

ASC Workforce survey

Care Home

Purpose of this document

A word version of the Workforce Survey has been created for inspectors to complete when offline and out on inspection. Inspectors will need to complete the Workforce Survey App as soon as possible to assist accurate reporting of workforce issues.

Location name		Location ID:	
Trigger	Inspection INS Number:	DMA DMA Number:	
Inspector name			
Date survey completed			

1. Have workforce challenges had a negative impact upon the service you deliver?

Yes

No

If you have answered No, please proceed to Question 6.

2. What is the cause of your current workforce challenge?

Recruitment

Unable to recruit registered nurses

Unable to recruit care staff

Unable to recruit ancillary staff

Vaccination as a condition of deployment

Changes to immigration rules

Agency unable to meet demand

Pay and conditions

Candidates lack necessary skills and experience

Other:

Retention

- Staff leaving the sector to work elsewhere
- Staff absence
- Lack of job security (e.g. zero-hour contracts)
- Cost of agency staff unaffordable
- Vaccination as a condition of deployment
- Staff burnout
- Pay and conditions
- End of furlough, staff going back to previous occupation.
- Too many hours/irregular hours of work
- Changes to immigration rules
- Lack of progression opportunities
- Other:

Staff absence

- Covid related sickness
- Non-covid related.
- Other:

Explore what has been the impact of workforce challenges/staffing shortages on people using the service and, on the staff, delivering the service.

- Some providers might have determined it is not viable both financially and because of staff shortages to continue providing the nursing element of care.
- Some providers might have made a decision not to admit any new service users or to leave units empty.
- Some providers might be considering closing the location.
- Some providers might tell you or you might notice a high percentage of people are cared for in bed. We know this might be because they don't have enough staff to move people safely, or enough staff to supervise people in communal areas.
- Staff might not have time to provide meaningful occupation to people either in groups or 1:1
- People who have been assessed as requiring 1:1 care are not provided with this care as there is not staff availability to provide this.
- Lack of availability of a cook or chef may mean that care staff are preparing meals and cooking them without the necessary training.
- Care staff providing domestic duties. Domestic staff covering some care duties.
- People whose needs cannot be met in the service remain there because of the lack of capacity in more suitable services.

3. How are staffing shortages impacting on your ability to provide your previous level of service?

- Stopped providing the regulated activity of TDDI due to lack of registered nursing staff
- Active decision not to admit any new service users
- Provider considering leaving the market
- People cared for in bed due to the lack of suitably skilled staff to safely move people into communal areas
- Reduction in group and 1:1 activity sessions due to lack of staff
- People who have been assessed as requiring 1:1 care are not provided with this.
- Adaptation of mealtime and type of meals available due to cook/chef shortage
- Non-care staff taking on the role of care staff and care staff taking on the role of domestic staff, leaving a shortfall in their substantive role
- Delayed transfer or care between services (e.g. hospital admissions)
- Supported people to move to a new home
- Considering leaving the market
- Other:

4. What have you done to mitigate the risk?

- Increased use of agency staff to cover shortfalls in staffing levels
- Stopped providing the nursing element of care (TDDI)
- Plan to deregister from this activity
- Active decision not to admit any new service users
- Reduction in activities both group and 1:1
- Invested in staff training and qualifications
- Developed a career pathway to retain staff
- Developed wellbeing initiatives for staff
- Existing staff filling in gaps across the workforce
- Increased pay for staff
- Paid overtime
- Improved terms and conditions
- Offered a bonus
- Over recruited
- Rolling recruitment
- Emergency plan activated. Shared staff across services. Support provided from partners such as community nurses and other community support systems
- Invested in staff training and qualifications
- Developed a career pathway to retain staff
- Developed wellbeing initiatives for staff
- Accessed the Workforce Development Fund
- Handed back contracts to commissioners
- Refer a friend scheme/other recruitment incentive
- Reduced capacity
- Other:

5. Is the provider assured that the action they have taken is adequate to mitigate any risks to people?

Yes

No

6. Are we undertaking any regulatory activities?

Yes

No

6.1 What regulatory activity are we taking?

Action underway already

Inspection

Escalation to partner agencies

Further monitoring/information gathering

MRM

7. Have people experienced a delay in accessing health and care services?

Yes

No

7.1 What has been the cause of the delayed access to care and support services for people?

Lack of access to physiotherapy

Difficulty accessing speech and language therapist assessment

Difficulty accessing Dietician for advice on how to manage weight loss

Difficulty accessing dementia specialist services

Difficulty accessing mental health services

Difficult accessing face to face appointments with GP

Difficulty accessing specialist medical advice

Difficulty accessing rehabilitation services

Other causes of delay:

7.2 What has the impact been of the delayed access to care and support services for people?

- Loss of independence in the ability to walk independently
- People have received an unsuitable consistency of food to ensure they are safe
- People have experienced a reduction in their cognitive abilities
- People have experienced a deterioration in their mental health
- People's health and well-being needs have not been identified in a timely manner
- The service can no longer meet the person's needs and they have had to move.
- People cared for in bed as they have not had access to rehabilitation services.
- People's abilities have deteriorated, and they have not reached or retained their optimum level of independence.
- People cared for in bed as they have not been able to access assessments for specialist equipment to assist safety and independence.
- Other impact:

8. Is there any other intelligence related to workforce challenges that the provider has shared with us not covered by the questions above?