Guidance on Safer Staffing in Care homes

This guidance is intended to promote safer staffing in Residential and Nursing Homes. It has been designed through collaborative working between NHS, LCC and Providers and should be read in conjunction with current nationally available good practice guidance.

> The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires *'Sufficient numbers of suitably qualified, competency, skilled and experienced persons must be deployed in order to meet the requirements of this Part.'*
> This forms part of Care Quality Commission (CQC) Fundamental Standards (Regulation 18 Staffing) and you can read more on this along with guidance and FAQs on their website.

Legislation does not indicate what safe staffing levels are and there is no official tool for calculating appropriate staffing levels. A one-size-fits-all approach is inappropriate as care homes support a range of people with varying needs. Staffing levels therefore need to be determined based on the needs of the people living at the service, occupancy levels, taking into account the nature of the environment e.g. size, layout, skill mix and staff training requirements.

Providers should have a systematic approach to determine the number of staff and range of skills required in order to meet the needs of the people using the service. Providers should also consider the different levels of skills and competence required to meet those needs, the registered professional and support workers needed, supervisions and leadership requirements.

Dependency tools

Dependency tools can help you to decide how many staff you need. You can use them to collate information about the needs (or dependency) of people who need care and support, how many hours / staff you need, and log other requirements such as time with residents, administration, record keeping and communicating.

This can help you make informed decisions about how many staff you need in your service in order to meet safe staffing levels and provides evidence for your CQC inspection about how you have decided on these levels. You need to ensure that staff completing the dependency tool are competent and it is used consistently.

There are lots of tools on the market you could use, you could invest in or create your own bespoke tool to meet your services needs. We don't recommend a particular tool but you can find out more online, at local and national events or by speaking to other Providers about what tools they use and recommend.

What else could inform your staffing levels and evidence for CQC?

- Feedback from residents, their families, friends or visiting professionals about their experience of the number of staff on duty at different times.
- Feedback from staff members about their workload and whether the rota and deployment processes supports person centred care and engagement rather than task orientated.
- Analysis of accidents and incidents (e.g. falls) may indicate an issue with staffing levels or staff deployment.
- Observations—are staff deployed in a way that meets the current needs of the service and are they aware of their responsibilities on shift? How quickly are people responding to people's care and support needs and the quality of this interaction? *If you do not have an automated call bell audit system, periodically press a call bell and time the response, record your findings and action any issues arising.

✓ **Top tips for safe staffing**	✗ **Warning Signs of inadequate staffing**

Top tips for safe staffing

- Decide staffing levels depending on the needs and wishes of the people you support. Be sure to include things that go beyond 'care tasks' based on their needs and wishes.

- Ensure staff have enough time to complete tasks outside of direct care delivery e.g. record keeping, handovers, supervisions, engaging with professionals and relatives.

- Consider environmental issues that might impact on staffing levels e.g. layout of the home

- Think about times when you might need more staff and be prepared to change the rota e.g. during busy times of day, when someone's needs increase or end of life care.

- If you regularly use new, inexperienced, bank or agency workers, consider the impact this has on experienced workers' productivity. Consider if your current approach is realistic and sustainable.

- Be realistic about the impact of staff turnover, annual leave, sickness, supervisions, breaks and learning and development on staffing levels; include time for these and base levels on real data rather than overly optimistic targets.

- Ensure that staff who determine staffing levels are competent to do so and trained in any systems you use. They should be familiar with legislation and CQC regulations along with problem solving skills.

- Ensure robust induction and probation procedures are implemented for new staff

Warning Signs of inadequate staffing

- High turnover of staff
- Struggle to recruit enough staff
- New staff leave within a short time of joining
- High sickness rates that are particularly stress related
- Unorganised rota system and processes that are difficult to use and follow
- Call bell response times are high.
- Rotas are constantly changing
- Staff only have time to perform duties and tasks with no time to 'care'
- Staff don't have time to communicate with people they support, families and professionals
- Over reliance on temporary workers
- Little consistency in staff
- Staff inductions are limited and / or rushed
- Staff learning and development is restricted to mandatory training
- Limited support for staff such as supervisions
- Recording is rushed and not completed correctly.
- Areas in the home with limited or no staff presence or oversight.
- Increased or high levels of serious incidents

Reviewing Staffing levels

You will need to review your staffing levels regularly to ensure that they still meet the needs of your service, and adjust them if needed. This should be a regular part of your quality assurance processes but sometimes you may need to do an ad-hoc review e.g. if someone's care and support needs change, a new resident is admitted or there is a readmission to the home. This is alongside reviewing staff have the right skills and training to meet new resident's needs, or increased needs of a current resident.

If you don't review and revise your staffing levels when needed, this can impact on the quality of care and safety. There are also lots of things that can impact on short tem staffing levels and you need to have some flexibility and a contingency plan in place to respond to these and ensure staff know what these are. You can find out more on Page 25-26 of the Skills for Care Guide to Safe Staffing.

Sources of Information

Skills for Care (2018) Guide to Safe Staffing

Royal College of Nursing (2010) Guidance on safe nurse staffing levels in the UK

Care Quality Commission (2009) Regulation 18: Staffing

Skills for Care (updated 2018) Good and Outstanding Care Guide