NEWS RELEASE FROM
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RNHA CONFERENCE HIGHLIGHTS NEEDS ASSESSMENT MODEL FOR CALCULATING CARE HOME STAFFING LEVELS AND SKILL MIX

A model of how the continuing assessment of care home residents’ needs and dependency could be used to help work out the staffing levels required across the 24-hour cycle has been highlighted at a Registered Nursing Home Association (RNHA) conference in Birmingham.

Managers and lead nurses from care homes across England heard about best practice in assessment methods, including the importance of complete re-assessments of all residents’ needs at regular intervals.

The goal for care homes, it was argued, should be to combine accurate, up-to-date needs assessments with a reliable, sensitive dependency tool that would help them calculate the number of nursing and care assistant hours required per resident per day and allow for variations at different times of the day.

The application of simple ratios of X staff hours per resident per day are usually not sufficient, care quality consultants Rob and Angie Fawcett told conference delegates. More sophisticated systems are needed that enable the right number and mix of staff to be on duty at different times to deal effectively with the different types and intensities of residents’ needs.

Drawing on his vast experience of analysing the hour by hour fluctuations in care home staffing requirements, Rob Fawcett offered a dependency assessment tool that takes account of up to 25 different factors impacting on the acuity and frequency of individuals’ physiological, emotional, nutritional, fluid, infection control, continence, nursing and personal care needs.

The data collected and analysed is then used to calculate:

* the dependency category for each resident;
* the number of residents in each category;
* the number of hours of care required for each category;
* the total hours of care required each day for all residents;
* the total hours of registered nurse time required;
* the total hours of care assistant time required.

Angie Fawcett stressed the need for care homes not to rely solely on assessments carried out at the pre-admission stage or during or shortly after individuals’ admission.
“These early assessments must be updated to reflect changes,” she said. “Sometimes those changes may not necessarily be picked up in routine care plan reviews. It is good practice for all residents to receive a complete and comprehensive re-assessment at least once every six months during their stay, if not more frequently than that.”

She added: “Assessments should cover medical conditions and history, mental capacity, pain management, medicines prescribed, skin integrity and other factors directly related to nursing and personal care. They should also include key social factors that may help to identify what activities are now most appropriate for that individual.”

Commenting on the session, RNHA chief executive officer Frank Ursell said it was vital for care homes to get their sums right when calculating care needs and staff time required. It was also important as a means of demonstrating to the commissioners of care the dependency levels of residents funded from the public purse and the resources needed to provide a safe, high quality service.

He concluded: “Sadly, regulators and commissioners of adult social care services have had a tendency to divorce what they are prepared to pay from what they expect those services to deliver. Care homes should be in a position to provide hard evidence of costs in the form of robust assessments of their residents’ needs and the quantum of staff time required to meet those needs.”

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Notes to editors:

1. The presentation on how to convert needs assessments into accurate forecasts of staffing level and skill mix requirements was made at the RNHA’s Nursing Matters conference in Birmingham on Tuesday, 9th October 2012. The conference will be repeated in London on Tuesday, 30th October.

2. Models for care homes to use in calculating their staffing level and skill mix requirements were presented by Rob and Angie Fawcett. A registered nurse, Rob has previously spent 22 years in the NHS and has served on national advisory groups related to the care of older people, care home regulatory bodies and nursing development forums. Also a registered nurse, Angie has previously managed five care homes until becoming an independent consultant specialising in care home management trouble-shooting. Together, they now operate as Rob Fawcett Consultancy Ltd.

For further information and comment please contact:

Frank Ursell, Chief Executive Officer, Registered Nursing Home Association
Tel: 0121-451 1088 or 07785 227000