

Standards of Education and Practice for Nurses New to Care Home Nursing

2021



Introduction

The Queen's Nursing Institute (QNI) was commissioned by NHS England and NHS Improvement (NHSE/I) to develop standards of education and practice which would support the transition of a Registered Nurse who is new to working in the Care Home sector. For the purpose of this report the focus will be on Care Homes for older residents who require nursing care to be provided by the home.

The development of these standards is timely as the focus and attention being given to Care Homes is greater than it has ever been, demonstrating a policy shift to community based, integrated health and social care across all community care delivery (NHSE 2014; NHSE/I 2019). Reports show there is an increase in the number of people over the age of 65 who are requiring either residential or nursing care (Bennett et al 2018; NHSE/I 2019). The British Geriatric Society (2016) suggest that 75-80% of those living in Care Homes have cognitive impairment with the average care home resident having multiple long-term conditions, functional dependency and frailty.

It is reported by Care UK (2017) that there are three times more Care Home beds than hospital beds which demonstrates the need for Care Home staff to be equipped with the skills to care for this growing population. Currently almost 12 million (11,989,322) people aged 65 and above, of which 5.4 million are over 75 years, are living in the UK and it is anticipated that by 2030 one in five people (21.8%) will be aged 65 and over, 6.8% will be over 75 and 3.2% will be over 85 (ONS, 2017). The 85+ age group is the fastest growing and is set to double to 3.2 million by mid-2041 and treble by 2066 (5.1million; 7% of the UK population) (ONS 2018).

Currently there are 36,000 registered nurses employed by adult social care (Skills for Care (SfC) 2019/20; NMC 2019) and the care required by residents is becoming more complex and technologically sophisticated which requires the registered nursing staff to be skilled, knowledgeable and competent in caring for this vulnerable group of people.

The QNI worked with a representative group of Care Home providers and commissioners to address and identify specific education and practice standards required for a Registered Nurse new to working in the Care Home sector to enable them to work safely and effectively. Identifying a definitive list of skills and attributes required was a challenge due to the complexity of the residents requiring nursing care and it was acknowledged that the Registered Nurse would need to experience the skills required through observation, theory and practice. To support this, it is essential that the Registered Nurse has the capability and competence to carry out the skill to deliver consistent and comprehensive high-quality care.

These newly developed standards are a set of benchmarks which can be used to assess the skills and knowledge that the Registered Nurse will demonstrate to be seen as competent whilst working in the Care Home setting. These benchmarks are formed under four domains:

- Domain 1 - Clinical Care
- Domain 2 - Leadership and Management
- Domain 3 - Facilitation of Learning
- Domain 4 - Evidence, Research and Development

The role of Care Home Nurses

The role of the registered nurse working within a care home is a highly skilled one, requiring an in-depth knowledge of long-term conditions associated with aging, managing complex multiple morbidities and frailty. The nurse is required to maintain a person and relationship centred approach to this care, recognising that the care home is the person's home as well as a place of care. Care home nursing is diverse, with the need to practice autonomously, utilising assessment and management skills, liaising with many health and social care professionals and having a sound working knowledge of relevant Acts and legislation of care home policy. In addition, there is a requirement to develop the skills in building long-term relationships with residents, relatives and significant others. The Care Home Nurse is responsible for:

- Delivering excellent compassionate nursing care
- Assessing, planning, implementing care
- Ongoing evaluation of care
- Co-ordinating care and working with a multidisciplinary team
- Working collaboratively with the General Practitioner, families and carers and other external stakeholders

- Understanding of the wider system in which they are working and can link the importance of leadership across allied health and social care professionals
- Promoting independence and autonomy for all residents in their care
- Working with residents with complex health conditions
- Working with residents with challenging behaviour
- Demonstrating leadership within the extended nursing team
- Promoting innovation across the care home
- Teaching the unregulated workforce, student nurses and families/carers
- Advocating on behalf of the resident
- Delivering the CQC 'fundamental standards'.

Registered Nurses new to working in the Care Home sector will, by definition, be working to the professional standards of practice and behaviour for nurses and midwives as laid out in The Code (NMC, 2015). However, working in a Care Home will require additional emotional intelligence and the use of 'soft skills' such as diplomacy, sensitivity and a heightened awareness that the Care Home is the individual's home. The Registered Nurse will have a clear focus on person-centred care, giving the resident and their families choice and a voice about the care they receive through listening and shared decision making.

If the provision of care reflects these needs, giving attention to comprehensive, multidisciplinary assessments by appropriately trained and educated registered nurses and allied health professionals the residents are likely to have better health outcomes (BGS, 2016).

The Care Home is the resident's home and frequently this is where a resident will want to spend the last days of their life. Sometimes compassionate conversations are held with residents, families and the multidisciplinary team about the end of life care that will be required, and where ongoing support and skilled professional care to enable dignity to be maintained will be needed. Where a resident with dementia is requiring end of life care it is particularly important that the Registered Nurse has considered the pain they might be experiencing as this can be very difficult to assess due to the cognitive decline inherent in dementia (Miranda, 2018).

Working in a Care Home will provide a very different experience from working on a busy ward in a hospital. Currently there are many Care Homes that have developed their own standards/competencies and there have been studies where competencies have been identified. However, these are frequently based around competencies for specific clinical skills (Stanyon 2017; Gattinger et al 2016; Yarnell et al 2012). For this reason, the education and practice-based standards have deliberately not been written in the form of a list of clinical skills or medical conditions. They have been written in a broader context so that, with the use of the portfolio, the Registered Nurse can reflect with their supervisor (who must be an experienced registered nurse) how they have been able to meet each specific standard.

Using the Standards

These education and practice - based standards have been developed with the overall aims:

- To demonstrate the individual skills required in the application of theory and knowledge for those working as Care Home Nurses in order to be assessed as a safe and competent practitioner. These standards can be applied to all aspects of the fundamentals of nursing care such as end of life, dementia, mental health, management of long-term conditions and other health related conditions.
- To inform/ support curriculum development criteria for Higher Education Institutions when developing modules, programmes of learning and courses for nurses working in care homes.

It is also important to note that, in using these standards:

- It is the responsibility of each nurse to maintain his/her own professional development, i.e. their skills, competences, including essential and mandatory training specific to the service.
- Registered nurses must take responsibility to self -assess against these education and practice-based standards to identify existing skills that are transferable and also deficits in knowledge and skills that need to be addressed.



- The document outlines how the education and practice-based standards can be achieved, through various means of obtaining evidence to support learning and demonstrate competence.
- Where possible a 'assessor/ supervisor' system should be in place to support the nurse into the care home setting.
- Where a practice assessor is available, ideally, the assessor will hold a mentor qualification or equivalent and have attended the yearly 'Supporting Learners in Practice' update. The assessor will be governed by the NMC Code (2015), or equivalent, and therefore must act in a professional manner so as to safeguard patients at all times.
- If the nurse is experiencing difficulties achieving competence within the agreed time frame, the assessor will instigate a discussion with the nurse and line manager at the earliest opportunity in order to identify further learning needs and offer support.

The Practice Portfolio

The portfolio is designed to promote an open and honest discussion between the Registered Nurse and their allocated assessor /supervisor to identify their learning needs. Using the portfolio as a framework to support the Registered Nurse in meeting the required competencies to work in a Care Home setting, it provides parameters for the Registered Nurse to identify what they see as their strengths, but also what additional skills and competencies they must achieve to care effectively for the residents in the Care Home. The portfolio is linked to the education and practice-based standards and encourages reflective conversations with an experienced registered nurse. The portfolio has not identified a list of 'skills' as this must be dictated by the Registered Nurse and their supervisor. The portfolio can serve as a 'passport' for the Registered Nurse should they decide to move to another Care Home. If the portfolio is used to demonstrate evidence of learning and professional development in this way, it can provide the evidence needed for the Registered Nurse's Nursing and Midwifery (NMC 2018) revalidation and could also be linked to the annual appraisal. Benefits of the portfolio:

- Signifies valuing the Registered Nurse role in the Care Home setting
- Can be linked to the appraisal system and used as a quality assurance mechanism
- Assists with NMC revalidation
- Example of Gold Standard (support, reflection, opportunity to develop skills, overall providing a positive resident experience)
- Commissioners enabled to recognise the support that Care Home Nurses need in accessing Continuing Professional Development, which may be more available in other areas of nursing
- Care providers - using the portfolio provides an agreed standard across the Care Home Sector, promoting consistency in standards of care as part of quality assurance
- Demonstrates skills assurance of the Registered Nurses who are supporting student nurses.

At the end of a programme mapped against the new QNI Standards, Nurses New to Care Home Nursing will be able to:

Domain	Expected Standard	Comments/suggested adjustments
Domain 1 - Clinical Care	<p>1.1 Recognise your own competence when working with residents with complex needs and adhere to working within your individual scope of competence demonstrating delivery of safe, appropriate, effective, efficient and evidence-based care.</p> <p>1.2 Assess the health and psychosocial needs of residents demonstrating therapeutic relationships with residents and families enabling shared decisions developing person-centred care and anticipatory and self-care.</p> <p>1.3 Demonstrate effective planning, implementation and evaluation of person-centred care understanding the presenting connection between physical health issues and mental health problems.</p> <p>1.4 Demonstrate effective communication skills, listening with respect and compassion, promoting confident management of complex interpersonal issues and conflicts between residents, families, care workers and carers.</p> <p>1.5 Demonstrate evidence-based knowledge of the fundamental clinical skills presented in a care home setting for example: frailty, dementia, urinary incontinence, bowel care, dysphagia, wound care & skin viability, nutrition, diabetes and long-term conditions. (These are just a few conditions, but residents frequently will present with many more).</p> <p>1.6 Competently perform a range of clinical skills to undertake the assessment, implementation and evaluation of residents' care - many will have complex health needs associated with long term conditions.</p> <p>1.7 Demonstrate an understanding of the philosophy of the organisation and care home when developing care plans ensuring that planned care is achievable within the domains of the care home.</p> <p>1.8 Demonstrate an understanding of Kitwood's personhood model and person-centred care for people with dementia and other models which support person-centred care.</p> <p>1.9 Demonstrate an effective reflective approach to enable critical analysis of personal practice and identification of your learning and ongoing CPD requirements.</p>	



Domain 1 continued

- 1.10** Provide emotional support to all residents considering their spiritual needs and religious beliefs and deliver non-judgemental, ethical and respectful care.
- 1.11** Demonstrate effective use of eHealth technology and technology assisted learning systems to support resident independence where possible.
- 1.12** Has an understanding on Collaborative Approaches to Risk and 'working with risk' including MDT Best Interest Decision Meetings.
- 1.13** Demonstrate safety when administering medication, ensuring Care Home medicine management policies are adhered to in association with the prescriber and community pharmacist.

Domain 2 - Leadership and Management

- 2.1** Understand the context of the Care Home setting and the role and responsibilities of the Registered Nurse within the Care Home.
- 2.2** Demonstrate an understanding of the organisational regulations and policies and how these fit within the Integrated Care Systems agenda and Primary Care Networks.
- 2.3** Has an understanding of the wider system in which they are working and can link the importance of leadership across allied health and social care professionals.
- 2.4** Contributes to creating an environment/ culture where meaningful engagement can be achieved to promote an interdependent and collaborative approach.
- 2.5** Demonstrate competence, professional practice, working awareness of NMC Standards and revalidation requirements, professional boundaries, scope of practice and effective time management whilst working autonomously within the Care Home setting.
- 2.6** Manage your team and the care of your residents adhering to regulatory and professional policies facilitating safe and effective distribution of workload.
- 2.7** Understands own responsibility and accountability for decisions made and has insight into own delegating powers when appointing duties and tasks to others.
- 2.8** Demonstrate an understanding of the safety policies and procedures such as: manual handling, infection control, aggressive behaviour, cognitive impairment and assess and evaluate risk to promote resident safety, preventing avoidable harm to individuals, families and staff.

Domain 2 continued

- 2.9** Collaborate with all members of the multidisciplinary team to promote staff development and disseminate appropriate information to enhance the provision of quality of care.
- 2.10** Demonstrate professional and ethical values respecting all staff, residents, families and carers.
- 2.11** Demonstrate an awareness of safeguarding legislation policies and procedures when working with vulnerable residents.
- 2.12** Manage and co-ordinate programmes of care for residents you are responsible for and where necessary apply a range of change management strategies to respond flexibly and innovatively to changing contexts of care (eg: Transition from Care Home to hospital and return to Care Home, move from private residence to Care Home).
- 2.13** Advocate and articulate on behalf of residents to influence government policies and participate in organisational responses to raise the profile of Care Home Nursing.
- 2.14** Promote Care Home Nursing as a career pathway – eg: working with school leavers and universities to develop Care Home placements, students on placement, nursing associates, demonstrating to families the significance of having highly skilled nurses who can provide effective, quality care to residents in Care Homes.

**Domain 3 -
Facilitation of Learning**

- 3.1** Apply the NMC (2018) Standards for Student Supervision and Assessment (SSSA) and assimilate the roles of Practice Supervisor and Practice Assessor within the Care Home nursing learning environment.
- 3.2** Use creative problem-solving to develop a positive teaching/learning environment that will enhance the development of nursing students, nurse associates and the wider care home team. Evaluate the impact of educational interventions for students, nurse associates, care workers, residents and families.
- 3.3** Demonstrate the values of compassionate nursing and support the ongoing development of these values in others.



Domain 3 continued

- 3.4 Demonstrate non-judgemental and value-based care to promote a culture of openness and recognition of the duty of candour in which each resident is valued and all staff support and develop a shared purpose to deliver high- quality effective care.
- 3.5 Provide educational information to families enabling them to support the care you are providing within the Care Home.

**Domain 4 -
Evidence, Research
and Development**

- 4.1 Recognise your gaps in knowledge and perform a literature review to expand your personal knowledge and understanding enabling you to make informed decisions regarding care provision for residents in the Care Home.
- 4.2 Demonstrate critical and analytical skills in discerning between different forms of evidence-based research to improve the care of residents in the care home.
- 4.3 Work within the regulations, resources and protocols of the Care Home and local Trust including those related to medications and dressings. Demonstrate an enquiring mind to investigate a deeper understanding of the medications and dressings.
- 4.4 Promote a culture of research within the Care Home utilising data that will identify key risks, improve practice and demonstrate the impact this has on residents in the Care Home.
- 4.5 Participate in the development and implementation of research groups within the Care Home with a view to develop processes for systematically improving services and care within the Care Home.
- 4.6 Promote Continuing Professional Development within the Care Home to improve individual knowledge, enhance resident care and to share and disseminate best practice.

Recommendations

It is anticipated that having set out the competency-based standards that Higher Education Institutions will be able to develop a Foundation Programme for Care Home Nurses to ensure registered nurses new to working in the Care Home sector are prepared to meet these standards. The programme must be delivered over a sufficient length of time to enable the standards to be met addressing the complexity of the Care Home Nursing role. It is suggested that such a programme would be delivered part-time at academic levels 6 and 7 over one academic year.

Care Homes across England will be encouraged to take on board these competency-based standards; they will provide an element of assurance across the Care Home sector. These standards are not mandatory, and each care home will develop their own way of working with them and will have various ways of enabling their registered nurses new to working in the care home to meet these competency-based standards. Where investment has been given to the registered nurses, such as enabling them to enrol onto relevant courses to support their CPD and supporting them to meet their professional needs, nurses are happier and feel valued (Sodeify, 2013).

The competency-based standards can be met in a variety of ways:

- Attend a Foundation programme for Care Home Nurses.
- Enable the Registered Nurse to shadow experienced nurses to gain the relevant experience and competence.
- Work with specialist nurses within the hospital, community or hospice setting to gain the relevance experience and competence.
- Attend study days provided by their employing organisation.
- Attend study days provided by the other local organisations including NHS organisations.
- Attend accredited modules delivered by a University. An example of modules that would benefit Care Home Nurses is listed below, this list is not exhaustive as there are many more conditions and topics that would benefit registered nurses new to working in the Care Home sector and below is just a selection of modules typically on offer at Universities:
 - End of Life Care
 - Long term conditions and comorbidities
 - Independent Prescribing
 - Wound care and skin integrity
 - Diabetes Management
 - Heart Failure
 - Dementia
 - Neurological conditions
 - Continence
 - Nutrition
 - Infection prevention and control
 - Pain management
 - Medicines management
 - Leading and Managing teams
 - Quality improvement and evidence- based practice

NHSE/I (2019) suggested that many care home residents are not having their needs fully met, therefore upskilling Care Home Nurses to meet the competency-based standards will address this gap in knowledge, resulting in a highly skilled workforce which in turn will improve the quality of care given to the residents. It is anticipated that with a workforce that has the knowledge and evidence base to work with emergency and unpredictable situations that this should prevent and reduce hospital admissions and 111 calls (Steventon et al, 2018).

However, with more than 43,000 vacant NHS nursing posts currently in England (McIlroy, 2020), the number of registered nurses has continued to decrease, down 2,800 jobs (7%) between 2018/19 and 2019/20 and 15,500 jobs (30%) since 2012/13. The recruitment and retention of this group is under significant pressure. Skills for Care (SfC) 2019/20 and the importance of having a highly skilled and educated Care Home Nursing workforce who are able to adapt to change within their working environment is critical and should not be marginalised in policy development (RCN, 2019).



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Appendix 1.

Project: Background and Methodology

The Queen's Nursing Institute (QNI) was commissioned by NHS England (NHSE) and Health Education England (HEE) to undertake research to support the development of education and practice standards for registered nurses new to the care home sector determining their professional development requirements.

Care homes provide more beds than the NHS and yet working in a care home continues to be regarded as a 'Cinderella' service, with the registered nursing workforce often overlooked, under-appreciated and on a day to day basis left facing multiple challenges (Care UK, 2017). The demand for Care Home places is predicted to rise by up to 150% over the next 50 years (Care UK, 2017) which is why Care Homes must have a highly skilled registered nurse workforce to care for this increased demand.

Initially a literature review was carried out and continued throughout the development of this project. Universities that delivered Health & Social Care programmes were contacted either by phone or by visiting the university. Whilst there appeared to be a number of Health & Social Care programmes being delivered across England very few delivered clinical modules. Other programmes were reviewed and for the purpose of supporting registered nurses new to working in the Care Home sector it would appear that accessing individual modules (disease specific) would be of most benefit to them.

The next action was to set up a reference group consisting of commissioners and providers. Following the first meeting to discuss the standards, it was agreed that a survey was the most appropriate method of acquiring data as this would give a better understanding of nurses' views and experiences in relation to competencies required for registered nurses new to the care home sector. Subsequently a questionnaire was devised and tested with the reference group.

Following feedback from the reference group, a survey was sent out in July 2019 to over 3000 care home nurses who were listed on a database that the QNI had purchased. Initially the response was slow so further emails were sent to those listed and gradually the response rate improved. The survey closed in October 2019 as the findings had reached saturation point and the data analysis commenced. The data was then grouped into themes – clinical skills, leadership (including governance) and interpersonal skills (communication verbal and non-verbal, intuition). Considering these key themes, the competency-based standards have been developed incorporating professional values and attitudes whilst meeting these standards.

Eight Care Homes were visited (one was cancelled at the last minute due to a CQC visit) and where arrangements had been made with the care home manager to interview the registered nurses in the Care Homes these were carried out. The opportunity also arose to interview student nurses who were on placement in a care home. They were all asked what they would want to see included in the standards for registered nurses new to working in the care home sector.

Overwhelmingly the findings from the interviews stressed the importance of recognising that a care home is a resident's home and not an extension of a hospital, accentuating the importance of understanding each resident's hopes and dreams and working with them and empowering them to achieve these within the domains of the care home. The importance of verbal and non-verbal communication was viewed as extremely relevant also. Those registered nurses who were from another country said that on occasions this had been a stumbling block for them as they had not understood the meaning of many colloquial phrases such as "I need to spend a penny" or "I want to go to blanket street" as they had never heard such phrases.

The staff that were interviewed were highly skilled clinicians, some had been working in the care home sector for a number of years, whereas others had come from other countries and whilst they were highly skilled registered nurses, when they arrived in England they would have appreciated having a tool such as the portfolio and competency-based standards to aid them when making the transformation from, not only a different country, but also to working in a very different care setting.



The interviews were analysed and coded which resulted in the same key themes as the survey findings: clinical skills, leadership and interpersonal skills, with the main emphasis being on communication and interpersonal skills.

A further reference group meeting was held in October 2019 and the findings of the survey were shared with the group. The concept of a portfolio to be utilised alongside the competency-based standards was shared with the reference group. There was unanimous agreement that a portfolio would be an excellent means of recording the registered nurse's professional development, especially as working in a care home requires particular skills that recognise the psychosocial factors moving away from the medical model.

It was emphasised that these education and practice standards have been developed for registered nurses new to working in the care home sector. Some of the nurses may come with a wealth of experience and expert clinical skills, whereas others may be recently qualified and have so much more to learn. In both situations it is an expectation that these registered nurses will identify their ongoing professional needs and proceed to develop specialist skills in long term conditions and develop leadership skills to enable them to lead a team and be responsible for a group of residents. Following the meeting in October the reference group were sent a draft outline of the portfolio and education and practice standards. These were also sent to key care home representatives and the CNO Advisor for Care Home Nursing. Additional suggestions and comments were received and have been included where appropriate.

Appendix 2.

Development of the Standards



Appendix 3.

QNI Project Advisory Group

The QNI would like to thank the representative of the advisory group for their support and enthusiasm for this project.

Thank you to the Care Homes that permitted their nursing staff and student nurses to be interviewed.

Crystal Oldman	Chief Executive	The Queen's Nursing Institute
Agnes Fanning	Project Manager	The Queen's Nursing Institute
Irene Karrouze	Quality Improvement Nurse	NHS South Norfolk CCG
Maggie Frankum	Deputy Manager	Avondale Care Home, Buckinghamshire
Claire Picton	Senior Nurse	St Mary's Nursing Home, Chiswick
Allison Fallowfield	Manager	Kingsley Healthcare
Amanda Gunner	Care Home Manager	Brighter Kind
Kathryn Ridgers	Quality Lead Nurse for Nursing Homes	Your Healthcare, Kingston
Kate Wyatt	Quality Improvement Nurse for Care Homes	NHS South Norfolk CCG
Graham Woodham	Programme Head for Regulated Professional Workforce	Skills for Care
Anne-Marie Adams	Care Home Support Nurse	Berkshire NHS
Christine Futter	Chief Operating Officer	St. Clement's House, Norwich
Christine Wint	Project Manager - Regulated Professional Workforce	Skills for Care

Nurses New to Care Home Nursing Practice Portfolio

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How to use this Portfolio

Maintaining a practice portfolio is a useful way of capturing your experiences and achievements whilst working through these practice educational standards. It is advised that you have an identified assessor/supervisor. The proformas provided can be used as a format to follow. This portfolio should be a reflective critical account of learning and experiences whilst working in the Care Home sector.

Where a practice assessor is available, ideally, the assessor will hold a mentor qualification or equivalent and have attended the yearly 'Supporting Learners in Practice' update.

Guidance for Registered Nurse

This is your opportunity to establish the following:

- Do you have the knowledge to understand and analyse the theoretical basis for your learning (eg. Is your practice supported by an evidence/research base?)
- Have you the skill to undertake and accept accountability for this activity? (e.g. competence in specific skills)
- What are your attitudes and values in relation to resident/family care in this respect? (e.g. non-discriminatory practice)

Guidance for the Assessor/ Supervisor

The assessor/supervisor is responsible for promoting and developing the professional role and knowledge of the registered nurse new to working in the Care Home and for assessing their competence to practice. Your support should include:

- Completion of a formative assessment of the registered nurse's learning needs. **A proforma is provided for this.**
- Development of a learning contract for a specific period of time. **A proforma is provided.**
- Verification of the achievement of each domain of standard which will provide an ongoing record of attainment. **Proformas for the verification of achievement are provided.**

If the nurse is experiencing difficulties achieving competence within the agreed time frame, the assessor will instigate a discussion with the nurse and line manager at the earliest opportunity in order to identify further learning needs and offer support.

The Assessment Process

Self-Assessment – takes place at the start

- Self-assessment for this learning resource is advocated as a way in which you can identify your existing skills, knowledge and past experience in order to evaluate your competence to perform nursing in a care home
- It is suggested that you make a list (on the above form) of all your relevant nursing experiences and skills and document the evidence for any associated learning eg education or training courses, documented qualifications, recent skills assessments, observations, work related testimonies and simulation.
- This will form part of the formative assessment discussion next

Formative Assessment – takes place once working in the care home

- The formative assessment should ideally take place with either a 'assessor' or 'supervisor' who can support you in the care home setting. This is where the self- assessment can be jointly scrutinised to agree existing transferable skills and skills that need to be developed or updated
- This again can be evidenced on the form in terms of additional training, documented observations and peer testimony

Summative Assessment – ongoing whilst working in the care home

- The summative assessment can take place when you have had the opportunity to learn new skills or update skills in the care home and are deemed confident and competent to perform certain skills.
- Summative assessments can also be used as a quality assurance tool for the care home to ensure that all nurses transitioning to this context of care have achieved a level of learning that can be demonstrated through the assessment of evidence collected.

Collecting Evidence

This can take various forms:

Written accounts - The written evidence of the achievement of each standard should not exceed 250 words and may relate to the achievement of more than one standard, but not normally more than three.

Written evidence should include:

- A reflection on previous experience
- The knowledge base that has informed your decision making
- The reasons why you believe this was an effective approach in addressing the – -identified need / situation
- How this demonstrates that standard has been achieved

Documents - Produced by other people (e.g. Policies and Procedures) or by the nurse. NICE Guidance and Covid-19 Updates

Observation - The assessor observes the nurse carrying out a particular activity. For registered nurses who have no previous experience of working in the care home sector time spent observing practice and shadowing another healthcare practitioner is advised.

Work Products/Testimonies – On occasions it may be necessary to seek alternative specialist knowledge from other health professionals such as: The General Practitioner, Specialist Nurse, Physiotherapist, Speech and Language Therapist, Dietitian, District Nurse, Community Mental Health Nurse or Community Matron e.g. letters, memos, reports, notes. They should be countersigned by a person in a position of responsibility who can verify that it is the nurse's work. Statements by other people who have observed the nurse working and are generally used to support other evidence.

- **Simulation** - On some occasions it may not be appropriate for the nurse to be assessed in the workplace e.g. for confidentiality reasons. The assessor will advise when simulation may be used.
- **Questioning** - This is an ideal way for the nurse to demonstrate that he/she has the necessary knowledge and understanding. It could be verbal at time of assessment. Questioning may also be set by the assessor in several forms e.g. short answer multiple choice questions.
- **Guided Dialogue** - Verbal discussion with assessor
- **Training courses**

Practice Standards

Domain	Expected Standard	Comments/suggested adjustments
Domain 1 - Clinical Care	<p>1.1 Recognise your own competence when working with residents with complex needs and adhere to working within your individual scope of competence demonstrating delivery of safe, appropriate, effective, efficient and evidence-based care.</p> <p>1.2 Assess the health and psychosocial needs of residents demonstrating therapeutic relationships with residents and families enabling shared decisions developing person-centred care and anticipatory and self-care.</p> <p>1.3 Demonstrate effective planning, implementation and evaluation of person-centred care understanding the presenting connection between physical health issues and mental health problems.</p> <p>1.4 Demonstrate effective communication skills, listening with respect and compassion, promoting confident management of complex interpersonal issues and conflicts between residents, families, care workers and carers.</p> <p>1.5 Demonstrate evidence-based knowledge of the fundamental clinical skills presented in a care home setting for example: frailty, dementia, urinary incontinence, bowel care, dysphagia, wound care & skin viability, nutrition, diabetes and long-term conditions. (These are just a few conditions, but residents frequently will present with many more).</p> <p>1.6 Competently perform a range of clinical skills to undertake the assessment, implementation and evaluation of residents' care - many will have complex health needs associated with long term conditions.</p> <p>1.7 Demonstrate an understanding of the philosophy of the organisation and care home when developing care plans ensuring that planned care is achievable within the domains of the care home.</p> <p>1.8 Demonstrate an understanding of Kitwood's personhood model and person-centred care for people with dementia and other models which support person-centred care.</p> <p>1.9 Demonstrate an effective reflective approach to enable critical analysis of personal practice and identification of your learning and ongoing CPD requirements.</p>	

<p>Domain 1 continued</p>	<ul style="list-style-type: none"> 1.10 Provide emotional support to all residents considering their spiritual needs and religious beliefs and deliver non-judgemental, ethical and respectful care. 1.11 Demonstrate effective use of eHealth technology and technology assisted learning systems to support resident independence where possible. 1.12 Has an understanding on Collaborative Approaches to Risk and 'working with risk' including MDT Best Interest Decision Meetings. 1.13 Demonstrate safety when administering medication, ensuring Care Home medicine management policies are adhered to in association with the prescriber and community pharmacist. 	
<p>Domain 2 - Leadership and Management</p>	<ul style="list-style-type: none"> 2.1 Understand the context of the Care Home setting and the role and responsibilities of the Registered Nurse within the Care Home. 2.2 Demonstrate an understanding of the organisational regulations and policies and how these fit within the Integrated Care Systems agenda and Primary Care Networks. 2.3 Has an understanding of the wider system in which they are working and can link the importance of leadership across allied health and social care professionals. 2.4 Contributes to creating an environment/ culture where meaningful engagement can be achieved to promote an interdependent and collaborative approach. 2.5 Demonstrate competence, professional practice, working awareness of NMC Standards and revalidation requirements, professional boundaries, scope of practice and effective time management whilst working autonomously within the Care Home setting. 2.6 Manage your team and the care of your residents adhering to regulatory and professional policies facilitating safe and effective distribution of workload. 2.7 Understands own responsibility and accountability for decisions made and has insight into own delegating powers when appointing duties and tasks to others. 2.8 Demonstrate an understanding of the safety policies and procedures such as: manual handling, infection control, aggressive behaviour, cognitive impairment and assess and evaluate risk to promote resident safety, preventing avoidable harm to individuals, families and staff. 	

Domain 2 continued

- 2.9** Collaborate with all members of the multidisciplinary team to promote staff development and disseminate appropriate information to enhance the provision of quality of care.
- 2.10** Demonstrate professional and ethical values respecting all staff, residents, families and carers.
- 2.11** Demonstrate an awareness of safeguarding legislation policies and procedures when working with vulnerable residents.
- 2.12** Manage and co-ordinate programmes of care for residents you are responsible for and where necessary apply a range of change management strategies to respond flexibly and innovatively to changing contexts of care (eg: Transition from Care Home to hospital and return to Care Home, move from private residence to Care Home).
- 2.13** Advocate and articulate on behalf of residents to influence government policies and participate in organisational responses to raise the profile of Care Home Nursing.
- 2.14** Promote Care Home Nursing as a career pathway – eg: working with school leavers and universities to develop Care Home placements, students on placement, nursing associates, demonstrating to families the significance of having highly skilled nurses who can provide effective, quality care to residents in Care Homes.

**Domain 3 -
Facilitation of Learning**

- 3.1** Apply the NMC (2018) Standards for Student Supervision and Assessment (SSSA) and assimilate the roles of Practice Supervisor and Practice Assessor within the Care Home nursing learning environment.
- 3.2** Use creative problem-solving to develop a positive teaching/learning environment that will enhance the development of nursing students, nurse associates and the wider care home team. Evaluate the impact of educational interventions for students, nurse associates, care workers, residents and families.
- 3.3** Demonstrate the values of compassionate nursing and support the ongoing development of these values in others.

Domain 3 continued

3.4 Demonstrate non-judgemental and value-based care to promote a culture of openness and recognition of the duty of candour in which each resident is valued and all staff support and develop a shared purpose to deliver high- quality effective care.

3.5 Provide educational information to families enabling them to support the care you are providing within the Care Home.

**Domain 4 -
Evidence, Research
and Development**

4.1 Recognise your gaps in knowledge and perform a literature review to expand your personal knowledge and understanding enabling you to make informed decisions regarding care provision for residents in the Care Home.

4.2 Demonstrate critical and analytical skills in discerning between different forms of evidence-based research to improve the care of residents in the care home.

4.3 Work within the regulations, resources and protocols of the Care Home and local Trust including those related to medications and dressings. Demonstrate an enquiring mind to investigate a deeper understanding of the medications and dressings.

4.4 Promote a culture of research within the Care Home utilising data that will identify key risks, improve practice and demonstrate the impact this has on residents in the Care Home.

4.5 Participate in the development and implementation of research groups within the Care Home with a view to develop processes for systematically improving services and care within the Care Home.

4.6 Promote Continuing Professional Development within the Care Home to improve individual knowledge, enhance resident care and to share and disseminate best practice.

Learning Contract Proformas

Contact Details

New Nurse

Print Name

NMC Pin Number

Email address

Contact Number

Assessor/ Supervisor

Print Name

NMC Pin Number

Email address

Contact Number

Additional Assessor/ Supervisor

Print Name

NMC Pin Number

Email address

Contact Number

Mandatory Training

Statutory and Mandatory Training Checklist	Comments	Date Completed
Infection Control		
Anaphylaxis / Basic Life Support / CPR		
Management of Emergency Situations		
Health and Safety		
Fire Safety / Evacuation		
Information Governance / GDPR		
Child Protection / Adult Safeguarding		
Equality and Diversity		
Moving and Handling		
Bullying and Harassment		
Conflict Resolution		

Initial Assessments

Registered Nurse Self-Assessment

Formative Meeting with Assessor/Supervisor

	Print name	Signature	Date
Practice Assessor			
New Nurse			

Example of Achievement of Standard

Standard	How and when this will be achieved	Learning opportunities required	How and when achievement will be assessed
Domain	Example	Example	Example
	<p>Time: by the end of week 2</p> <p>Action: the registered nurse will demonstrate standard in the assessment of needs of residents, and their families, and planning, implementing and evaluating nursing care within the care home setting</p>	<p>Observation of assessments by Experienced staff in Care Home.</p> <p>Observation of assessments by Experienced staff in Care Home.</p> <p>Supported practice in Care Home Nursing assessment of residents/families and actions required in response to identified needs.</p> <p>Access to local information re: care provision, protocols, local and national policies. Nursing texts, research evidence.</p>	<p>Assessment by delegated member of staff : Observation and discussion of practice.</p> <p>Registered nurse self-assessment of performance.</p> <p>Measurement by local and national standards/ guidelines of process and outcomes.</p> <p>Feedback from residents and their families.</p> <p>Audit of records that have been completed by registered nurse.</p>

Proforma 1: Record of achievement of standards

Standard	How and when this will be achieved	Learning opportunities required	How and when achievement will be assessed
Domain	Example	Example	Example
	Print name	Signature	Date
Practice Assessor			
New Nurse			

Proforma 2: Registered Nurse reflection on practice

Standards Achieved

Registered Nurse Signature:

Date:

Proforma 3: Observation and Assessor/Supervisor Observations of Achievement

Standards Achieved

Assessor/Supervisor's Signature:

Date:



