

THE STATUS OF STAFF WORKING IN CARE HOMES

Wage levels for different groups of workers are a good reflection of the value placed on them by society and care workers in Care Homes fare particularly badly in this report. Many care workers and nurses continue to work in Care Homes because they rightly their work as valuable and rewarding and are prepared for this reason to put up with hard work, low wages and often lack of respect. However this is not a situation that should be allowed to continue. And for many staff their poor treatment leads to low morale and hence to poor performance. The Royal College of Nursing is currently campaigning for better treatment for all staff who work in Care Homes, and its efforts should be widely supported. Julia Neuberger also has legislated the need for much improvement in the status of care workers in Care Homes, as the following extracts show:

“Basic hands-on procedures, are increasingly undertaken by care assistants whose training is often minimal and whose security of tenure, and relationship with other members of staff, tends to be poor.”

“Nurses are now too expensive a resource to be allowed to feed patients, make beds, or plump up pillows and are too busy giving drugs and injections to empty bedpans. Nor have they been trained to talk to patients and find out what is really worrying or concerning them.”

“Care assistants do not have the status to allow them to tell relatives and social workers what is worrying a patients. It used to be said that the people who knew most about what the patients were really feeling were not the nurses at all but the cleaning staff, who would chat to patients while they mopped round their beds.”

“Were assistants were actively encouraged to study for NVQs and then, where appropriate, to move on to more advanced qualifications, the whole atmosphere might change. Care assistants would then be seen as embryonic nurses rather than skivvies.”

“There is remarkable resistance to letting people through the various ‘glass ceilings’ and allowing them to move from care assistant to nurse, and from nurse to manager.”

“Care assistants should not be seen as short-term employees doing dirty work for little money and no emotional and ‘respect’ reward, but people who may go into nursing eventually or who may choose to remain as care assistants, at the top of that particular tree, with all its attendant qualifications and respect.”

Recommendations

- Staff should be encouraged to identify residents with new problems or for whom there is concern, and to refer to the next most senior person; also to ask questions and to question the suitability of care. In other words staff should do their best for residents - as they would do for their own relatives (see Annex 4).

- There should be a career pathway for each member of staff - from certificates of accomplishment (not attendance!), a little extra pay (cf. mental health services), to SVQ's and progression towards a nursing career.
- Staff should be given additional responsibilities, such as
 - writing in case notes
 - providing continuing simple interventions / rehabilitations under the direction of a physiotherapist, speech & language therapist, complementary therapist or arts therapist
 - creating a commendation book
- Improvement in rates of pay for care assistants
- Greater exposure to learning opportunities – particularly in the workplace
- Induction of care Homes (Nursing) in notational training programmes for nurses and possibly in training programmes for care assistants

Reference

The Moral State We're In – *A Manifesto for a 21st Century Society* by Julia Neuberger (2005) - chapter one, 'The Elderly'. Short version.