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Summer 2014 Newsletter

As I am sure you all know by now The Care Act 2014 received royal assent last month in a move described as the most 'significant reform of care and support in more than 60 years' by Care Minister, Norman Lamb.

The key highlights of the Act include the introduction of a minimum eligibility criteria which will make it clear when local authorities should provide care support. It is anticipated that this move will prevent councils from tightening thresholds beyond the minimum threshold.

It also introduces the concept of wellbeing, which will be compulsory for councils to consider the physical, mental and emotional needs of the person requiring care. It places a duty on the Local Authority to offer preventative services to maintain people's health. Additionally, Councils also have a statutory duty to provide better information about care, support, and funding.

The Minister for Social Care, Norman Lamb said 'So for the first time the system will be built around each person – what they need, how they can best be cared for, and what they want. By providing and legislating for Personal Budgets in the Care Act we are giving people the power to spend money on tailored care that suits their individual needs as part of their support plan.'

The Act also addresses the financial challenges by adopting principles of the Dillnot Report: this means that once a person has paid £72,000 of their care costs, the state will step in and pay for any care required after that point. The government believes that 100,000 people will benefit from these reforms, which will come into force in April 2016, by 2025. Councils will also be expected to offer deferred payment schemes so people are not forced to sell their homes while they are alive in order to pay for care.

The Act also gives more power to the Care Quality Commission, which is now able to prosecute and hold providers to account if they offer poor care.

The government set aside £3.8bn in the spending review in order to pay for these reforms and is working to integrate health and social care budgets and deliver a joined up service and is committed to making joined-up care the norm by 2018.

Mr Lamb added: 'Over four years we have worked collaboratively to develop the most comprehensive overhaul of social care since 1948 and together we now need to focus on making these reforms a reality.'

The government is also providing £19m to local authorities to help them implement that Act. The purpose of the grant is to provide additional support to local authorities in England towards expenditure lawfully incurred or to be incurred by them while putting the Act in place. It is a one off grant and will be available between 2014/15. The Department of Health is asking for views from local authorities on how part one of the Care Act can be implemented across England. The consultation is open until Friday 15 August and centres on the changes that will come into effect from April 2015.

Norman Lamb said: 'These regulations and guidance will help support councils in making these reforms a reality. We ask people to continue to share their views and experiences as part of this consultation to make sure we deliver real, lasting change for people across the country.'

Editorial from
Nadra Ahmed OBE DL

See p2 for a KCC perspective



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Changing Landscape for Adult Social Care The Care Act By Michael Thomas-Sam Strategic Business Adviser – Social Care Health and Wellbeing, Kent County Council



On 14 May 2014, exactly 66 years since the National Assistance Act 1948, a new adult social care law was enacted, this is known as the Care Act 2014. The Act is in five parts with eight schedules and by all accounts it will have a major impact on many aspects of social care for individuals, practitioners, providers and partners.

Essentially, the Care Act will be implemented in two phases with all but a few of the provisions scheduled to come into effect from April 2015. Phase two of the implementation will come into force in April 2016, and it will for the first time, introduce a lifetime cap on care costs; raise the means-test threshold that is the point beyond which individuals may be expected to pay for their own care and support.

So why the changes now? Well, as many readers will know, the Government gave a commitment in the White Paper *Caring for our future: reforming care and support*, July 2012 that it would bring in major changes about how adult social care and support is arranged. Many of the policy elements required that primary legislation had to be in place before the policies could be brought in. The Care Act has also provided the Government with a platform to act on the Dillnot Commission's main recommendations as well as the Law Commission recommendations to consolidate and modernise the existing law.

At its core, the Care Act aims to put the wellbeing of individuals at the heart of care and support services. The changes will mean:

- Clearer financial support arrangements for people with care and support needs
- Better information and advice to all adults with care and support needs, and not just those that meet the eligibility criteria
- Improved support for carers in the form of new entitlement to support services
- Placing greater emphasis on people having increased choice of quality services.

Kent County Council are currently working to ensure the area is well placed to deliver the new responsibilities and ensure that local people with care and support needs, carers, and local providers all understand what would be changing, when the provisions come into effect and how the changes may apply to them.

April 2015 changes

A **national minimum eligibility criteria** system will be introduced for the whole of England. This access criterion will apply across all 152 local authorities with adult social care responsibilities. Although, councils will be free to decide to arrange or provide services to meet needs at a lower level.

A key plank of the new law is that for the first time **carers will be entitled to statutory support**. This is because local authorities will be under a duty to provide support to carers. As we all know, carers have had a right to be assessed for many years. So, to put it another way, carers will be put on the same statutory footing as service users.

To help anyone with a property that moves permanently into a care home benefit from a form of agreement, whereby some of the costs of care is owed to the local authority which has to be paid back at a specified time, usually after the sale of the property or from their estate. This is known as a 'deferred **payments agreement**.' The new law means that all councils will be under a duty to offer this arrangement, if specified conditions which are set out in regulations are met.

A great deal of the legislation gives statutory backing to what has been Government policy for some time, such as personalisation and personal budget. The Act also provides for **health and social care integration** and the requirement that local authorities (and their officers) should promote the wellbeing of individuals. It is important to note that it is not intended that the "wellbeing principle" is to be directly enforceable as an individual right but it does carry indirect legal weight.

There are also legal duties on local authorities to provide **information and advice** and ensure that people who, for other reasons cannot have a say during the assessment, care and support planning process can have access to independent advocacy support.

Safeguarding Adults Board will be established as statutory bodies charged with a number of responsibilities including a requirement to produce an annual strategic plan, annual report and conduct safeguarding adult reviews into serious cases that fit specific circumstances.

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The main changes

It is of interest to note that local authorities can exercise a power to **delegate certain care and support functions** to a third party to carry out on their behalf. However, the power for local authorities to delegate local authority functions does not include safeguarding responsibilities, charging decisions, promotion of integration and direct payments.

April 2016 changes

One of the significant changes being introduced is a **lifetime cap on care costs**. The first ever cap on care costs which would be set at £72,000 for people over the age of 65 will start in April 2016. However, this will not be retrospective and it will not include general living costs such as rent, utilities and food. The caps for adults between 18 and 64 years of age are still to be decided by the Government. People with care needs that develop before 18 will benefit from free care for life although, like everyone else they will have to pay some or all of their living costs. Details of these provisions will be laid out in regulations. It follows that from 2016, information about services would have to show separate amounts for care costs and living costs.

Care Accounts would have to be set up for every person interested in taking advantage of the cap on care costs. This information will be set out in personal budget for people supported by local authorities and independent personal budget for self-funders.

The means-test threshold would rise from £23,250 to £118,000 for people in care homes where property is taken into account (otherwise £27,000 where the home is not counted).

It is intended that direct payments would also be extended to care home residents to use some or all of their care and support.

Suffice to say the changes would result in many more people coming forward to have needs and financial assessment including self-funders and carers.

Contact michael.thomas-sam@kent.gov.uk

Karen Morse Skills For Care



Next year will see the introduction of the new Care Certificate for healthcare assistants and social care support workers. Achievement of the Care Certificate will support the development of social care workers who have the values, behaviours, competences and skills to provide high quality, compassionate care.

The Certificate was one of the recommendations of the Cavendish Review, set up to examine recruitment, learning and development in both the health and social care sectors. [Health Education England](#), [Skills for Care](#), and [Skills for Health](#) have developed draft Care Certificate documents, which are available on the Skills for Care website alongside some FAQs and other information.

The Care Certificate is being tested with a range of employers across health and social care over the spring and summer of 2014, to make sure that the content and delivery of the Care Certificate is fit for purpose. It will be evaluated and revised before the Care Certificate is fully introduced. We are working with 16 social care providers to pilot delivery. These have been chosen so that we can make sure that the Care Certificate is relevant to all: between them they represent rural and urban areas, residential care, domiciliary care, supported living, hospice and housing services providing specialist care for older people, dementia, learning disability, mental health, re-enablement and respite care and support. They include large, medium, small, micro and 'individual' employers from the public, private and voluntary sectors.

It is planned that the Care Certificate will be introduced in March 2015, replacing both the [National Minimum Training Standards](#) and the [Common Induction Standards](#).

In addition to the formal testing, many employers are testing the Care Certificate for themselves and giving feedback to us in order to inform testing and evaluation.

Any feedback or queries can be sent to:
care.certificate@nhs.net

Managing the Employment Relationship.

Following on from our Manager's Event with Allison Grant of EMW, Allison has produced a practical & legal guidance for dealing with the issues arising from both short-term and long-term absence, and return to work. The guidance notes include a sickness absence policy which covers:

- Putting procedures in place
- When an employee calls in sick
- Return to work
- When absence becomes a problem
- The statement of fitness for work (fit note)



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PARALLEL LINES NEVER MEET !

By Nicola Coote, Director,
Personnel Health & Safety
Consultants Ltd



This is a basic rule which we need to take heed of when developing management systems to meet healthcare legislation and health and safety legislation.

As a specialist in safety and risk management in the healthcare sector, we see all too often overworked managers spending unnecessary time running duplicate systems to demonstrate compliance with CQC standards and then with HSE requirements. Why I ask? Not only does it require double the work and effort, but it also makes it harder for stretched care workers to check two lots of documents and systems. The answer:- integrate them so there is only one joined line.

Much can be gained by integrating systems to underpin healthcare legislation with general health and safety standards. It stops those parallel lines from developing and helps to keep systems simple, efficient and time reducing. A typical example relates to Care Plans and Risk Assessments. The Care Plan usually concentrates on the medical and support needs of the client, and then, hidden somewhere in the depths of the office filing system, will be the general work place risk assessments which also apply to clients as well as staff.

By including the workplace risks and controls into the care plan, it is quicker and easier for staff to identify measures that need to be in place, or monitored. The care plan usually includes protocols for moving and handling a client (when relevant) so why not expand this to consider walkways and trip hazards, considerations when the client goes out of the home, emergency evacuation arrangement in place for them if delayed evacuation isn't viable etc. This is one of many subjects that is covered in our new training course that we've designed specially for busy care managers. We recognised how managers struggle to understand how best to implement integrated systems, and understand their difficulties in taking time out for training to learn how to do it. The course is only two days duration, is workshop based and promotes an integrated approach to linking workplace health and safety with healthcare legislation. It is also accredited by IOSH (Institution of Occupational Safety & Health) to help demonstrate a recognised level of competence has been achieved.

For more information, please contact: Nicola Coote, at Personnel Health & Safety Consultants Ltd (01622 717700) or email: Nicola.coote@phsc.co.uk

The Kent Workforce Summit... Caring for the future

When: Wednesday 16th July 2014, 9am to 3pm

Where: The Ashford International Hotel (TN24 8UX)

For: Health & Social Care Professionals

Cost: £60 (Registered Managers Discount £45) multiple booking concession may apply

This summit will bring together local and national speakers and suppliers for the social care sector to address the challenges of delivering quality services with a confident and competent workforce. There will be a series of talks and networking opportunities based around the themes of "Working in Care", "Recruit and Retain" and "Leadership".

Objectives of the day:

Inform people working with young people about the opportunities of working in care

With the new Care Act in place, what lies ahead for providers and service users?

How can we change the image of our sector?

Speakers will include:

Councillor Graham Gibbens, Kent County Council

Sheila Scott, National Care Association

Dr. Glen Mason, Department of Health

Ann Taylor, Kent & Medway Care Alliance

Clair Brown, Care Quality Commission

This summit is a **MUST** for everyone working in or considering a career in social care

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In-House Training



KCTA have been delivering in-house training for providers in the county for over 10 years. This is a great alternative to sending staff on courses - if you have over 8 staff who need training in a particular subject it can be very cost effective. Our trainers can also tailor training to focus on specifics within your setting whilst ensuring they meet the legislative framework of the training. All courses on the portal can be delivered in house. For further information contact enquiries@kcta.org.uk or call us on 01634 727795

News from the trainers

CASE STUDY HANDLING MEDICATION SAFELY COURSE

This training has been provided to staff of care homes providing residential care, to nurses of care homes providing nursing care, and domiciliary care staff delivering the care in the community. The training is distinguished for the type of service provided based on the environment in which the service is provided. However, the core of the training covers:

- Understanding Medicines
- Medicines and the Law
- Understanding Labels
- Helping Service User with Medicines
- Safe Handling and Administration of Medication
- Safe Storage of Medicines
- Record Keeping
- Safe Disposal of Medicines
- Regulation 13 of Health & Social Care Act 2008/9
- Unwanted Effects
- Talking to the Pharmacist, G.P and NHS Direct
- Awareness of Medication Policy & Procedure - Company / Social Services

The training is 6 hours long and provided by a Pharmacist with the experience in the services.

This training has been provided to many domiciliary and care homes, Kent Social Services in-house services and on behalf of North Kent College. The participants have been from Health Care Assistants (HCA), Registered Managers, Administrators, Care Managers and owners of business. The training supports and assists towards Health Care Assistant achieving under Health and Social Care their QCF level 2, 3 or Diploma in Management.

We were approached by a registered manager to provide training and guidance as they had scenarios from staff that were receiving conflicting and confusing solutions from other professionals like District Nurses and General Practitioners (G.P). The company in question provides care in the community and the staff are often working alone and face circumstances that require clear procedures to protect the service user from harm due to unsafe use of medication. The above training was delivered to the

registered manager, health care assistants and the administrator.

The outcome was that the registered manager had clear understanding of the legal requirements and their accountability under regulation 13 of the Health and Social Care Act 2008/9. In addition, the Registered Manager was relating the training to the company's medication policy and procedures. The Administrator understood the standard of recording required by the HCA, be able to audit the documentation such as Medication Administration record and raise any concern to the Registered Manager. Also, the administrator understood her role to assist in communication between HCA and other health professionals such as the G.P, to resolve the medication issues identified by HCA and improve the service user's quality of life. In addition to safe administration of medication by HCA, they learnt how to identify some of the issues / risks relating to medication use and to resolve them.

The feedback after a month from the Registered Manager was a substantial improvement in standard and staff more confident and supported.

The Workforce Development Fund By Rogelio Alsina

The Workforce Development Fund (WDF) is a funding stream from the Department of Health, and disseminated by Skills for Care, that supports the ongoing professional development of staff across the adult social care sector.

The WDF covers adult Health and Social Care QCF units completed between 1 January 2014 and 31 March 2015. The funding is calculated on the credit size of the unit, with a credit funded at £15. The funding applies to all staff, including overseas workers and volunteers.

The Kent and Medway Development Partnership, with Kent Community Care Association as lead partner, supports local care providers to access the WDF. The partnership is open to all employers providing adult social care in the Kent and Medway area, as long as they are not NHS funded. This includes hospices and agencies employing social care bank staff.

If you would like to benefit from the funding, please contact Rogelio Alsina, the partnership administrator, either by phone on 0208 133 2839 or email at rogelio@switchedonconsulting.co.uk

Making your bank happy: key points for managers

Paul Birley Head of Public Sector & Healthcare, Barclays.



Some might presume that the secret to keeping your bank happy is a strong financial performance. This is, of course, important but there's something far more fundamental which forms the essence of a good relationship – the delivery of great care. Banks aren't experts in running care homes but we have a desire to support the aspirations of those operators delivering great care, and a strong understanding of the challenges facing the sector. This enables us to provide much needed support and deliver banking solutions designed to help operators grow. When care is delivered well – homes can be inspirational places and it's these operators we look to support.

People before profits

The resident must be the focus for all care home operators. If, in conversation with us, an owner raises the profitability of the home ahead of the welfare of its residents, it's probably not a home we'd look to support. People should always come before profits.

No substitute for a visit to the care home

There's no substitute for visiting homes. Valuations and inspection reports are important but you can't get a full understanding of a home without visiting it yourself. The homes I like to visit are those furthest away from an operator's head office where senior management's influence is likely to be diluted by distance. When I was a junior bank manager we were sent on a course on how to be good managers. The lecturer said he'd written down the answer under our seats. We all got up – only to find there was nothing there. That was the lesson – get up and go and see your clients.

First impressions count

When you visit a home you can quickly tell whether it's well run. The external look of the home, the welcome from staff, the demeanour and wellbeing of the residents – all give a good impression of the rest of the home. Look in the linen cupboard – if it's a mess the home is probably a mess, if it's neat and tidy, it's probably not used. I like a linen cupboard that's slightly rushed – well used but organised. I also like to look in the fridge for fresh produce or check the quality of the doors and beds – all tell-tale signs of a good home.

Watch the cash

Businesses can quickly get into difficulty if cash gets stretched, therefore operators should watch the cash all the time. A number of operators who bank with us keep enough cash readily available to cover one month's expenses, just in case. Borrow within your means don't borrow more than you can afford. Ambition is a great attribute but, don't push it. Some of the most successful operators have been those which set out a strategy and stuck to it.

Management information

Have comprehensive management information (MI): If you don't know how you're performing how can you make decisions about the future? When we look back at businesses which got into difficulty – a common trait was a lack of decent MI.

Keep it simple

If it's too complex – it probably is.

Good management is key

A poor home can be run by good management although it won't stay poor for long. However, poor management cannot run a good business for very long before it fails.

Attention to detail

Running a care home is complex and challenging with increasing compliance – therefore it's crucial that all the detail is correct. Dot the I's, cross the T's and then underline them and you're probably halfway there.

Communication

Successful operators know the value of effective communication and have developed good relationships with their stakeholders – including residents, staff, commissioners, local authorities, regulators, inspectors and relatives.

This is an extract from *'Not another care handbook: Pearls of wisdom for care managers'*

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E-mail: admin@kcta.org.uk

Dealing with employee grievances: briefing

By Allison Grant of EMW



This briefing provides an overview of the law in this area. You should talk to an employment law specialist for a complete understanding of how it may affect your particular circumstances.

Why is it important to follow the Acas Code?

It can avoid a potential claim

The Acas Code of Practice on Disciplinary and Grievance Procedures was introduced to help businesses and employees resolve grievances in the workplace. Dealing with a grievance effectively can avoid employment tribunal claims by allowing the issue to be resolved internally.

It can affect the level of compensation

If an employee's claim is successful, but either the care home or the employee has failed to follow the Acas Code, the level of compensation awarded can be affected:

- if the care home unreasonably failed to follow the Code, the employment tribunal may increase the employee's compensation by up to 25%; or
- if the employee unreasonably failed to follow the Code, the employment tribunal may reduce their compensation by up to 25%.

This regime applies to the majority of claims brought in an employment tribunal, including those related to:

- discrimination;
- unfair dismissal; and
- breach of contract.

How should grievances be handled?

The grievance should be raised in writing

A grievance can be any concern, problem or complaint an employee raises with the care home.

If a grievance cannot be resolved informally, the employee should raise it in writing with a manager. If the grievance concerns their line manager, the grievance should be raised with another manager.

A failure to raise the grievance in writing does not prevent an employee bringing an employment tribunal claim. However, in these cases, less compensation may be awarded.

The care home should hold a meeting and investigate the complaint

A meeting should be held with the employee to enable them to explain their grievance and how they think it should be resolved.

If the matter needs further investigation, the meeting should be adjourned and resumed after the investigation has taken place.

When the meeting is concluded, the care home should communicate its decision promptly in writing, including details of any action it intends to take to resolve the grievance.

The employee can bring a companion

An employee has a legal right to bring a companion (a fellow worker or a trade union representative) to a grievance meeting.

However, it would be unreasonable for an employee to bring someone whose presence would prejudice the meeting.

The employee has a right of appeal

The care home should inform the employee they have a right of appeal when the decision is communicated. If the employee is not satisfied with the outcome, any appeal must be made in writing and must specify the grounds of the appeal. If a tribunal claim is brought without first going through the appeal process, any compensation awarded may be reduced.

The appeal should, if possible, be dealt with by a manager who has not been previously involved. The employee should be informed in advance of the time and place of the appeal hearing and may bring a companion. The care home should communicate its decision promptly in writing.

Handling grievances during a disciplinary procedure

Employees often submit grievances during disciplinary procedures, either regarding the procedure itself or the circumstances leading up to the initiation of that procedure. The care home must decide whether to suspend the disciplinary procedure to fully investigate the grievance or, if the issues are related, deal with them both concurrently.

Practical steps care homes can take to improve their grievance procedures

Involve employees or their representatives in developing workplace procedures and make sure those procedures are transparent and accessible to employees.

Train managers:

- how to handle grievances effectively;
- when to involve HR;
- how to spot potential legal claims.
- Encourage managers to resolve issues quickly and informally before they get to a formal grievance stage.
- Allow employees to put their side of the story at a meeting before undertaking any necessary investigation and again before making a decision.
- Keep written records, including minutes of meetings.
- Communicate decisions effectively and promptly, setting out reasons.

Allison provides a free 20 minute advice session for more information go to <https://kcta.org.uk/managers-network/ask-us> (only available to members of the Managers Network)

Calendar Dates

If you book 3 places on any one course - get a fourth place at half price!

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28th July Canterbury 9.30 £35
 11th August Margate 9:30 £35
 17th Sept Folkestone 9:30 £35
 25th Sept Bluewater 1:30 £35

Moving and Handling

11th August Margate 1:30 £35
 21st August Canterbury 1:30 £35
 17th Sept Folkestone 1:30 £35

Health and Safety

7th July Bluewater 1:30 £35
 9th July Canterbury 9:30 £35
 22nd July Folkestone 1:30 £35
 14th August Maidstone 1:30 £35
 2nd Sept Bluewater 1:30 £35
 5th Sept Folkestone 1:30 £35

Food Hygiene

7th July Bluewater 9:30 £35
 9th July Canterbury 1:30 £35
 22nd July Folkestone 9:30 £35
 14th August Maidstone 9:30 £35
 28th August Margate 1:30 £35
 2nd Sept Bluewater 9:30 £35
 5th Sept Folkestone 9:30 £35

Medication

11th July Folkestone 9:30 £50
 19th August Bluewater 9:30 £50
 22nd August Canterbury 9:30 £50
 10th Sept Maidstone 9:30 £50

Fire Prevention

14th July Folkestone 9:30 £35
 21st August Canterbury 9:30 £35

Risk Assessment

17th July Folkestone 9:30 £35
 25th Sept Bluewater 9:30 £35

First Aid

8th August Bluewater 9:30 £50
 15th August Margate 9:30 £50
 16th Sept Canterbury 9:30 £50

Deaf Awareness

18th July Maidstone 1:30 £25

Managers Events

KMCA Getting the Workforce Right,
 16th September Maidstone 10:00 *

KCTA Breakfast Seminar for Managers with EMW 23rd September Maidstone 8:30

KCTA Barclays Breakfast Meeting 8:30

More information on the above dates can be found at www.kcta.org.uk or phone us on 01634 735558

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