Residential care home without nursing for elderly people including dementia and end of life care

Overview of the setting

Platform 1 Being an accountable professional criteria can and should be demonstrated in all of the settings:

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	1.13	1.14	1.15	1.16	1.17	1.18
1.19	1.20																

Residential care homes provide a home environment for elderly vulnerable people who are unable to live independently in their own homes. People may live in the care home on a long-term basis or visit for short-term, respite care. The principles that underpin the care provided are based on choice, independence, dignity and respect. Support is person-centered and relationship-based, with care plans built around an individual's needs and abilities.

Residential care homes are embedded within the local community, and they place a lot of importance on building and maintaining links with various community groups and resources e.g., places of worship, local friendship groups etc. This is vitally important to enable residents to maintain their connections and a presence within their local area.

Residential care homes operate at the intersection between health and care systems. The difference with residential care homes without nursing is that they have not been registered by the Care Quality Commission to provide nursing care. This means that the complex health care needs of the individuals who live within this type of service are provided for by a multi-disciplinary team of community health professionals who work alongside the support team to meet their needs.

A student nurse will gain knowledge of the regulatory framework in which residential care homes operate and what they offer. You will find out about the differences between health and social care and see how they connect with each other. You will find out about the benefits of person-centred care in terms of enabling people to live their lives as fully as possible.

You will gain experience of building relationships with residents and with other professionals that work alongside the care team. Understanding what is needed to enable a resident to feel that their life is worth living and helping them to achieve this. Working with the resident and their family to make joint decisions and to share care planning.

Finding out about how the services take part in broader initiatives and research studies that drive up standards of care e.g. Transforming care for the future, working in community based practice hubs and local excellence partnerships, and observing how they put the learning into practice.

Intergenerational working - we do various intergenerational events throughout the year, we partner up with the National Citizen Scheme for a week in the summer, we have a good relationship with a local primary school who come to visit the home and have kept in touch via Zoom throughout the pandemic. Before the pandemic we also used to host the monthly Brownie meet at the home where the children would take part in activities with the residents. We also host various events throughout the year for a local nursery. For example, we invited the nursery round to the home to take part in a 'Zoo Lab' activity.

- Insight into the ways that health and social care systems connect together.
- The regulatory and quality assurance frameworks including the differences between residential and nursing care.
- Funding arrangements in social care – self funding, benefits, social services funding, CHC funding.
- Developing confidence in working within a multi-disciplinary team and the importance of good standards of communication.
- Working with families.
- Admission from home to hospital/discharge hospital to home – implications of poor discharge and the negative impact on a resident's health and wellbeing.
- Improved communication/health passport - manager was the lead social care representative who activity encouraged the hospitals to join the initiative.

Hello my name is… Ahmina

It is not home, but it's the next best thing.

Homely, safe, home from home, we get choice, staff have time for us.

Typical staff:

Other staff that the student is likely to work alongside include:

- registered manager
- care staff
- housekeepers/kitchen staff and administration staff
- volunteers.

Clinical skills employed in this social care environment

- risk assessments (environmental – falls risks, moving and handling, medication)
- use of digital technology such as eMARS, Painchek, electronic care planning, biometric sensors
- undertaking and recording of clinical observations - this started during COVID-19
- monitoring long term conditions and managing deterioration – under the supervision of the district nursing teams
- ongoing monitoring – MUST/Waterlow
- understanding frailty
- application of infection - prevention and control
- catheterisation - able to observe and take care of catheterised residents
- rehabilitation support.

Multi-disciplinary opportunities to work with registered nurses from different fields, allied health, and other professionals

Medical practitioner

Medical practitioners who meet the health needs of the residents.

District nurses

District nurses who take responsibility for overseeing the health and treatment needs of residents. They are not employed by the care home but work closely with members of the care team in this task.

Occupational therapists

Occupational therapists are not employed by the care home, however they can provide an essential service to staff and residents. They provide an independent assessment of an individual's needs, allowing them to be very specific about what the resident can and cannot do as well as the amount and type of support they need.

Social workers

The majority of our residents will have undergone a social care assessment. By working alongside social workers, you will gain an insight into what is involved when conducting a social care assessment, what reports are required for pre-admission and aspects of the admission process. You will also learn about how social workers liaise with the local authorities at the point of admission, how they also collaborate with the local authorities and residents to support families in decision making/ care planning.

What can be achieved here?

This setting can offer the opportunity to experience activity that links to the following NMC proficiencies, **click on the proficiency to be taken to the full criteria**:

Promoting health and preventing ill health

| 2.1 | 2.2 | 2.3 | 2.4 | 2.5 | 2.7 | 2.8 | 2.9 | 2.10 | 2.12 |

Assessing needs and planning care

| 3.3 | 3.4 | 3.5 | 3.6 | 3.7 | 3.8 | 3.9 | 3.10 | 3.11 | 3.12 | 3.13 | 3.14 | 3.15 | 3.16 |

Providing and evaluating care

| 4.1 | 4.2 | 4.3 | 4.4 | 4.5 | 4.6 | 4.7 | 4.8 | 4.9 | 4.10 | 4.11 | 4.12 | 4.13 | 4.14 | 4.15 | 4.16 | 4.17 | 4.18 |

Leading and managing nursing care and working in teams

| 5.1 | 5.2 | 5.6 | 5.7 | 5.9 | 5.10 | 5.11 |

Improving safety and quality of care

| 6.1 | 6.2 | 6.3 | 6.4 | 6.5 | 6.6 | 6.8 | 6.10 | 6.11 |

Coordinating care

| 7.1 | 7.2 | 7.3 | 7.4 | 7.5 | 7.6 | 7.8 | 7.9 | 7.10 | 7.11 | 7.12 |

Communication and relationship management skills

| 1.1 | 1.2 | 1.3 | 1.4 | 1.5 | 1.6 | 1.7 | 1.8 | 1.9 | 1.10 | 1.11 | 1.12 | 2.1 | 2.2 | 2.3 | 2.4 | 2.5 | 2.6 |
| 2.7 | 2.8 | 2.9 | 3.1 | 3.2 | 3.3 | 3.4 | 3.5 | 3.6 | 3.8 | 3.9 |

Nursing procedures

1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.1.6	1.2.1	2.11	2.13	2.14	2.15	2.16	2.17	3.1	3.2	3.3	3.4	3.5
3.6	4.1	4.2	4.3	4.4	4.5	4.8	5.1	5.2	5.3	5.4	5.5	6.1	6.3	6.4	6.5	6.6	7.1
7.2	7.3	7.4	8.1	9.1	9.2	9.4	9.5	9.6	9.7	9.8	10.1	10.2	10.3	10.5	10.6	11.1	11.2
11.4	11.5	11.6	11.8	11.10	11.11