

MANAGING A CARE HOME

An aide-memoire for nurses and care staff

Adrian M Ashurst, RGN, DMS



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FOREWORD

I am very pleased to have been asked to write the foreword for Adrian's new book. As chief executive of NHP Plc, responsible for owning or managing some three hundred and sixty care homes throughout the country, I was very interested in providing our care home managers and regional managers with sensible, common sense training materials which took advantage of the many years of collective experience that exists in our independent care sector.

Adrian's first 'how to' book entitled 'Positive Customer care – an aide- memoire' became a standard work for us in the process of training our staff. Whether from a nursing background or not, staff need to become focused on all aspects of customer care. It offered readers a real insight into the day-to-day issues which managers face while running a care home. This was particularly valuable coming from the viewpoint of a seasoned professional with over 35 years' experience of nursing and managing in both the NHS and the independent care sector.

This, his second book, is even better than the first and is filled with Adrian's own enthusiasm and knowledge of the care industry. Reflecting upon his personal anecdotes, Adrian provides the reader with a rare insight into the reality of care home management.

Having worked with Adrian at NHP's Highfield Care, I know how much it means to him to be able to share his vast experience and knowledge with those who are beginning, or even thinking of beginning, a career in care home management.

I hope you find 'Managing a Care Home' as useful as we at NHP found Adrian's first book. I would like to extend my best wishes to him for his future career in managing and developing those people who share in the important and rewarding task of caring for vulnerable people and their families.

Bill Colvin, Chairman of Southern Cross

For Sue, Brittany and Reece

Without the three of you this book would never have been completed. You inspire me to write every day and I appreciate what a wonderful nursing career I have and how much more there is to come in the future, God willing.

With all my love and thanks

Adrian

ACKNOWLEDGEMENTS

Thanks to my children, Brittany and Reece for their patience and love.

A special thanks to Sue Naylor for her continuous encouragement, support and inspiration.

Thanks to my parents and to Stephen, an international artist who drew the illustration on the inside verso of this book, Carole and Paul, my sister and brothers, for their love.

I would also like to express my sincere thanks to those special people who have worked alongside me over many years, both in the National Health Service and the independent healthcare sector: Alan, Frank, Beryl, Graham, Maggie, Janet, John, Karen and not forgetting Anne Bailey, who have all shared the many exciting challenges, trials and tribulations associated with the management of care homes.

These experiences have given me the opportunity to write this book, which will try to capture the true essence of care management. Without these people's vast knowledge this book would have been much more difficult to complete.

Thanks to my colleagues at Nursing and Residential Care and Quay Books, Highbank, Robinia, Highfield (NHP) Craegmoor, Hallmark and Cambian Healthcare. Thanks also to Martin Conroy and all my colleagues at MCCM and Cambian Healthcare for their encouragement.

Adrian M Ashurst

INTRODUCTION

This book has been written to assist new care home managers, who are often faced with many diverse challenges upon their appointment.

I am going to reflect and share practical advice, based on my personal experiences in senior management gained over sixteen years overseeing many nursing and residential homes throughout the United Kingdom.

Today care home managers require an ability to be able to control both the business and care elements in order to manage a successful care home. At the same time, they need to facilitate the staff team to develop a centre of excellence and ensure that individuals receive high quality care and maximise their independence.

Many care home managers in the past have worked their way up through the ranks, but have never received any business management training.

Sole proprietors often denied the old-fashioned matrons any access to their business plans and budgets. Matrons only had to concern themselves with the clinical outcomes of their individual residents, with little or no responsibility for marketing and the financial aspects of managing the care business. This remains anecdotal evidence and it is easy to see why little was written about this period of time. Matrons would often have been afraid to speak out in public about their position within the care home.

To understand how the care home manager's role has evolved over the years, the background to the development of care homes requires a brief explanation.

Caring for older people has changed beyond recognition during the last three decades. As a student nurse in the early 1970s I

remember clearly the Nightingale style wards in long-stay hospitals. These wards were always recognised as places from which very few older people were ever discharged.

The people living in the local community often perceived the long-stay hospitals as being the end of the road for their relatives. The geriatric long-stay wards were poorly decorated and occupied by up to forty or more long-term patients who had reached their twilight years. Many of these patients suffered from a variety of conditions, including dementia. Patients were kept in their pyjamas all day with little or no stimulation, and were cared for by staff who suffered themselves from low wages, long hours and poor working conditions. In many cases, low staff morale was endemic throughout the wards.

Ward sisters and charge nurses were often limited in the supply of resources such as new furniture, coffee tables and televisions. Often it was left to the work of the hospital's League of Friends to raise charitable money to pay for perceived luxuries such as new televisions and video players for the patients' use. The League of Friends was made up of a dedicated group of well-meaning, hard-working local people who raised funds through organising bring and buy sales, car boot sales and summer fairs.

The long-stay ward day rooms had a small number of poorly-upholstered chairs which were placed around the walls. Patients had access to an old radio or a small television, which was switched on throughout the day and early evening until the patients were put to bed. The volume was usually very high and the music or programmes were often bland and repetitive. The television viewing was not the patients' choice, but often that of the staff on duty.

Patients' meals were often unappetising and presented in a way that didn't encourage anyone to look forward to meal times. The meals were often prepared in large hospital kitchens and then placed into large containers. These containers were towed

around the hospital grounds by the hospital porters in large convoys of trucks. This transport system was fine in the summer months, but totally impractical in the winter when the food often reached the outlying wards only lukewarm, rather than piping hot. The nutritional value of meals was questionable, and cooked breakfasts disappeared from the menu in a cost-cutting exercise.

The general health of older people in hospital was poorly monitored due to lack of qualified staff. Inevitably, the scenes of desperation and, in some cases, lack of confidence were often witnessed throughout the National Health Service (NHS). I am convinced that this situation preyed on the minds of those people in power, whose responsibility it was to develop a new, efficient and more effective NHS.

Those with influence in government and public service unions suddenly began to realise that the general public would no longer tolerate the poor treatment of older people. Media coverage, including some high profile whistle blowing cases, resulted in a dramatic revolution which began to take place during the early 1970s.

The introduction of dedicated occupational therapists, medical consultants, physiotherapists and senior nurses demonstrated a personal commitment from professionals who had chosen to work and specialise in gerontology.

Suddenly many large independent care providers, builders and businessmen and women were encouraged to design and develop purpose-built specialist care homes. These were to be situated in the local community and would cater for individuals with long-stay care needs.

This initiative allowed many local small NHS hospitals to close their long-stay wards. The majority of NHS staff had the opportunity to work in the independent sector for the first time. Individuals living in the new-style nursing homes were

encouraged to wear their own clothes rather than nightclothes. The wearing of nightclothes during the day had sadly been regarded as normal and acceptable for many years in the long-stay wards. Older people were now to be provided with their own bedrooms. In some cases people were offered a shared twin bedroom, but by the end of the 1980s the emphasis was clearly moving towards providing people with their own single en-suite bedroom.

This change of emphasis and environment allowed many older people to move into the community and out of long-stay hospitals and marked the beginning of care homes as we know them today.

CHAPTER 1

SO YOU WANT TO BE A CARE HOME MANAGER?

Are you a self-motivated and experienced leader with a background working in care and do you wish to make a real difference to a group of older people's lives?

If you can answer 'yes' to these simple questions, then this book is for you.

Care home managers come from a variety of backgrounds and there comes a time in your career when you may decide to step up and apply to become a care home manager. Once you have made the decision, it is important to find the right care home manager's vacancy.

Ideally, you will possess management leadership qualities, including care experience, self-confidence and ambition. In *Nursing and Residential Care* (2003) Dr N. Chambers suggests that:

“The personal qualities which care home managers bring to the job are important, as well as the technical skills and expertise that they may possess.”

Care home managers must be capable of addressing the need to change. They must be willing to communicate the action plan formulated to manage the change to all the staff team. This will ensure that changes are made as part of a continuous and complex process.

WRITING YOUR CURRICULUM VITAE

Perhaps one of the most important records of your career to date is your personal curriculum vitae (CV). In *The Job Hunter's Handbook* (1999)

Greenwood reflects that:

“Curriculum Vitae is a Latin term which means ‘the course of your life’. A good CV will be simple, short (two pages are usually sufficient, you can always compress or highlight details as necessary) and clear but it will be enough to enable an employer to see that you have the skills and qualities to match the job advertised”.

Whether you are considering moving to a new company or seeking internal promotion, it is advisable to prepare a well-presented up-to-date CV. Sometimes prospective employers may request a CV and covering letter before any short-listing takes place. On other occasions employers choose not to accept CVs but ask prospective candidates to complete a standard company application form. If you send out a CV that is not up-to-date, you send out a signal to the prospective employer that you are not really serious about wanting the post for which you have applied.

There are two important points that you should consider before you put together your CV.

- Do you have access to a complete and accurate record of your education and qualifications?
- Do you have access to a computer or know of someone who can type your CV?

The CV is the first opportunity you have to be short-listed for the job for which you have applied. Your CV should ensure that you stand out from the rest of the candidates.

In Nursing and Residential Care, October 2001, Sewell provides the following good advice:

“A CV should be written on clean, good quality paper, and it is better to choose a font that is clear and easy to read rather than something fancy and barely legible. Needless to say the CV should be grammatically correct and checked thoroughly for spelling mistakes”.

Personal details should include your address and contact details. People now give their personal email address, but it is inadvisable to give your present work number on your CV. Your educational details should be set out clearly. Include dates of courses undertaken and dates of any examination results. You may be asked at a later date for proof of examination results, so please do not make the grades higher than you achieved and remember that providing false information on a CV may result in a job offer being withdrawn.

Employment details should start with your present position. It is useful to put on record your responsibilities and achievements in each post.

Remember, while you have to sell yourself as well as you can, it is not a good idea to over-state your skills and attributes. When you are applying for a care home manager’s post, there will be many other people in competition for it. An excellent CV will leave the prospective employer wanting to learn more about you.

Employers do want to know if you have any hobbies and interests, but if you list these, be ready for probing questions from the interview panel.

THE INTERVIEW PROCESS – A WINNING FORMULA

Attending interviews can be very stressful, not only for the candidates but also for those people involved in the interview

process. As a candidate you must be prepared for a variety of questions and scenarios, not only on clinical issues but also on business related matters concerning the care home.

Your appearance is a vital part of your preparation, as first impressions are so important. Consider the interview process has started when you arrive and first speak to the receptionist at the centre where the interview is taking place. In some cases the managing director of the care company may seek the personal observations of the reception staff about each of the candidates.

It is essential to research the care home manager's role and you should find out some information about the care home. You may find information on the company's web site by using the internet. If you do your research, you will have a good idea of the sort of questions that the panel may ask.

Be clear and concise with your answers and do not waffle. If you are not sure of an answer, then tell the panel. Honesty is always the best policy.

Remember not to undersell yourself, but be aware of the danger of over-promoting your skills. Employers are looking for people with whom they can work in the future. It may be that you have all the right qualifications but the wrong sort of personality for the specific role they have in mind.

Eye contact and body language are important, as the panel members will be watching candidates' behaviour. Some companies invite the candidates for lunch and this is commonly known as "trial by sherry". In other cases, people may be asked for interviews over two days and this method of selection will include psychometric testing, group work, presentations and role-play. If you are asked to give your personal views on topical care issues of the day, then ensure that you answer honestly.

From the first moment of contact with the potential employer and as the interview moves forward, each panel member is forming

an opinion as to your suitability for the position of care home manager. Today many short-listed candidates are asked to give a short presentation at interview on a given subject. Therefore it is really useful to have an understanding and working knowledge of PowerPoint.

Preparing PowerPoint Presentations

Care home managers may be called upon to give presentations at their interview. This is important because, once appointed, the successful candidate may be asked to present in-house training sessions for staff.

PowerPoint is a computer software programme which allows you to make professional slide presentations and display the results on a portable screen via a special projector. Alternatively, you can display the slide show using a normal laptop computer if there is only a small number of people to view the presentation. Sound can be added to the transition between slides.

Step-by-step guidelines to successful presentation

1. Choose the template. This will be seen on all slides.
2. Choose the individual slide layout.
3. Choose clip art or pictures. These images will enhance your presentation.
4. Choose the text. Keep this simple, no more than seven words per sentence.
5. Text can be displayed line by line or all at once.
6. Choose transition between slides and then practise slide show.

7. The slide show can be as short or as long as you like, but the average number of slides in a presentation is between 16 and 20.

Remember that people no longer expect to see presentations done with the use of overhead projectors and acetates; they have come to accept PowerPoint as the new standard to which we all must aspire. The computer will guide you through the formulation of your slide show, but I urge you to try this simple system for yourself. In my personal opinion, PowerPoint presentations are now seen as the normal method of visual communication.

CHAPTER 2

THE CARE HOME MANAGER'S ROLE

In Nursing and Residential Care (2003) Chambers acknowledges that:

“Well run care homes depend crucially on the skills and leadership attributes of the managers. Their role often combines that of lead clinician, operational manager, finance manager, marketing director and advocate for residents and staff.”

Today the care home manager has a demanding and satisfying role both from a care and business perspective. The principal responsibility is to ensure that individuals always receive excellent standards of high quality care and service while they are accommodated in the care home of their choice. This high quality care can only be delivered if the home is well staffed with appropriately trained and highly motivated personnel. Care home managers appear as the conductors of their orchestras, and their ability to keep all the facilities and staff members operating successfully takes special skills and knowledge. This makes such posts the most demanding in care today.

EXAMPLE OF A CARE HOME MANAGER'S JOB DESCRIPTION

Position: care home manager

Responsible to: regional manager

- Responsibility for the day-to-day management of the care home.
 - To achieve and maintain high standards of care.
 - To meet regulatory obligations.
 - To meet and try and exceed budgetary targets.
 - To train and develop staff team members.

- Philosophy
 - To provide individual older people with quality long-term care.
 - To meet and exceed the individuals' needs in a cost-effective manner.
 - To involve relatives and friends with individuals' activities both inside the care home and in the local community.
 - To be a personal ambassador and role model for staff team members.

- Standards of care
 - Ensure that the operational policies and procedures are carried out in accordance with the company's expected high standard.
 - Ensure that all staff team members are fully trained in the correct methods of delivering of care for older people.