

## Written evidence submitted by Relatives and Residents Association (EPW0008)

### R&RA

The Relatives & Residents Association (R&RA) champions the rights of older people needing care in England. We provide information, advice and support to empower older people and their families/friends, and use their unique perspective to raise awareness and to influence policy and practice.

#### **1. Government commitment: ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs.**

Long-standing strains on the sector have now reached crisis point. The shortage of care staff and high vacancy rates have long been a problem and warnings from the sector during the pandemic about the worsening crisis have gone unheeded.

This is preventing people from accessing the care and support they need and hampering care providers' ability to deliver safe, dignified care which respects rights. People are waiting longer for assessments, and even when identified as having care needs face delays and difficulties in getting support. This is putting untold pressure on relatives and friends to step in and fill the gaps which in turn impacts on their own mental and physical health. It is also adding to pressures on NHS services when they are already stretched to breaking point. We are also hearing of instances where care homes are not allowing visits on weekends, apparently due to a lack of staff.

Our helpline also hears that staff shortages are preventing delivery of dignified care – helpline clients are being told by providers that they can only do the bare minimum. This is very far from the quality care older people should be able to expect. When people make the (often difficult) decision to get support for their care needs, at the very least those services should offer safety and dignity. We are concerned that the staffing crisis in care is putting people's safety, dignity and other rights at risk and that this is going unnoticed, behind closed doors.

An important determinant of quality of care is the quality of local management. Good local leadership is vital for a positive culture, to ensure basic care standards are met and maintained, and that staff feel supported to remain in post. Poor or absent management is having a detrimental impact on care user's wellbeing and quality of life.

High turnover of staff has long hampered the sector. It not only leads to the poor outcomes identified above by staff shortages, but also to lack of consistency of care. At its heart, good care is about knowing the person's needs and wishes, about building relationships with them and the relatives/friends they want to support them. This consistency and familiarity is particularly important for people living with dementia and an ever-changing series of new faces providing intimate and personal care needs can lead to confusion and distress.

#### Examples from anonymous helpline clients

- Lack of familiarity with care workers and over-reliance on agency staff led to a resident refusing support with personal care and developing problems with hygiene.
- A care home resident was found in distress by their relative, left unchanged with faeces also over the bedding and on the walls.
- A care user was found by a relative to have missing teeth and others in a bad state of repair which staff had not noticed.

#### **Was the commitment met overall? or (in the case of a commitment whose deadline has not yet been reached) Is the commitment on track to be met?**

There is no evidence that progress is being made against the commitment, and there have been no serious efforts to meet the commitment which we can evaluate. The Government has still not published a national strategy to address workforce challenges, despite this being flagged by the National Audit Office in 2018.<sup>1</sup> Just as they warned then, there is no evidence that the Department for Health and Social Care is overseeing workforce planning by local authorities. Fluctuations in the vacancy rate for social care staff over the past two years can be attributed to other factors, such as labour market changes during the COVID-19 pandemic. Staff vacancy and turnover rates remain significant and continue to have a detrimental effect on social care provision.

There are two important mitigating factors or conflicting policy decisions which should be acknowledged. The first is Brexit, which has restricted the sectors' ability to recruit social care staff from abroad. We know that many care homes are now struggling to recruit staff from abroad, and as the gap grows we are not confident that this will be filled by British workers. The second conflicting policy decision was the introduction of vaccination against COVID-19 being a condition of employment across social care. According to a survey by the National Care Forum, care providers estimated that 3.5% of staff had resigned or been dismissed before the rule came into effect.<sup>2</sup> Even in instances where that

<sup>1</sup> <https://www.nao.org.uk/report/the-adult-social-care-workforce-in-england/>

<sup>2</sup> <https://www.nationalcareforum.org.uk/wp-content/uploads/2021/08/NCF-Survey-Report-Vaccination-as-a-condition-of-deployment-in-care-homes-November-2021.pdf>

figure is lower, such as the 1% reported by the Chief Executive of a medium-size care provider we spoke to, this is still a significant figure given the existing vacancy rate and the difficulties in recruiting new staff.

### **Was the commitment effectively funded (or resourced)?**

The commitment has not been effectively funded or resourced. We are unaware of any Government funding specifically to support recruitment and retention, apart from the Workforce Recruitment and Retention Fund announced in October 2021. Local authorities have been left to develop their own approaches to tackling recruitment and retention issues, leading to a range of different and often unsuccessful approaches. The Workforce Recruitment and Retention Fund has had a limited effect. Many care providers felt compelled to give the majority of the fund to existing staff as a bonus to support retention, leaving insufficient funds to improve recruitment. In other areas, the majority of the fund was allocated to domiciliary care rather than care homes, leading to imbalanced areas of support for recruitment and retention.

## **2. Government commitment: £1 billion extra of funding every year for more social care staff and better infrastructure, technology and facilities.**

It has been widely recognised that the existing care home stock is old and outdated. 71% are more than 20 years old, and 40% have been converted from other uses and may be outdated and inappropriate.<sup>3</sup> We know that there is a significant backlog of maintenance work in the NHS estate,<sup>4</sup> and while similar data is not available for social care, we believe that many care homes are also struggling to complete necessary repair and maintenance work.

Reading through CQC inspection reports, we can identify many instances of sub-standard infrastructure and facilities. These include quality of life as well as safety issues, such as uneven paving, cracked tiles, gaps around doors and windows, poor decorative order including chipped or damaged paint and wall-paper, damp, faulty appliances such as lights that no longer work, dangerous appliances such as radiators that run too hot, uncompleted premises work, and general disrepair. Many of our clients report such issues to us on our helpline.

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<sup>3</sup> <https://content.knightfrank.com/research/336/documents/en/healthcare-development-opportunities-2021-8428.pdf>

<sup>4</sup> <https://www.kingsfund.org.uk/blog/2021/10/latest-nhs-estate>

There are many different tools and technologies which could help people in care as well as their families and friends. Digital assessment tools and devices, predictive technologies, and assistive technologies, can all help identify risks and provide new means of support. During the COVID-19 pandemic, digital technologies were often essential to maintaining contact with friends and family during lockdown restrictions. However, technology is not a panacea. There are significant challenges which must be addressed, and this will require appropriate funding.

When new technologies are introduced, proper training must be provided for staff to ensure that they are actually integrated into existing work practices. In a survey conducted by the Care County Network, over half of the participants from member councils felt that practitioners working in social care did not always have the appropriate knowledge or educational background in assistive technology that could maximise the benefits that it might be able to offer – with 41% also identifying a need for more training and development in this area.<sup>5</sup> Skills for Care have also conducted a comprehensive review into existing evidence around digital skills in social care. They highlight significant gaps as well as barriers to learning and development including resources and capacity as well as infrastructure and interoperability.<sup>6</sup>

Interoperability is an important issue, particularly because many care providers have been independently working to increase their use of technologies. Without Government funding or direction, some care providers have used business funds to purchase new technologies and train staff, and there are concerns that new systems introduced by the Government may not be interoperable with existing technologies already in use. There is a very rapid pace of change in the market for digital technologies and care providers may also be concerned that they will spend significant sums of money on rapidly outdated technologies.

Other care providers have been slow to take up new technologies including basic digital record systems. Risk-averse care providers can also be reluctant to introduce new exercise technology such as electric bikes. The costs associated with introducing new technologies are significant, and thus far there has not been sufficient investment in preparation, infrastructure and training.

It is important to highlight that, if introduced and implemented poorly, new technologies can be detrimental to the wellbeing of people receiving care. People receiving care may lack the skills or confidence to master new technologies, especially if their value or benefits to them are unclear. Ultimately, technologies need to work with and for people receiving care as well as care providers, meaning they have to be appropriate and easy to use, fit with existing technologies, and be affordable, stable, and reliable.

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<sup>5</sup> <https://www.tunstall.co.uk/siteassets/uk/reports/ccn---employing-assistive-technology-in-adult-social-care-2.pdf>

<sup>6</sup> <https://www.skillsforcare.org.uk/Documents/Misc/Digital-Skills-in-Adult-Social-Care-Rapid-Evidence-Review-Mar21.pdf>

### Examples from anonymous helpline clients

- A relative with power of attorney asked for a copy of the care records and received over 1000 unordered sheets of printed paper.
- When a care home went into an extended lockdown during the COVID-19 pandemic, a resident had no means of independently communicating with their family. A laptop used for video calls was frequently locked away and only available when the care home's manager was present.
- A resident moved into a room where the carpet had a strong smell of urine. There was a significant delay in the carpet being replaced.
- During an extended lockdown a resident was provided with an iPad, however they were unable to use it, leaving them reliant on care home staff to communicate with their family.
- A resident with dementia had difficulty navigating around their care home as all the rooms and corridors were similarly decorated and had patterned carpets.
- A resident's room did not have appropriate lighting and so they were unable to read in their room.

### **Was the commitment met overall? or (in the case of a commitment whose deadline has not yet been reached) Is the commitment on track to be met?**

The commitment has not been met overall and is not on track to be met as it has not been sufficiently funded. The Government's proposal to spend £1.7 billion over the next three years supporting reform in the sector falls well short of the £1 billion per year outlined in the commitment. This funding has not been introduced yet and so we are unable to properly evaluate it.

### **Was it an appropriate commitment?**

The money outlined in the commitment is insufficient to achieve its aims. The Local Government Association estimates that between £7.3 billion - £8.1 billion is needed now to address care worker pay and move towards greater parity with the NHS, address unmet need, and enable councils to pay providers a 'fair rate of care'.<sup>7</sup> Meanwhile, the Health Foundation has estimated that £5 billion is needed just to restore social care provision to 2010 levels,<sup>8</sup> while the Chair of the Health and Social Care Select Committee has stated that the additional £1.7 billion in funding over three years falls well short of the annual £7 billion that their evidence found would be necessary to fix social care.<sup>9</sup>

<sup>7</sup> <https://www.local.gov.uk/parliament/briefings-and-responses/lga-response-people-heart-care-adult-social-care-reform-white>

<sup>8</sup> <https://www.health.org.uk/publications/health-and-social-care-funding-projections-2021>

<sup>9</sup> <https://committees.parliament.uk/committee/81/health-and-social-care-committee/news/159326/jeremy-hunt->

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