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Editorial: Safe-Staffing & Care Homes

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The Royal College of Nursing have recently published their report on 'Staffing for Safe & Effective Care' (RCN, 2018). The key findings included: 55% of respondents reported a shortfall in planned staffing of one or more registered nurses in their last shift, 41% of all people on shift reported being short of one or more health care support worker, 35% were concerned about the skill-mix of people practising on their unit and 53% said they felt care was compromised during their last shift. These findings clearly pose an obvious threat to patient safety as already highlighted by a paucity of empirical research and policy reports (Ball et al, 2018; Mid Staffordshire, 2013; Kane, 2007).

Traditionally there has been considerably less focus on inadequate levels of staffing and adverse incident reporting in care home settings (Mitchell et al. 2017). Within the RCN (2018) report the key concerns about care homes include; inadequate time to perform more specialised care procedures such as palliative care or wound dressings, the copious amounts of care-planning and documentation which limits resident contact, reduction in overall staff numbers and dilution of skill-mix through substitution of nurses with care practitioners. Such pressures on care home nurses and carers can be detrimental to resident safety and experience as recently illustrated by the Commissioner for Older People for Northern Ireland's recent report into a Northern Irish care home (COPNI, 2018).

At present the current landscape is a challenging one for all in public and private care sectors. The Royal College of Nursing (RCN, 2018) have consistently lobbied for the introduction of UK-wide legislation related to workforce planning and staffing levels. The clear leaders in provision of such legislation are Wales with their Nurse Staffing Levels Act now in full force. While the Scottish government have made considerable progress on their own legislation, England & Northern Ireland still do not have plans in place to introduce legalisation on safe staffing.

While important, legislation is just one component of providing safe and effective care. The utilisation of evidence-based safe-staffing models are an extremely helpful tool for many units in workforce planning. The Shelford Safer Nursing Care Tool (2013) is one such example. With regards to these guiding models, care homes are disadvantaged as there are currently no evidence-based models of safe-staffing for care homes (Mitchell et al. 2017). The absence of such models has led to a disparity in staffing levels and skill-mix in care homes across the UK.

With patchy legislation, the absence of rigorous safe-staffing models to guide providers and increasingly complex multimorbidities to contend with, nurses who practise within care home settings have much to contend with. As highlighted in an earlier editorial in the journal (Mitchell, 2018), more needs to be done to value, support and the celebrate the achievements our colleagues within care home settings. Policy-makers, educationalists and researchers have a collective responsibility, alongside care home workers themselves, to support the independent sector in providing safe and effective care to their residents.

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