

# Mind the gap – the difference between rhetoric and reality in delivering dementia care



**Sara Livadeas**  
Strategy Director  
**The Orders of St John Care Trust**

**7 March 2017**

The Westminster Health Forum ‘[Next steps for improving dementia care: funding, reducing the variations and implementing the 2020 challenge](#)’ was really uplifting. Knowledgeable speakers working at the cutting edge of dementia research and care talked about taking responsibility for your own health and wellbeing, least restrictive decision making, the value of dementia friends, the importance of recognising the needs of carers and the latest developments in care, cure and technology.

However, I couldn’t help coming away feeling uneasy and somewhat exasperated once again. The gap between the ambition for people living with dementia and what’s happening on the ground is getting wider to the point where I fear it will become a chasm. And it’s almost entirely down to workforce.

At the [Orders of St John Care Trust \(OSJCT\)](#) we support people to age well in 70 care homes and extra care housing services, providing a mixture of nursing and residential care to 3,800 people. Approximately 80% of residents have some form of cognitive impairment although only 50% have a formal diagnosis. We specialise in dementia care, we deliver bespoke training, our homes are built to the Sterling Gold Dementia Standard and we deploy peripatetic Admiral Nurses.

We know how to deliver dementia care in a person-centred way. We pride ourselves on low use of anti-psychotic medication – less than 3%. We understand that families need on-going support at all stages of their caring journey, including at the point of diagnosis, when the individual is vulnerable to suicide, and long after the death of their loved one. Despite this, the major limiting factor stopping us from delivering more and better care is not money, it’s not lack of expertise, its workforce.

Nationally there is a shortage of nurses in health and social care. At OSJCT we increasingly struggle to recruit both nurses and carers. We currently have nearly a third of our nurse posts and around 10% of carer posts vacant. This is despite paying above the National Living Wage and enjoying a strong reputation for providing training. All of our care workers complete the Care Certificate, which is having a positive impact on retention.

Our turnover has reduced and is better than the sector average of 28% but some way off overall employee turnover of 13%. Behind these figures sit real workers who have decided to leave their job and real old people living with dementia who need familiarity and consistency in their care. Some of the employees we recruit discover they are not cut out for the job they thought they wanted. Not everyone can care for a person with dementia. Some people just want to come to work to do tasks and then go home. Deploying emotional intelligence, managing the power dynamic of care giving or working in a person centred way is simply beyond them. Whether it’s just a job or a vocation we are expecting a lot from the lowest paid and often least valued members of our society – part time female carers.

I don’t want to be defeatist. We are doing a lot to encourage people to work for us, recognising that we need to attract talent through a variety of channels including social media. We work hard to create a local presence in our communities. We participate in projects such as [The Teaching Care Home](#) initiative. We have sharpened up our recruitment process but unfortunately care providers are all

fishing in the same pool, so trying to differentiate ourselves from other organisations will only help OSJCT. The health and care sector needs to collaborate and work with training providers and schools for example, so that 16 year olds can start thinking about working with people with dementia before they even choose their university degree.

I really enjoyed the WH forum, but it's no good talking in concepts about independence, responsible risk taking and evidence of best practice if we can't find enough good people with the right attitude to deliver the care that people with dementia need day to day (and night, and weekends, and holidays).

The workforce issue needs to be gripped and soon.

[www.nationalcareforum.org.uk](http://www.nationalcareforum.org.uk)

