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We Are Social Care Nursing

In this edition:

- Spotlight on... I am a real nurse
- A word from Deborah Sturdy
- Nursing associates' role at Kineton Manor nursing home
- National Community of Practice (CoP) for nursing associates and trainee nursing associates in social care

Spotlight on...

I am a real nurse by Oscar Abayomi, BSc (Hons) Adult Nursing

"Are you a real nurse?" asked one of the two medical students with the GP on a visit to the nursing home. I assured him I was a "real nurse".



This was by no means an isolated incidence since I qualified in 2018. Another time, I was on the train and admired the Royal College of Nursing branded mask the person across from me was wearing. I stated that I worked in a nursing home and this they encouraged me to think about studying nursing. I asked them what a qualified nurse with a First Class degree looks like.

Before the episode on the train, someone else had encouraged me to study nursing, and I did. I'd been a health care assistant (HCA) for over five years when my manager at the time stated that he thought I would make a good nurse. So, spurred on by this encouragement, I began my nursing studies. I trained in hospitals in London across stroke, day surgery, A&E, community nursing, and more.

Though I had offers to work in the NHS post-registration in 2018, I was keen to be fundamentally grounded in different nursing specialities. I thought it was impossible

to practise on all units in the NHS, except that I worked on a unit that incorporates all these specialities. One of such units is a nursing home, which I chose to work in as a newly qualified nurse.

A barrage of the “de-skilling” argument was unleashed at me by peers and senior colleagues for considering a nursing pathway that was not hospital-based. But these people did not have nursing home backgrounds to base these opinions.

According to the Royal College of Nursing, the nursing home setting is safety-critical and one of the largest nurse-led services in the UK. The following have been identified as components of nurse-led services and aptly describe my typical day:

Autonomous practice

Whilst I could consult doctors and other multi-disciplinary teams in more critical situations, autonomy gives me the opportunity to make quick decisions (based on guidelines, role development, clinical knowledge, and judgement) to optimise care and safety without waiting for permission from other health care professionals. Thus, I can start anti-biotic therapy for urinary tract infections, manage exacerbation of chronic obstructive pulmonary disease with rescue medications, treat constipation and fever - all without waiting for another health care professional to prescribe.

Initiation of diagnostic tests

Autonomy as a social care nurse is also the delivery of timely care through the initiation of diagnostic tests. Depending on justification and existing protocols, a typical shift may see sputum, urine, wound, stool, or blood samples sent off for diagnostic or confirmatory tests. This provides me with a feeling of direct and proactive involvement in care and has a significant impact on the outcomes of health of different individuals.

Comprehensive assessments

Due to increasingly complex needs of individuals in nursing homes, I conduct comprehensive assessments for every individual in my care on arrival and review regularly or when significant events occur.

These assessments are focussed on the resident and grounded in holistic care providing a basis for the health care professionals involved with the resident to develop a plan of care that mitigates risk and maximises health opportunities. The care is implemented and evaluated to ensure that results are achieved. The nursing process takes time, requires detailed knowledge, skill, and coordination.

Person-centred care

The person in the centre of my care has physical, psychosocial and spiritual needs that I need to understand to deliver holistic care. So, a typical day may find me managing continuous positive airway pressure, unstable insulin dependent diabetes, different feeding routes, tracheostomies, catheters, complex wounds (including Larval therapy) and syringe drivers. Being a social care nurse has afforded me the opportunity to care for individuals going through menopause and gynaecological conditions such as prolapsed uterus.

My nursing experience affords me a journey where my empathy and compassion are enriched through supporting individuals with social and spiritual needs. The

stories of these individuals often describe how their past has shaped their present. How can I not be touched by the feeling of these individuals' lived experiences when I meet a human being who was groomed in his youth as a sex worker and eventually became HIV positive, the first female plastic surgeon in England, or people on the Kindertransport from Germany or a World War Two spy.

Education and support

Implementation of care involves other team members such as health care assistants and sometimes family members. Alongside mandatory training for staff members, I also teach and educate others. Education and support promote best practice, and could cover management of medicines or understanding diagnosis and treatment.

My role in educating requires evidence-based knowledge often acquired through continuous professional development such as, webinars, conferences and reading and contributing to professional articles and journals.

Continuity of care

Continuity of care is a vital aspect of providing care with dignity and is often manifested in two main types: 'relationship' and 'clinical management'.

Social care nurses are able to foster a unique therapeutic relationship with individuals they care for. One of the individuals on my unit lived with expressive aphasia presenting with speaking unintelligible words. However, through a unique nursing relationship, I found out they could communicate by singing without any difficulties. This singular discovery changed the dynamics of trust and confidence in this person.

Direct multi-disciplinary team referrals

Social care nurses have the platform to collaborate with many multi-disciplinary team members. I work with a plethora of specialists such as occupational and physio therapists, speech and language therapists, dieticians, and more. In my role as a social care nurse, a multi-disciplinary team meeting is held every month which offers a chance to explore a multi-professional approach to health and care.

I love my role as a social care nurse, but I do feel there should be a more defined career pathway for academic professional development for social care nurses that may cover up to PhD level, and there should be more investment and greater facilitation for nurse-led studies.

I am hopeful for the future for social care nursing.

[⇒ Download our guide about supporting students in social care settings.](#)

A word from Deborah Sturdy

Inspiring stories

I never fail to be inspired by the people I meet. In recent weeks, whilst visiting care settings across the country, I've met many amazing colleagues, carers and people using services.

Two of my visits were to services for people with learning disabilities (LD). In Preston, I met Jen, a dance leader at [DanceSyndrome](#), a multi-award winning charity with a special focus on inclusivity.



The organisation provides weekly inclusive dance workshops for people with and without disabilities. Jen and her peers have truly flourished in their roles and are now leading dance groups around the north west of England. They even tolerated my very inadequate dancing when I joined them for a session.

While I was there, I met with parents of young people with LD. They spoke of their worries about ageing, anxieties about their children's future and arrangements for long term care. Once more, it brought home to me the immense support family carers still provide to their loved ones, alongside dedicated professional carers.

On another visit, I met the directors of [Thurrock Lifestyle Solutions CIC](#), who all have LDs. The board, ably chaired by Anne, are having an incredible impact in their community, shaping services tailored to what people need and want and making a real difference.

Challenges remain, of course. Health and Wellbeing Director, Sonny, spoke of his frustration when he invited pupils from the local special needs school to an event about healthy eating, only to hear the teacher had taken them to McDonald's on the way home!

At [Hammerson House](#), it was fascinating talking to colleagues about their career journeys into social care. They spoke of their passion working with people, building relationships, then leaving to join the NHS, only to return because – in their words – social care offered continuity, a sense of family and professional fulfilment. If that doesn't sound like a ringing endorsement of our sector, I don't know what does!

I learned more about the development of nurse practitioner roles, their learning and development offer and the creation of leads in clinical specialisms. Whilst staff retention has proved challenging in the last few years, the development of the nurse associate role has had a hugely positive impact on care quality.

On all my visits, despite common frustrations, I came across the same positive values: ambition, drive, determination, hard work and a focus on the importance of relationships. A sense of community, belonging, joy and fun emanated from everyone I met.

The overwhelming sense of wanting to do the right thing and be the difference in people's lives, after everything they've been through during the pandemic, was truly humbling.

This positivity drowns out the negative voices. We know there are no quick fixes as we seek to reform social care, but I have seen a glimmer of optimism in everyone I've spoken to, along with a quiet belief we will eventually arrive in a better place.

This journey is not for the faint hearted. Luckily, there are very few of those in social care. Our mettle was tested by the pandemic and the many authentic voices I have heard on my travels around the sector, prove that we have emerged stronger for the experience. They all show why we should have faith in the future of our amazing sector.

Deborah

Nursing associates' role at Kineton Manor nursing home



In 2018 when I first became aware of the nursing associate and the role they will play in healthcare, I was rather sceptical. My initial thought as a proud and dedicated registered nurse was that I did not want the registered nurse (who has a long history before being acknowledged as professionals and gained status) to be replaced by a nursing associate.

After reading the proficiencies for nursing associates it provided me with clarity on the knowledge and skills, they can reasonably expect from nursing associates. I then realised how I could use the role in the nursing home. Nursing associates cannot replace nurses but can support nurses and will no doubt give more time for nurses to lead and coordinate care and to deal with more complex needs.

As a nursing home manager my role is also to manage and develop my team and I realise it is a wonderful opportunity to give to senior carers the chance to obtain a qualification and for them to eventually become a registered nurse should they so wish. I then became excited when I read more about their role and training and to visualise how I would develop the role in a 53-bed nursing home.

I contacted Coventry University who put me in contact with Warwick Hospital where I attended all the meetings regarding the development of the nursing associate programme. The Learning and Workforce department of South Warwickshire NHS Foundation Trust was extremely helpful and gifted us the apprentice levy and provided placements for the students along with our local GP

surgery. We were approved by Coventry University as a placement provider and plans began to fall into place.

After passing the literacy and numeracy, Kitty Chen was selected to become the first student to train to be a nursing associate for Kineton Manor. Kitty started working at Kineton Manor in 2008. She is passionate about social care, and very popular with the residents, relatives and co-workers. She always has a hunger for more knowledge and experiences. Kitty thoroughly enjoyed the programme and will complete in September 2022.

When I asked for Kitty's input, she told me "I have benefitted hugely so far. My knowledge has increased, and I learned about models and theories. This guided my brain in practice to do my work". She enthusiastically explained all the knowledge and skills she has obtained, developing a problem-solving approach, and learned about creating opportunities to promote health for her residents. She also feels her communication skills have improved as part of this learning.

The following year I selected Tintu Tom to join the programme after she passed her literacy and numeracy. She will finish her first year in September 2022. Tintu started working for Kineton Manor Nursing Home in 2010. At the start of the course, she found it a little bit stressful but she gained more confidence and the course brought back all her previous knowledge and she gained more. She found the practical side very enjoyable and told me how she was able to take blood sugar and calibrate the glucometer. She said that everything she learned in the practical lessons can now be applied in the nursing home. Tintu is looking forward to her second year.

It was such a reward for me personally to see how the two of them developed throughout their courses, and specifically after their placements in the hospital and GP surgery, where they grew in confidence. This confidence showed in their work, particularly in the way they applied their skills and knowledge.

During the first wave of the COVID pandemic Kitty and Tintu played a major role in supporting the manager when all the nurses were off with COVID. They had the privilege of being invited to Number 10, Downing Street to a reception to give thanks to people in social care. They ended up having their photograph taken with the Prime Minister, which undoubtedly helped to showcase the role of nurse associates.

As far as I am aware, Kineton Manor was the first nursing home to have members of staff taking part in the programme in Warwickshire, with all other nursing associates being employed by the NHS. I can foresee how the residents will benefit when Kitty and Tintu become registered nursing associates and we are now in the process of recruiting the next candidate.

[⇒ Download our guide on deploying nursing associates in social care settings](#)

National Community of Practice (CoP) for nursing associates and trainee nursing associates in social care

We've relaunched our CoP for nursing associates and trainee nursing associates

working or planning to work in social care. We had great engagement with our most recent event with over 30 people attending and keen to discuss their roles and what they would like from a CoP.

We've agreed we'll meet quarterly and focus on peer support and sharing good practice to promote quality innovation for social care settings. We asked attendees what gives them pride in their work; "I have the opportunity to make a real difference to those within my care and the team I work with, whilst gaining a recognised qualification and becoming part of a group of accountable professionals."

If you know a nursing associate or trainee nursing associate that would like to be involved, [visit our website](#).

We'd love to hear from you

We Are Social Care Nursing is to highlight and showcase what is going on in nursing, to give a voice to the nurses and nursing associates who are working in social care, and for colleagues to better understand the complexity of nursing roles.

We'd like the content to be led by the workforce to show what is happening on the ground and in reality, and so if you'd like to contribute by writing about a topic of your choice, maybe something that is particularly important to you, please email SocialCareNursing@skillsforcare.org.uk

You can also get in touch via social media using #WeAreSocialCareNursing and tagging @skillsforcare

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