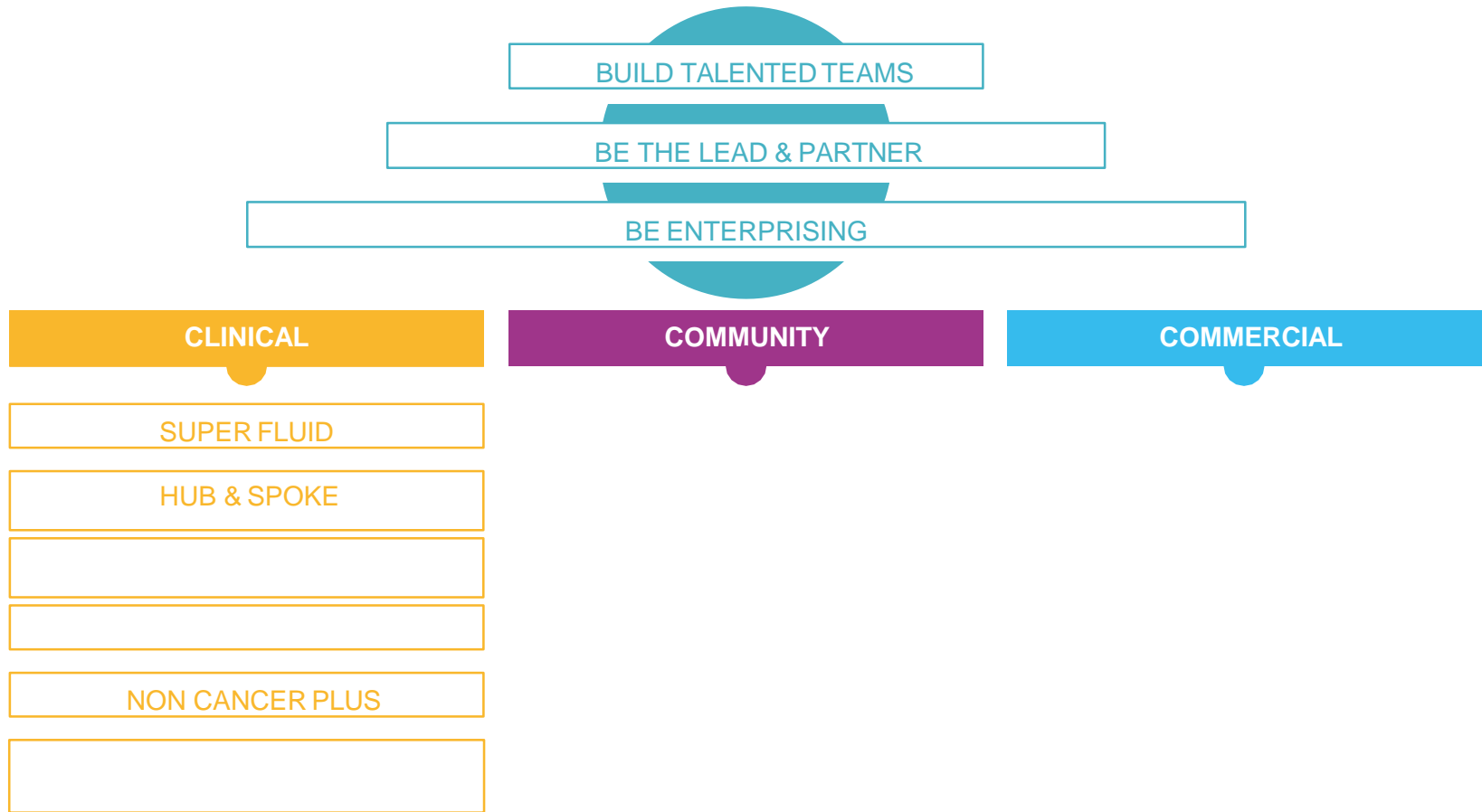
And clear strategic initiatives



Strategic initiatives



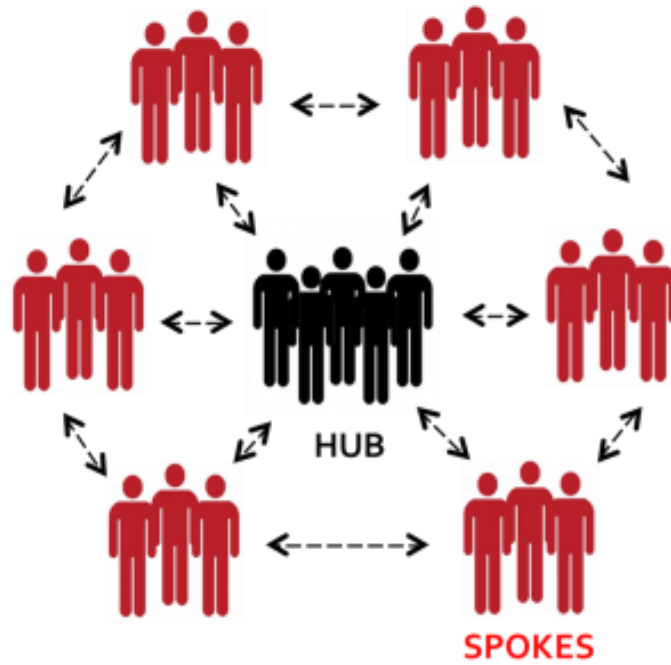
Strategic initiatives



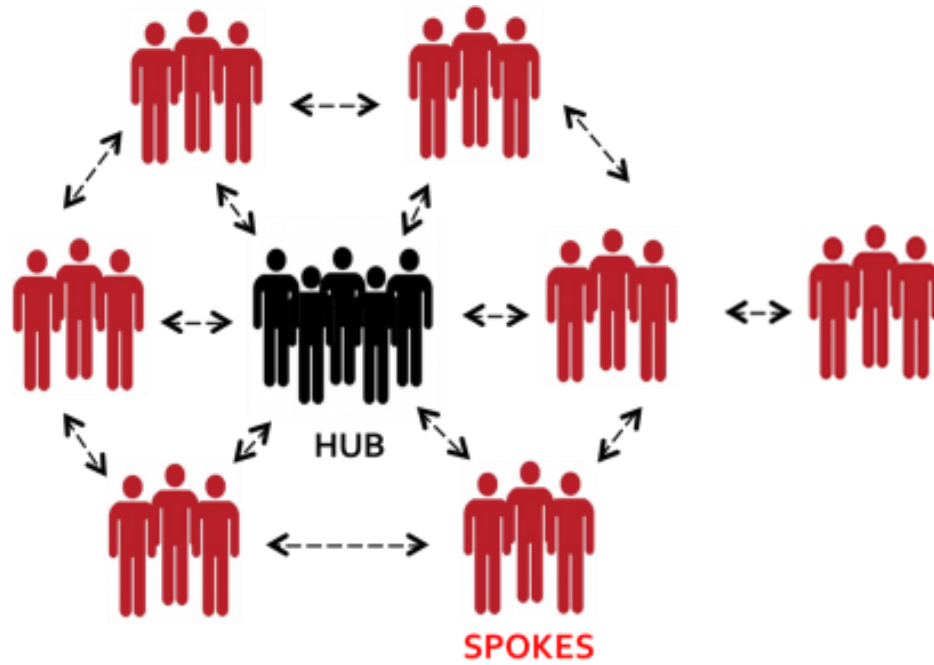
Super Fluid



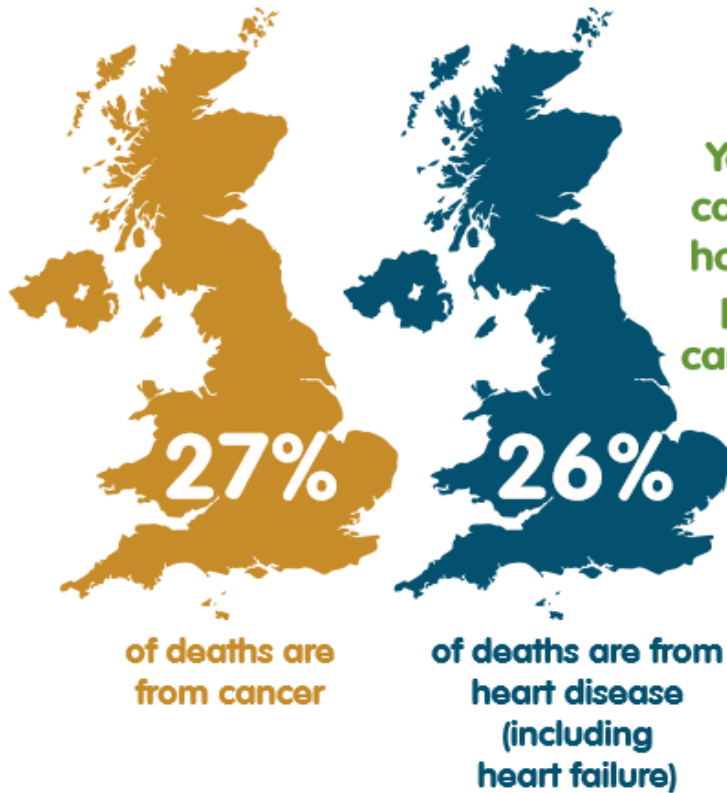
Hub & Spoke



Hub & Spoke



Non Cancer Plus



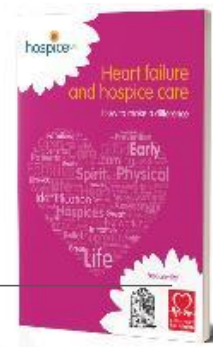
Yet people cared for by hospice and palliative care teams =



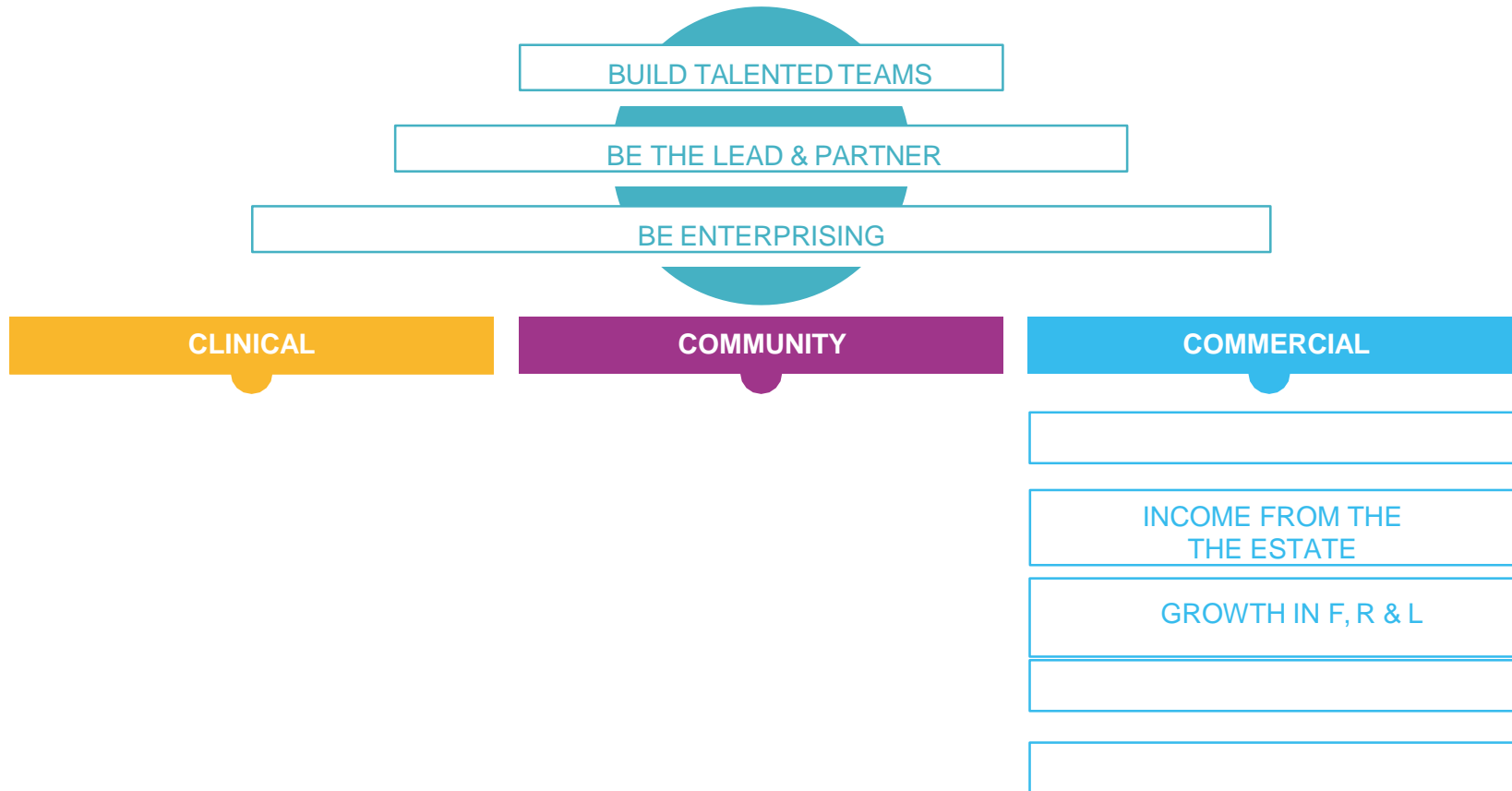
cancer patients



heart failure patients



Strategic initiatives



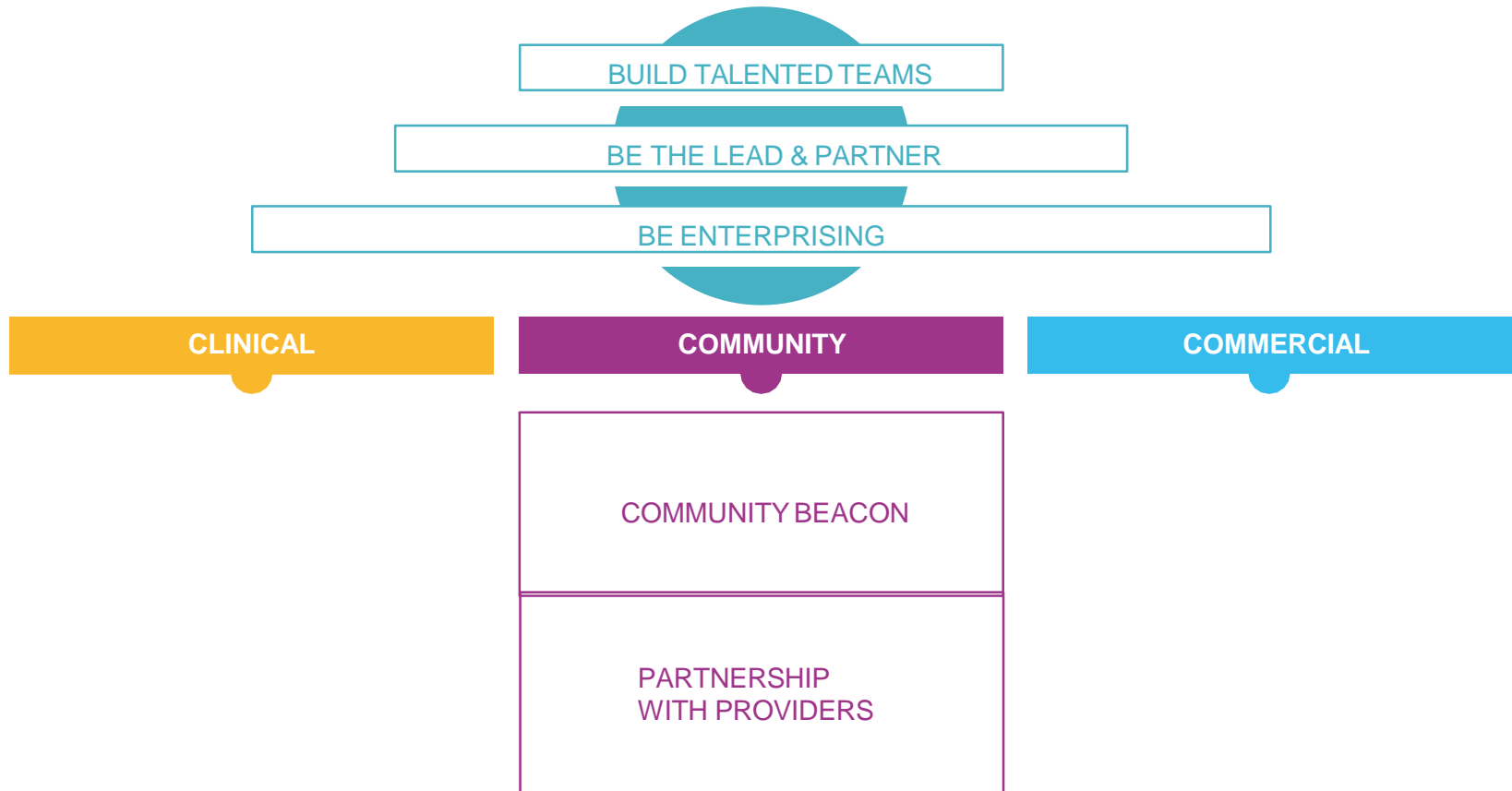
Income from the estate



Growth in Fundraising, Retail & Lottery



Strategic initiatives



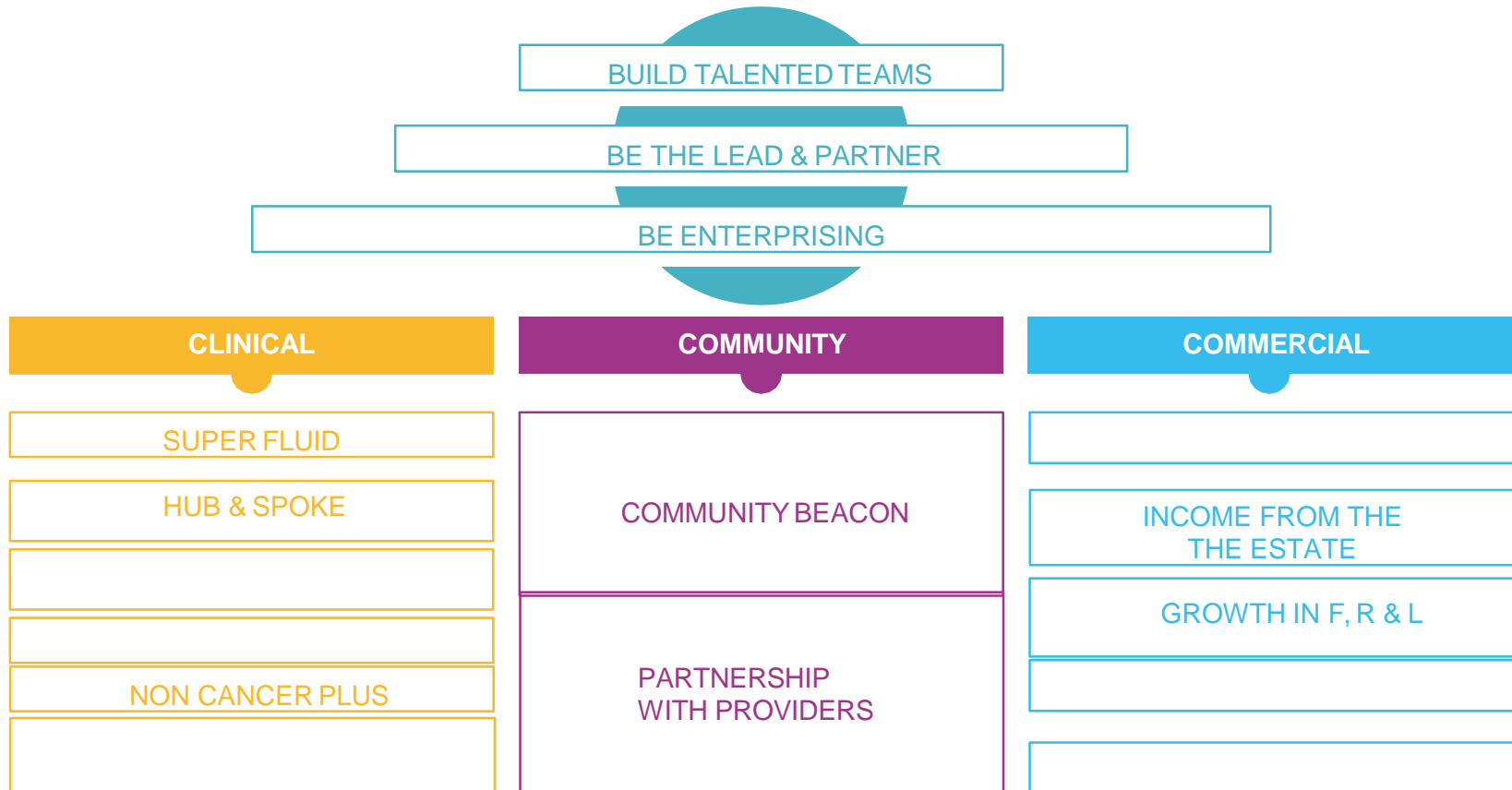
Community Beacon



to be best in any
point of view.

Partnership [ˈpɑːtnəʃɪp]
cooperative rela
groups who agr
achieving some
what is the

With clear strategic initiatives

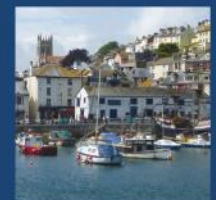
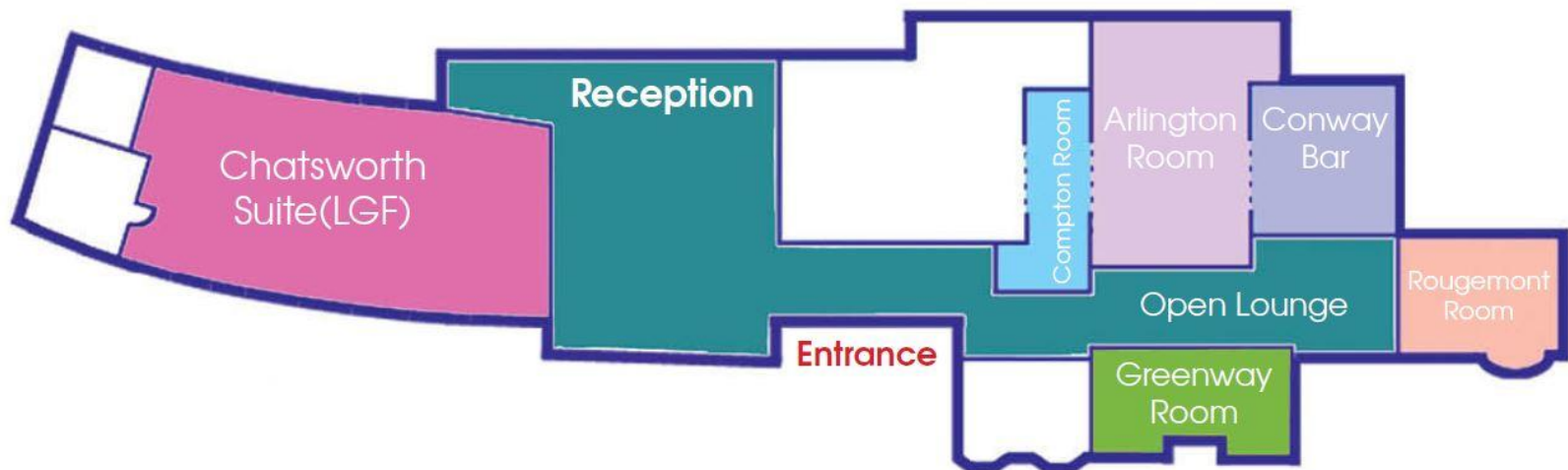






Agenda splits – A and B Locations see map

A Community providers Rougemont Room
B Care Homes Arlington Room



COMMUNITY PROVIDERS OTHER THAN CARE HOMES IN THE
ROUGEMONT ROOM

CHAIR Judy Grant with Chris Lethbridge

AGENDA A

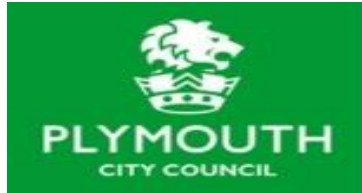




South Devon and Torbay
Clinical Commissioning Group



Northern, Eastern and
Western Devon
Clinical Commissioning Group



Transforming Care Partnership

Temporary Enhanced Accommodation

Shona Charlton, Senior Commissioning Manager, SDT CCG
Chris Morley, Market Development Manager, NEW Devon CCG

Transforming Care Partnership

Membership

- CCG's - South Devon and Torbay and NEW Devon
- Local Authorities - Torbay Council, Plymouth City Council, Devon County Council
- Providers - Devon Partnership Trust and Livewell South West

Plans include;

- **Reducing the number of people who are currently in hospital under a MHA section.**
- **Improving community services so that people can live near their family and friends.**
- **Making sure that the right staff with the right skills are in place to support and care for people with a learning disability and/or autism.**
- **Tackling health inequalities.**

Temporary Enhanced Accommodation



- Purchased through grant from NHS England
- Property & tenancies managed by Golden Lane Housing
- Three self-contained two bedded units, each with their own front door and outside space
- Accommodation for the person and their staff and will include a room in each unit for sleep-in staff
- Local environment to enable people to step down from hospital
- Length of stay should be no more than 6 months, whilst permanent accommodation is sourced for step-down back into their local community

Contracting Model

Service Type

- Delivered on a supported living model
- Same team who will provide long term care
- Individual teams commissioned on an individual basis based on the needs of the person
- Possibility of shared night care

Contracts

- Local contracts applied
- Provider identified through local brokerage/sourcing process
- CQC registered (where applicable)

Contracting Model

Pathway Specification

- Minimum care standards to be applied
- Outcome focused support plan
- Co-produced outcomes
- Close working with Multi Disciplinary Teams
- Staff to support the individual to follow identified programmes
e.g. physiotherapy exercises
- Support centred around “Ordinary Life Principles”
where people live ‘in the mainstream of life, living in ordinary houses and ordinary streets, with the same range of choices as any citizen, and mixing as equals with the other members ...of their own community’.

Questions

Any Questions?





Positive Ageing

We are addressing negative perceptions of ageing and people over the age of 50 through our participation development work

Our Positive Ageing...
Positive Ageing...
Positive Ageing...



Food for Thought
Our Participation Forums
...
...
...



Support to Organisations
...
...
...

Enabling employment
...
...
...

Innovation Fund: Our new delivery partners



BRIXHAM AGEING WELL TORBAY TORQUAY PAIGNTON

Innovation Fund: Funding for local services, selected by older people



- The total £1.2M funds will be used for local groups & services
- Services must be report relevant and be developed from ideas older people have
- The services must be in the local area and must be for older people
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Ageing Well Torbay outcomes

People over 50 will:

- **Be valued and have purpose**
- **Be more socially connected**
- **Have higher personal and service aspirations**
- **Feel valued and celebrate ageing**



Positive Ageing

We are addressing negative perceptions of ageing and people over the age of 50 through our participation development work

- Older Persons Assembly - Platform and power for voices on what matters
- Vision for Ageing Well - Putting together a strategy for Ageing Well: 10 year plan including important subjects such as housing, transport, health and social care
- Assembly and strategy will be part of the legacy left by Ageing Well for older people in Torbay
- Ageing Well Festival - celebrating older people and growing older



Ageing Well Festivals

- Annual event to celebrate older people and ageing, to highlight their skills, knowledge and involvement in their community
- The Festival helps people in their middle-years to view growing older in a more positive light, highlighting opportunities to try new things, discover more local activities and meet new people
- To coincide with National Older People's Day (October 1st)
- Organised, designed, implemented and run by steering group of older people
- Torre Abbey (2016) 934 attendees over entire weekend
- Lupton House (2017) 1440 attendees over entire weekend



Ageing Well Festivals

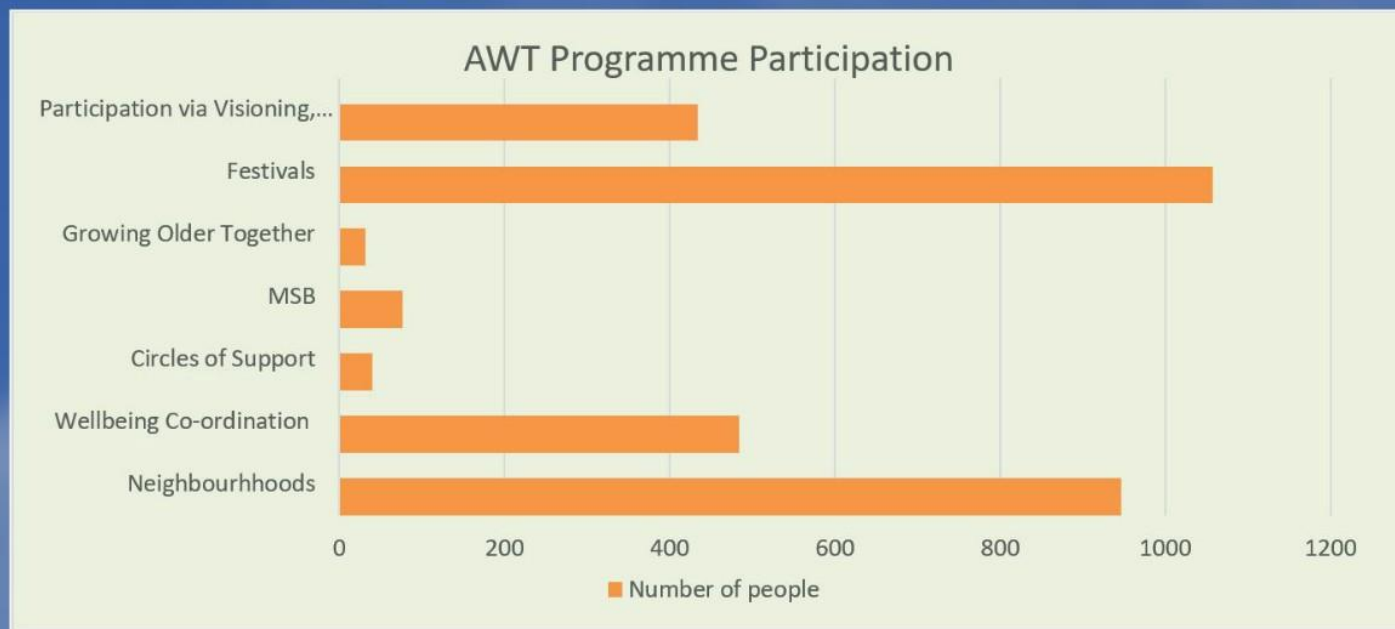
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We have worked and engaged with older people

So far we have engaged with:

- 2918 people
- 2406 people over the age of 50
- 1255 socially isolated



- 2:1 ratio women and men
- 17% under age of 60, 39% aged 60-75, 44% over age of 75
- Over half of surveys completed by those in isolation
- 55% have a disability/long-term illness



Prezi

One in five are carers who feel socially isolated, but may not class themselves as being lonely

Neighbourhoods

creating and sustaining connections

- ABCD
- Timebanking
- Magazines
- Co-designed/production
- Over 946 isolated people reached
- Team of 18 Community Builders supporting 30 neighbourhoods with 14 timebanks with 253 members who've exchanged 2862 hours between them
- Running for 2 & half years
- Working with 907 connectors & good neighbours
- Over 160 citizen led actions working with over 160 associations



Raising Aspirations and Service Redesign

Partnership with NHS Foundation Trust

- Revolutionising personalisation in health care
- Independent support brokers



Wellbeing Co-ordinators

Wellbeing co-ordinating services for
1000 people (641 so far)

Social prescribing



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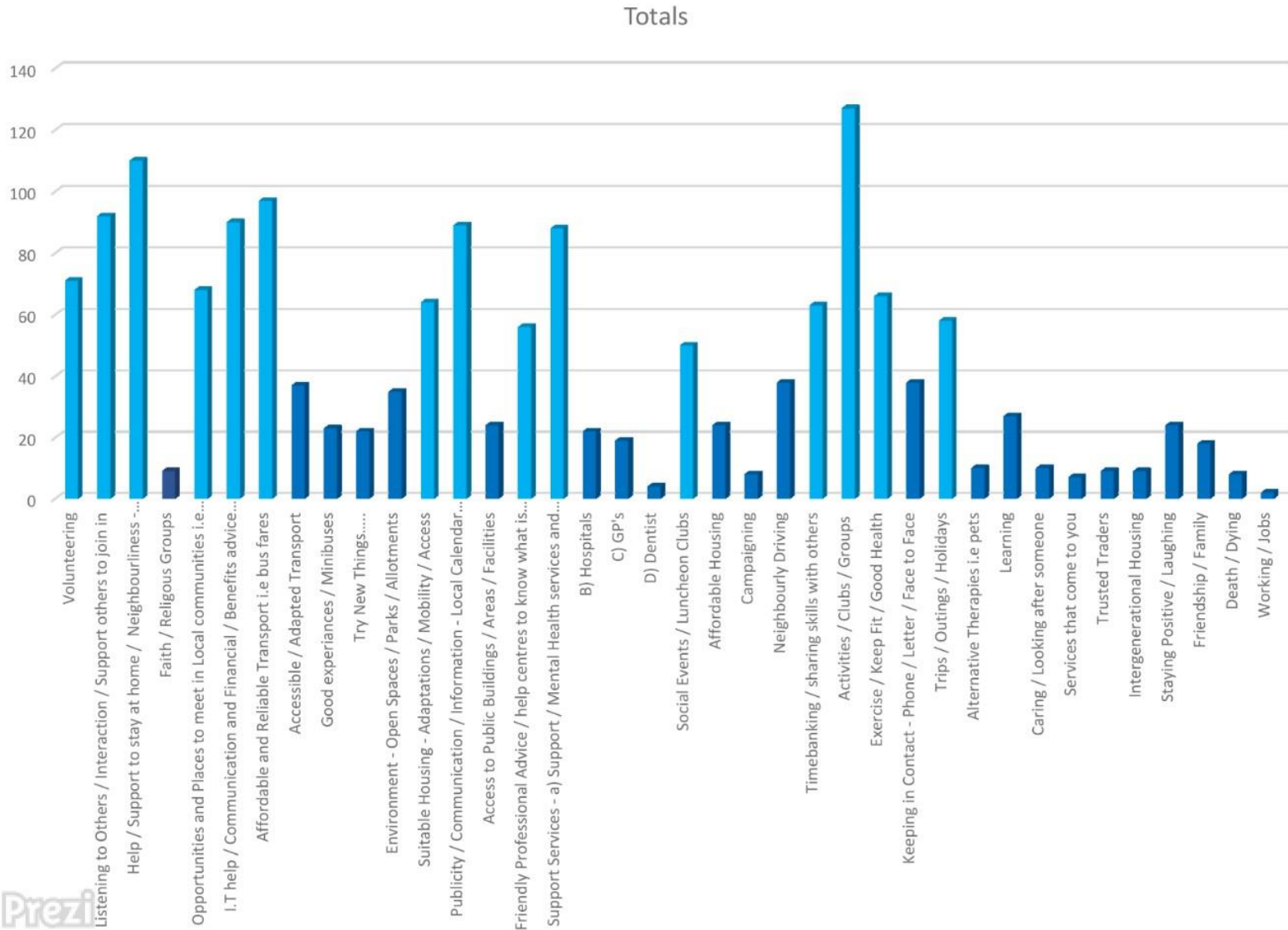
Food for Thought

Our Participation Events

- Over 400 attendees from local neighbourhoods
- 20 participation events
- Focusing on developing social and practical improvements for ageing
- Contributing to the Health & Wellbeing Board's strategy for positive ageing in Torbay



Food for Thought - Findings



Barriers to Engagement



- Self-esteem and confidence
- Transport and mobility
- Financial cost of taking part
- Accessibility of venues
- Timing and duration of events
- Language used

Enabling engagement

We have found that enabling people in later life to participate often requires:

- Contact to build trust and familiarisation before engaging in activities
- Support to build confidence
- Ongoing encouragement and enablement to participate at an appropriate level
- Understanding people with long-term health conditions, disabilities and caring responsibilities

Innovation Fund: Funding for local services, selected by older people



- Pot of £150,000 established for local groups & services
- Tenders had to meet themes set by feedback from 400+ older people in the Bay during our participation events "Food for Thought"
- Themes included more activities, peer support/exchanging knowledge & skills, and greater access to affordable technology, as well as more social opportunities/intergenerational activities
- A panel of local people aged 50+ were trained to judge and decide who received funding, resulting in 8 winners selected from 32 tenders



Innovation Fund: Our new delivery partners



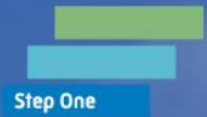
Activity weeks & Tea dances

Karing will be hosting several Sunday tea dances and also testing out activities which have not been tried before, which if successful they will introduce on a regular basis.




Community Internet Café

Elcombe Community Partnership is setting up a new community internet café with opportunities for older people to expand their existing skills set, socialise and feel valued. It will provide free IT training as well as low cost refreshments.

Daybreak Peer Support

Daybreak will offer groups, outreach and engagement sessions for people over 50 to reduce anxiety, depression and low self-esteem.




Digital Inclusion

Healthwatch Torbay want to bridge the 'digital divide' for those unable to use online services and effectively excluded from health and social care resources and services. This project will provide one-to-one support in the community or at home, and access to low-cost tablets.




Hear & Now

Sound Communities will bring together younger and older people in local history groups, care homes and communities to record, produce, broadcast and archive local stories and memories across Torbay.




Intergenerational Activities

So-Fly aim to bridge the intergenerational gap - helping to build mutual understanding and communication through peer-led groups piloting ideas for activities such as a young and old men's woodwork group, garden club, skills swapping and also one-to-one matched mentoring.




Media Training

Riviera FM's project is offering people over 50 the chance to have media training on all aspects of running a radio station including developing content, presenting programmes, outside broadcasting and developing social media campaigns.




Wellswood Wheels

Wellswood Community Partnership aim to provide a 'door to door' bookable minibus service, for people over 50 including support from an assistant driver and the driver, to walk or be wheeled to the bus, get on the bus, and be helped off the bus safely.




Activity weeks & Tea dances

Karing will be hosting several Sunday tea dances and also testing out activities which have not been tried before, which if successful they will introduce on a regular basis.



Community Internet Café

Ellacombe Community Partnership is setting up A new community internet café with opportunities for older people to expand their existing skills set, socialise and feel valued. It will provide free IT training as well as low cost refreshments.



Daybreak Peer Support

Daybreak will offer groups, outreach and engagement sessions for people over 50 to reduce anxiety, depression and low self-esteem.



Digital Inclusion

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Any Questions?



Positive Ageing
We are addressing negative perceptions of ageing and people over the age of 50 through our participation in government work.

What Positive Ageing is:
 • Aims to improve the lives of older people
 • Works for age equality - making sure older people have the same opportunities as younger people
 • Aims to improve the lives of older people by making them part of the future with the help of younger people
 • Aims to improve the lives of older people by making them part of the future with the help of younger people



Read for Torbay



• Full range of services
 • Full range of services
 • Full range of services

Full range of services

We have a full range of services for older people, including:

- Full range of services
- Full range of services
- Full range of services

**Innovation Fund:
Our new delivery partners**



Innovation Fund: Funding for local services, selected by older people



The Innovation Fund is a new way of funding local services, selected by older people. It is a new way of funding local services, selected by older people. It is a new way of funding local services, selected by older people.



CARE HOMES IN THE ARLINGTON ROOM
CHAIR Fran Mason with Rachel Carter


AGENDA B





Making Bridges With Music

By Jo Spurle and Linda Prain



Make Bridges with Music 2017 was a creative music making project between the younger and older generation.

This project brought together older and younger people using music as a way of bridging and connecting the generations and explored what the very young and the very old could learn from and offer each other in a shared and supportive space.

The project was funded primarily by Awards For All with contributions from Bournemouth Symphony Orchestra, Doorstep Arts, Torbay Mayors Fund, The Great Places Scheme, Devon Community Foundation, Torbay Childminders & participating care homes.

There are two phases to the project:

- Creative sessions with old and young people rolled out in the summer of 2017
- Artistic responses to be performed publicly in November 2017

Who was involved?

The project comprised of 6 music sessions in 3 residential care homes, these were:

- Warberries Nursing Home, Torquay
- Pendennis Care Home, Paignton
- Bethesda Care Home, Torquay

The project involved Torbay Childminders bringing early years children in to these three residential care homes on a weekly basis for six weeks to explore music and song writing with Hugh Nankivell & Steve Sowden, experienced community artists (working with Doorstep Arts and The Bournemouth Symphony Orchestra).

Each session was filmed and documented and the project was written up as a case study by Claudia Bladon a research assistant from Plymouth University; this is due to be released shortly.

What are the aims of the project?

Across the UK generations are often divided through the segregated model of residential care and day care for the young, with each generation often having little or no contact with the other; with this reduction in the extended family a vital connection between generations is being lost.

The aim of this project was to:

- To help both generations to develop new and different relationships, improving participants social and emotional wellbeing.
- To explore and present the mutual benefits of intergenerational learning using music as the shared experience and the bridge between generations.
- To reduce isolation for the elderly based within residential care, by bringing the community to them and in doing so improve community cohesion and break down the barriers between the old and the young.
- To improve participants sense of self worth and self esteem for older and younger alike as they come together to support each other through music.
- To create CPD opportunities for care home staff and childminders.
- To create new music for the community and beyond.

We had to take in to consideration the following things:

- Which settings could be involved that were able to offer a space big enough to hold everyone and offer enough room to be creative in; space would prove to be very important in the project.
- Who would be invited to participate and should medical health such as varying levels of dementia, preclude people?
- Who could bring children easily to the venues & be in a position to support the children appropriately?
- Creating risk assessments for both ages covering safeguarding, space, venue, activities, furniture i.e. tables and walkers etc.
- The practical timing of sessions, how long they lasted and how often, to ensure that everyone remained actively engaged.
- Comprehensive consents for participants to be involved in the project so that information about the project could be shared publicly.

What happened?





What difference did bringing ages together make?

Research methods included the Arts Observational Scale (ArtsObs); feedback from residents and children after the music sessions, telephone interviews with childminders, 4 face-to-face interviews with care home staff members and 1 focus group with the intervention team.


What did the research evidence?

- Across settings mood changes registering satisfaction and happiness increased across sessions in both sets of participants.
- In terms of relaxation, the intervention had a positive effect, with participants showing at least two evident signs of relaxation across sessions.
- The intervention had a positive effect on young children. Children remained involved throughout the sessions across settings; two thirds of the children showed an increase in their happiness levels after the music sessions. Childminders reported that some of the children were speaking more, had developed strategies to connect with post-verbal people, developed connections with residents, took more risks, learnt new music repertoire, learnt to collaborate with a unique team (old and young) and learnt about boundaries.

Evidence continued...

- The intervention provided elderly people with opportunities to learn, be inspired, be physically active and be motivated. They provided a sense of purpose and gave the space for support workers and residents to interact as equals.
- Care Home staff reported that interactive music and arts sessions are effective in increasing self-worth and wellbeing in the elderly. In contrast to performances, interactive music-making sessions offer participants the opportunity to be active and engaged in the music-making process.
- Six case studies provided additional qualitative evidence of positive effects on the social and emotional wellbeing on elderly participants and young children.
- The intergenerational sessions provided a conduit for musical heritage, young children were exposed to old songs and nursery rhymes; likewise, the elderly population were exposed to new songs and games.

The research carried out stated: 'in summary, this intergenerational music intervention achieved its key aims. It promoted learning, wellbeing and interactions beyond participants' social spheres. The intervention produced new musical outcomes for participants and also identified CPD opportunities for support care workers and childminders'.

A vertical strip on the left side of the image shows a scroll of musical notation with various notes and symbols.

**Reflections on the long term impact of
Making Bridges with Music
By Jo Spurle & Linda Prain**

How will this be developed within Torbay?

Lorraine George, Childcare Development Worker for the Torbay Early Years Advisory Team, is developing intergenerational large and small scale projects within Torbay. She has been funded by the Winston Churchill Memorial Trust to research co-located care i.e. nurseries based within residential care homes and is currently in America finding out how this works and the difference it makes to children and the elderly. On her return she will be looking for interested care homes to engage with childminders, nurseries and pre-schools, to develop small scale projects around gardening, exercise, craft activities etc.

Funding is being sought to extend the 'Making Bridges with Music' project in 2018 to deliver it in more residential homes within the bay & to also train older volunteers to deliver intergenerational sessions in additional care homes.

If you would like to find out more about the project, public performances are being held on:

- Friday 17th November 4.30pm - All Saints Church Hall, Torre
- Saturday 18th November - 7.30pm Paignton - Methodist Church Hall

If you would like to be involved in any aspect of intergenerational learning either regular visits from early years settings or the Music Project, please email Lorraine on

lorraine.george@torbay.gov.uk

How to keep in touch

See the **Care and Support Provider area** of the Torbay Council website -

<http://www.torbay.gov.uk/health-and-wellbeing/care-and-support-providers/>

Get involved tell us if you want to join the new Provider Reference Group
Torbay Council Joint Commissioning Contact information –

- Email: commissioning@torbay.gov.uk
- Tel: [01803 208729](tel:01803208729)
- Ask to [join our enewsletter](#) contact list

SAVE THE DATE OF THE NEXT FORUMS

28th Feb & 9th May 2018

And **South Devon and Torbay CCG contact information** link here

<http://www.southdevonandtorbayccg.nhs.uk/contact-us/Pages/default.aspx>

