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Nursing and residential home care: A Critical Review

LO4: *Recommend and justify appropriate strategies and operational approaches available to implement collaborative/integrated working in health and social care*

Introduction

In addition to highlighting some of the difficulties the care home industry is currently facing, such as rising costs as well as declining occupancy rates brought on by the COVID-19 pandemic, this report also discusses the significance of assisted care in the UK, especially for the country's ageing population. The Better Care Fund, the Care Act 2014, the NICE guidelines on the avoidance of falls in older persons, and the Improved Health in Care Homes (EHCH) framework are some examples of policies that encourage cooperation and integration in order to improve nursing or residential home care.

Justification for the topic selection

In the UK, the residential care facility is a crucial part of the healthcare system, notably for the elderly population. Future demands for residential care will be higher due to the anticipated rise in the population of seniors 65 and older. Care facilities or residential homes can be care homes in the UK. With more than 50,000 care home beds in 2019, the top three care home providers throughout the UK are HC-One Ltd, Four Seasons Health Care, and Barchester Healthcare.
Yet, because private payment was one of the primary funding sources for care homes, the coronavirus pandemic caused an 8.5% fall in occupancy rates across the board. With nursing homes with nursing costing 672 GBP in 2020 and residential care with nursing costing 937 GBP, the average weekly price of care homes in the UK has likewise climbed significantly over time. The price of nursing homes varies from one UK nation to the next, with Scotland having the most expensive social care without nursing staff and England having the most expensive care homes with nursing staff. (Michas, 2021).

Policies that promote collaboration and integration to improve nursing and residential home care

The Better Care Fund: The Better Care Fund's (BCF) policy framework encourages cooperation between healthcare organisations and care providers by combining the budgets for social and health care to facilitate more person-centered, coordinated care. The policy is an

excellent chance for having open discussions and looking at challenges from various angles, particularly in regards to how BCF plans may help deliver broader goals and strategies for social and medical care. The vanguards, which are a part of NHS England's new care models initiative, have specific strategies for better demand management throughout the local health and healthcare system, cost reduction, and patient and user outcomes. Two frameworks for population-based integrated models have been published by the vanguards programme.

In order to enhance the assistance provided to informal carers, the Department of Health is now collaborating with NHS England, local governments, and other parties. Helping informal carers benefits both them and the individuals they care for by enhancing results, extending community living freely, and minimising the burden on paid services. Therefore, it is advised that all communities think about how BCF strategies might enhance carer support. In general, the strategy encourages cooperation between healthcare organisations and care providers by urging them to collaborate towards a common objective of delivering better support and treatment to patients while cutting costs and achieving better results (Department of Health, 2019).

The Care Act 2014: The Care Act of 2014 encourages cooperation by mandating that local governments create assessment procedures that permit flexibility and cooperation with other organisations. This means that in order to deliver social care that is coordinated and person-centred, local authorities must collaborate with other organisations, such as housing and health providers. Local authorities must work with service providers to promote and influence the local market in order to establish various care and support options in their community, as required by the Act. Together, local governments and service providers can make sure that clients receive individualised, high-quality support and care that is appropriate for their needs (Barnes et al. 2017).

The National Institute for Health and Care Excellence (NICE) guidelines:

The National Collaborating Centre for Nursing and Supporting Care (NCC-NSC) created the NICE recommendations on the assessment and prevention of falls in older persons after being tasked with the task by the Welsh Assembly Government and the Department of Health. An interdisciplinary Guideline Development Group created the guidelines, while the NCC-NSC oversaw the process of development. Also, the content covers instructions for distribution and verification of the guideline, advice for investigation, audit criteria, and recommendations for guidelines with supporting evidence reviews. The goal of the guideline is to advance

collaborative/integrated working in health and social care by offering patients and healthcare professionals evidence-based suggestions for bettering the management and prevention of falls in the elderly.

The Enhanced Health in Care Homes (EHCH) framework: When moving away from traditional and conventional models of care delivery for a more proactive care there has been major changes; For example, identification the needs of the individual residents, special care patients, care home staff and many more. The Enhanced Health in Care Homes (EHCH) framework encourages collaborative/integrated working in health and social care. This is accomplished through a system-wide, cooperative strategy that brings the different stakeholders social care, VCSE sector, and care facilities under a single roof. The EHCH model is intended to enhance outcomes and services for everyone residing in nursing homes as well as those who need assistance to live freely in the community.

When they collaborate to establish an advanced EHCH service, Clinical Commissioning Groups (CCGs), Primary Care Networks (PCNs), and some other providers and stakeholders are given practical advice and best practices by the framework. In order for the system as a whole to promote people's health and wellbeing, it aligns resources and incentives. It also commissions social and medical services in a cohesive manner. Both those who self-fund their treatment and those whose care is paid through the NHS or local council, as well as those who reside in homes for individuals with learning impairments and/or mental health problems, are eligible for the EHCH programme (NHS.uk, 2020).

Barriers to effective collaboration/integration in nursing and residential home care

Communication barriers: Ineffective teamwork between nurses and private home care providers can be hampered by poor communication. Language hurdles, cultural differences, and variances in the terminology used in the workplace can all be obstacles to communication.

Resource limitations: It may be challenging for nurses and resident home care to work together effectively due to resource limitations such staffing shortages, insufficient financing, and a lack of supplies and equipment.

Role confusion: When there is a lack of understanding on the responsibilities and responsibilities of healthcare professionals in nursing and personal home care, role confusion may occur. Conflicts, confusion, and duplication of effort may result from this.

Legal impediments: Sharing information and working together might be challenging for healthcare professionals providing nursing and residential home care due to legal impediments including the requirement for consent or privacy constraints.

Strategies and Recommendation for future practice

- Promote the implementation of laws like the Better Care Fund and the Care Act 2014 that support cooperation and integration between healthcare organisations and care providers. More person-centered, coordinated care as well as a variety of care and support options may result from these strategies.

- Improve the prevention and management of falls in older persons by implementing evidence-based guidelines, such as those from the National Institute for Health and Care Excellence (NICE). By offering patients and healthcare workers evidence-based advice, these guidelines can encourage collaborative/integrated working in the health and social care sectors.

- Accept the Enhanced Health in Care Homes (EHCH) framework, which encourages a collaborative, whole-systems approach involving partners in the health, social care, VCSE sector, and care homes. The framework outlines applicable advice and best practises for Clinical Commissioning Groups (CCGs), Primary Care Networks (PCNs), and Integrated Care Systems (ICSs) in order to enhance services and results for all residents of care facilities as well as those who need assistance to live independently in the community.

- Raise funds for the Disabled Facilities Grant (DFG) to help people find better housing options and to adjust the current supply. Also, provide informal carers more support because doing so can lead to better outcomes for all parties involved, longer periods of independence in the community, and less strain on paid services.

Conclusion

The paper analyses the difficulties facing the care home industry and concludes by highlighting the growing need for assisted living facilities in the UK. The paper goes on to describe a number of policies that encourage cooperation and integration between healthcare facilities, other organisations, and care providers in order to deliver coordinated, person-centred care and enhance service user outcomes. According to the report's findings, collaboration and integrated working are essential for providing high-quality care and assistance to people in the UK, especially the country's ageing population.

Reference list

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