Please cite the Published Version

Additional Information: This is an Author Accepted Manuscript in International Journal of Older People Nursing.

The Education of Nurses Working in Care Homes for Older People: An Appreciative Inquiry

Abstract

Aim

To explore the education and developmental needs of care home nursing staff.

Background

With an increasing ageing population, the need for high quality care provision is set to rise and will require nursing staff with the desired knowledge, skills and values. However, multiple concerns have been identified when considering the development of nurses working in care homes. Moreover, challenges in the care home sector have also contributed to a situation where some nurses view care home work as being of low status, and choose this work to fit around other commitments, rather than viewing it as a viable career pathway.

Method

A qualitative approach based on the principles of Appreciative Inquiry. Fifteen participants working in five care homes with nursing, based in England (UK) took part in this study. Data were collected during 2016 – 2017 and involved managerial, qualified and unqualified staff.

Results

Data analysis revealed three distinct themes: an effective learning environment; the care home as a nursing student placement; the need for financial investment. These themes were found to have the most influence on the development and education of care home nursing staff.

Conclusion

This research provides important insights into the care home as an educational environment, not only for nursing students but for those employees already working in such settings. Exploration of the ways in which higher education organisations and care home teams could collaborate more closely could be mutually beneficial to the quality of care and to raising the profile of care home work.

Implications for Practice

Care homes can provide a rich learning environment for both staff and nursing students. Collaboration and appreciative ways of working enhance opportunities for developing practice and care.

Implications for Practice

What does this research add to existing knowledge in gerontology?

- There are multiple and varied learning opportunities in care homes.

- The care home is a rich environment to learn about person centred care.

- Care homes are an under-utilised resource when considering placements for nursing students.

What are the implications of this new knowledge for nursing care with older people?

- Developing the role of care support workers and legitimizing the part they play as educators could strengthen the educational experience for all learners.

- Ongoing continuous professional development for staff needs to be financed appropriately if the care home workforce is going to be increased.

- Universities could further utilise the care home as a rich resource for student learning.

How could the findings be used to influence policy or practice or research or education?

- Regulation of care support workers could help the development of education for nursing students in care homes.

- Universities could work collaboratively to develop reciprocal learning opportunities that can enhance the quality of care.

- Creating promotion pathways for existing care home staff could mitigate the recruitment and retention crisis.

Introduction

In 2016/2017 Care England, the representative body for independent care services in England, led a Department of Health funded pilot study, which aimed to empower and inspire the care home sector and develop a legacy for learning and development for nursing in the future. The 'Teaching Care Home' pilot engaged five care homes and a group of nursing professionals to develop the work (ILC-UK, 2017). This paper reflects one part of the whole study, an appreciative inquiry to explore the education and developmental needs of care home nursing staff.

Background

It is increasingly recognised that the provision of effective long-term care for older people in institutional settings is a global challenge and one which is poorly understood (Gordon et al, 2018; Sanford et al, 2015). An international perspective of the care and support of older people identified that: 'Currently around one-third to one-half of people with dementia in high income countries, and around 6% of those in low and middle income countries are cared for in care homes' p17 (CPA, 2014). The CPA (2014) identified that low and middle income countries are increasingly likely to need more formal care services while current services are rudimentary. There is then much learning from the United Kingdom (UK), which has a longer history of residential care home support for older people that can inform care home developments in other global contexts.

In the UK, where this study was undertaken, most recent figures suggest that there are 426,000 older and disabled people in residential care homes (including homes which provide nursing care) and of these, approximately 405,000 are aged over 65 (LaingBuisson, 2014). In England, the term residential care home can be used to describe a facility, which is with, or

without, nursing care provision (Orellana, 2014). As at September 2016, in England, there were 11,900 care homes without nursing and 4,400 care homes with nursing with a total workforce of 595,000 (Skills for Care, 2017). Care homes must abide by a series of requirements laid down by the system regulator, the Care Quality Commission, (CQC). The CQC ask questions of all services they inspect, relating to five key areas; safety, responsiveness, care, receptiveness to need and leadership (CQC, 2018). Services are then given a rating of 'outstanding', 'good', 'requires improvement' or 'inadequate'. 'Outstanding' services are performing exceptionally well, whereas 'Inadequate' services are not meeting requirements and action is taken against the person or organization running that service. 'Good' services are performing well and those who are not performing as well as they should, are given a 'Requires Improvement' rating (CQC, 2018).

By 2050 nearly 30% of the European population will be over 65 and over 11% will be over 80 by 2050 meaning the demand for long term care is set to rise (Knight Frank, 2014). However current figures suggest that over a quarter of care homes in England, UK, are rated as 'Inadequate' (2.3%) or 'Require Improvement' (23.5%) by the CQC (Independent Age, 2017). At the same time the UK National Health Service (NHS) is experiencing a nursing shortage, and this is particularly problematic in the care home sector. Employers struggle to fill nursing vacancies and many staff leave within the first year of being recruited (27.8%) (Skills for Care, 2017). In 2016/17 the turnover rate for registered nurses in care homes with nursing was 32.1% which equates to approximately 10,700 leavers. This problem is not confined to the UK; nursing turnover rate is 27% in Japan and 16% in the United States of America (USA) (Colombo et al, 2011). A contributory factor to such instability in care homes is linked to the provision of education and development for staff.

It has been identified that there are problems linked to education provision for both existing staff and nursing students in care homes. This problem has implications for the care home

sector and there is a demand for nurses to work in older peoples care (Koh, 2012). Stevens (2011) assessed career preferences and their associated rationale in a longitudinal study of undergraduate nurses in Australia. The findings suggest that the desire to work with older people decreased over the duration of the course. By the end of the programme, the 'high tech' areas such as intensive care and surgery were ranked highly compared to the 'low tech' areas such as working with older people and those with mental health problems. However, it is in these 'low tech' areas that nurses are most able to use their nursing skills and as Stevens (2011: 949) states, '…cement its status as a true profession'. Such preferences contribute to the staffing problems in care homes as nurses do not consider older persons care as a viable career option, preferring to fit this type of work around other commitments (Spilsbury et al, 2015).

Over the last 30 years there have been many care home initiatives, particularly in the US and UK, which have strived to improve workforce knowledge and skills. In the US, Teaching Nursing Homes (TNH) were identified as one way improving the quality of care to residents through the development of interdisciplinary evidence-based practices, with the care home as a professional learning environment (Mezey at al, 2008). The US development of such homes explored a positive way of understanding ageing in more productive and positive ways, by gerontology visionaries such as Butler (Achenbaum, 2013). In the UK the drive to more formally develop and support the care home as a learning environment as one which can improve outcomes for residents and staff has also been supported through research and practice development (Nolan et al., 2008; Owen & Meyer, 2012).

To provide a contemporary picture of the education and development needs of care staff working in care homes in England, this study used an appreciative inquiry approach. It is important to foreground and disseminate the experiences of the workforce to understand how education in the care home setting is experienced.

Appreciative Inquiry (AI) was initially developed as an approach to organisational change, which focuses on the strengths of an organisation rather than its weaknesses (Whitney and Trosten-Bloom, 2010). The approach has been adapted to explore issues in care homes and community settings (Dewar and MacBride, 2017, Paige et al, 2015) for example the 'My Home Life' research, (Owen and Meyer, 2012). Reed (2010) suggests it can be a beneficial approach when undertaking research with older adults, focussing on more of an asset based than deficit approach.

There are multiple challenges linked to care homes which have been documented at length (see for example Mason, 2012) and it was our aim to celebrate good educational practice and consider ways in which this could be promoted, not to focus on existing problems. That said, we understood that staff might find difficulty in maintaining a positive stance against the backdrop of real life practice in a care home. Without wanting to ignore real concerns, if staff identified negative aspects of their work, the team acknowledged these but then reframed the interview to enable a return to a more positive and appreciative stance.

There are four main stages within the AI approach: Discovery, Dreaming, Design and Destiny (Whitney and Trosten-Bloom, 2010). These were adapted to enable the team to explore ideas about education and development. For this pilot research the 'destiny' phase was excluded from the protocol, as the research team wanted to promote an asset focussed conversation rather than discuss an unknown future which the participants might not be able to easily visualise.

Table 1 Stages of the AI approach

Stage	Description
Discovery	This phase explores 'the best of what is' in the organisation. Participants were asked to describe their 'best time' in the care home in terms of education/development and the surrounding factors (skills, attitudes, support) required for this to happen
Dream	Dream explores 'what could be'. Participants were asked what they would like if they could have a miracle or could be granted three wishes for an ideal world in the care home setting.
Design	Design explores ways in which the vision can become a reality, based on previous good practice. Participants were asked to how their vision for the future could be achieved.
Destiny	Destiny involves thinking about ways to create a new future, combining the Dream and Design phase to build an 'appreciative' way of working. This phase would involve the wider team, including those at a strategic level, if the vision was to be realized

Method

The research was undertaken in five national prominent care homes across England. A key objective of the work was to create a vision and contemporary model of learning and development for care home nursing (ILC- UK, 2017). Fifteen interviews were undertaken and the sample included five care home managers, five registered general nurses and five care support workers, one of each grade from all of the homes in the sample. For the purposes of this research, a care support worker is an employee who provides care to residents although is not part of a regulated profession and has no license to practice. All fifteen of the participants involved in the Care England pilot project were invited to be interviewed using a purposive sampling strategy. A member of the research team was present at the launch of the project to explain the purpose of the study and answered questions related to it. Interviews were undertaken at the care homes in a quiet room or in the manager's office. All of the care

homes had a CQC rating of 'Good', which means that all of the services were meeting expectations at the time of the interviews. All of the homes provided residential care with nursing and three of the homes offered services for people living with dementia and ranged in size, from forty one to one hundred and twenty beds. Only one of the five care homes were facilitating undergraduate nursing student clinical placements at the time of the research. Data were collected between September 2016 and February 2017. All of the interviews were audiotaped and lasted between 23 and 70 minutes. The Appreciative Protocol used with the care home staff is outlined below and includes the three phases of Discovery, Dreaming and Design:

Table 2 Appreciative Protocol for interviews

Discovery   1. Can you tell me about your best time in care home education/development in terms of producing effective work (this might be facilitating learning in another or involve themselves in a learning situation)   2. Can you tell me about a particular piece of work which illustrates your best practice in care home education?   3. How was this supported and enabled?   4. What specific talents/skills/attitudes did you bring to this work?   5. Any other examples of success you can think of?
Dreaming (what might be)   1. Imagine a miracle has occurred and this means you can do your best quality educative work all of the time – what would be different in the wake of this miracle?   2. What difference would this miracle make to your life?   3. What would be your 3 wishes for care homes (in terms of staff development and education)   4. Identify one small thing that would make a difference overnight?
Dreaming/Design (what might be/what should be)   1. What does the ideal look like?   2. What is needed to make your vision a reality?

Ethics

Ethical approval was gained prior to the start of the study, from Manchester Metropolitan University Ethics Committee (Faculty of Health, Psychology & Social Care Reference 1376). Information sheets were distributed via email to the managers two months before the data collection commenced. Consent forms were signed prior to commencement of the data collection and staff were reminded of the confidential nature of the data and the option to withdraw at any time during the study.

Analysis

The interview data was analysed using an adapted version of the Framework Analysis method described by Spencer et al (2013). The interview transcripts were read by the two field work researchers and recurrent themes were noted and discussed on an on-going basis until consensus about meanings was reached. Pseudonyms have been used throughout to ensure the anonymity of the participants.

Findings

During the interviews staff described a range of experiences and perspectives relating to education and development both for existing staff working in the care homes and for undergraduate nursing students, who might then go on to choose care home work as a career. The following themes were identified; an effective learning environment; the care home as a nursing student placement; the need for financial investment

An effective learning environment

The participants described the care home as an environment which afforded many learning opportunities. In the following excerpt the participant provides an example of the way in which she might coach a younger member of staff:

So say if a lady said 'Eee I must get home because I have got to make my dad's tea' and she's 96 years old, somebody (a younger carer) might say to her 'Ah don't be silly, you are 96 years old, how old do you think your dad would be?' Well, you wouldn't do that because you have got to live in their reality… and just explaining to the younger carers…that because for all her dad died all those years ago, to her you are telling her for the first time that her dad is dead (Frances, Care Support Worker)

The following participant describes how he tries to put himself into the position of a new employee when supporting learning:

I always try to remember what it was like being a new starter and all the questions that I used to have and I try and impart the knowledge on the job… I will explain to people why we do things… (Freddie, Care Support Worker)

In the next excerpt, Gill discuss the way in which the care home is like a live classroom and provides an example of the way in which she supports the care staff to learn:

I've got one particular carer I can think of, she says to me all the time, 'Are you fed up of me asking questions all the time?' And I absolutely love her asking questions… it is not what they can learn on training days, it is actually right here, right now… you have to justify a lot of what you do here so it is just a working classroom so to speak (Gill, Registered Nurse)

Discussions about learning and development naturally lead into exploration of the participants' preferred ways to learn although individual preferences did not always match the dominant method used in all of the care homes, that of e-learning:

…there is going to be more e-learning… which is a bad thing I think because how can you prove that somebody is competent after ticking a few boxes… how many people just, it is like a yes or no, true or false you know, or pick the right answer out of A, B, C, D and who is to say it wasn't just a lucky guess? (Joan, Registered Nurse)

On a more positive note, the following participant had been convinced of the value of e-learning approaches, after some initial scepticism:

I must admit when e-learning came in I wasn't really an advocate for it. I've been convinced otherwise. I can see the benefits because in the classroom situation you have always got the noisy one…and you've always got the person sat at the back that is quiet and doesn't speak out… whereas online, you can pause it, you can go and find out what the answer is and then come back… (Jean, Manager)

The value of experiential learning was acknowledged by a participant who suggested that there are opportunities for learning when working with individual residents in the care home:

I think a lot of dementia care comes from experience…there's only so much you can learn from a text book… we have the Dementia Awareness training that goes on but a lot of it comes from imparting personal knowledge as well, like the more experienced carers helping the new employees learn… (Phil, Care Support Worker)

Another participant described how she had been coached by senior members of staff, which lead to feelings of being valued:

It's on a one-to-one basis, and they review our performance, but I have to say it's mainly positive…You're doing this wrong – no, it's not like that. It's like maybe there's some

12

room for improvement here? That's it. So yes – they are good because then it shows you that they are paying attention to what you're doing (Paula, Care Support Worker)

Having access to resources was seen as something that could promote more effective and autonomous ways of working:

I think that it would be very useful, (access to the library)... because I work out of hours, because you have got limited resources, but the whole 24 hour care, anything after 5, weekends, nights, you haven't always got somebody you can pick up the phone to and that's a very long night if you are suddenly working, if you are working blind almost... (Helen, Registered Nurse)

The care home as a nursing student placement

There was a belief that nursing students held negative views of care homes although in the first excerpt, Jeff describes the multiple learning opportunities available in this setting:

...sometimes they (students) don't understand or have a bad impression about elderly care...they can't learn anything or they can't grow. That is really a myth because when you come and work as a nurse in a care home, you need to be a leader, you need to be a friend and when the family come with distress you need to reassure them, support them... so you are multi skilled... (Jeff, Manager)

Continuing with this theme, Jessica suggests a difference between care home nursing and hospital work, describing care home work as more 'person centred':

…they (the University) want to bring first year student nurses in to be involved in person centred care, which is missing in the hospital… we are now going to be taking third year students on their final year placement. The idea behind that is to show the third year students that there is more to the care home than old people and wet beds… (Jessica, Manager)

One of the managers further highlighted the unique nature of care home work, viewing it as a speciality in its own right:

It's a specialist service in its own right so you learn about relationships and building up trust rather than short term quick fixes…there's no quick fixes it is all long term stuff. It is little individual bits that build up the big picture. I don't believe you get that in the National Health Service because the provision is so different, it is acute, it is quick…I think they (student nurses) are missing out on an opportunity and an experience and that is a shame (Jane, Manager)

In the next excerpt, Tom describes the ways in which a care home placement would be very helpful to a senior student, based on the multiple managerial aspects of the work:

…if you want to learn about staff leadership, I've got 150 staff that need leading. If you want to learn about managing a budget… if you want to learn about how decisions you make would directly affect an individual's care, I've got individuals here with very challenging nursing needs… So send a third year student nurse to me because I believe they will see far more hands on management here, than they would sat in a hospital ward, where essentially it's about, 'do the rota' (Tom, Manager)

Another participant highlighted her own positive experiences of being a student in a care home. This led to a choice to work in the sector upon qualification:

> I built up a really good relationship with the Manager and we actually had several conversations… once I'd done my training, would I like to come and work for her as a nurse…Obviously… talking about that with my peers, 'Oooh, you are not going into hospitals?' I enjoyed the majority of all my placements within hospitals, I got a lot out of them, I really, really did but it was, I don't know, it just didn't seem quite right for me… (Chris, Registered Nurse)

The need for financial investment

At times participants explored the barriers to development and the team encouraged discussion about the positive ways in which the problems could be resolved, relating the discussion to the 'dreaming' phase of the AI approach.

A care home manager described in practical terms how the cost of education, has a tangible impact on development for her team:

> Staff would need to be able to go and train and be able to update, and that takes resources away from the business because who else will do their role while they are away? And it would cost… I have explored the nurse practitioner and nurse prescriber, and it is literally impossible because of the amount of time they have to spend doing the training (Jean, Manager)

Despite the costs participants outlined how investment in education and development for existing staff could be beneficial:

… in the long run it's got to be worth investing in financially for the bigger picture hasn't it? In the past we have paid £3000 to recruit a nurse and she stayed 3 months…it costs about £500 just to recruit someone… because its uniform, criminal checks, induction… so many people come through… so investing in the people we have got would make financial sense wouldn't it… (Jackie, Registered Nurse)

For the next participant the cost of education would be offset by the amount that is spent on recruitment and agency fees, involving longer term thinking on the part of the care home company:

You know a lot of the companies are spending thousands of pounds to recruit people and pay for agency. If they put that money, yes, they are not going to get the outcome immediately, but long term, if you recruit one young person who wants to grow up to be a nurse. When they do health and social care for 2 years, you've got good care staff for 2 years, so you retain your staff, quality is good and we support them also (Tom, Manager)

For the following participant, financial investment in education and development was described as a factor that would make the biggest difference to their lives and commitment to work in a care home.

Well the cost of education is what holds people back or what can hold people back… that's one of the things that's holding me back from further development. So cost of education, you know companies such as this could put in grants to help their staff improve… with the possibility, or with the likelihood of them coming back and

returning what they've been given, coming and working for the company afterwards (Jim, Care Support Worker).

Discussion

Using an appreciative approach, the data from this study offer important insights into the perspectives of care home staff on their role as educators and the suitability of the care home as a learning environment. This is important both for existing staff and new nursing graduates. It also illustrates how more positive ways of working with care workers can enhance understandings of long-term care provision and build on what works well in local and cultural contexts.

As Lea et al (2014) suggest, there is a quantitative link between positive learning and teaching practices and perceived likelihood of nursing students working with older people on qualification, when measured using the Teaching and Learning Scale (Robinson et al, 2007). Practices such as an educator/student feedback exchange and the supportiveness of care workers were viewed as important. Data from this current study suggest that practice in care homes might afford opportunities to practice person centred care provision and this is an aspect of care home work which students value (Carlson, 2013). The 'discovery' phase of the AI approach encouraged the participants in our study to describe 'the best of what is' and revealed a range of opportunities which would be suitable for all student levels, for example, leadership and management. However, as Lane and Hurst (2012) suggest, thought needs to be given to the timing of a care home placement, which must always be suitable for the stage of learning.

Engaging in the discovery phase revealed the ways in which care support workers supported other learners to think creatively and holistically and this way of working has been shown to

dispel some of the unfavourable attitudes towards older peoples care (Carlson and Bengtsson, 2014: 572). In England, care support workers are not formally recognized as being part of the mentorship team for students and undergo no compulsory education or development to prepare them for this role (McIntosh et al, 2014). Further, there is little evidence to support their suitability to mentor nursing students in any clinical placement, not only care of the older person (Annear et al, 2014). Care support workers' lack of understanding about students' learning needs can also be detrimental to students' education and development (Jack et al, 2017). Despite reservations, in the English care home sector, care support workers contribute greatly to care provision and there have been calls for the role to be better valued and regulated (Lord Willis, 2015). However, focusing on the care home itself provides only half of the picture and university faculty staff need to orientate nursing students to the older persons' environment, well ahead of the start of the proposed placement. Alternative models of supervision could be explored to further develop an effective learning environment, for example, structured educational support and a more collaborative approach would be helpful (Brynildsen et al, 2014; Grealish et al, 2013).

The need for ongoing staff development and education was identified through the dreaming phase of the interviews although the data in our study suggested that limited resources prohibited this. This finding is in line with previous research which suggests that care home nurses have fewer opportunities for education when compared to their NHS colleagues and there are challenges related to support, supervision and ultimately retention (Spilsbury et al, 2015). Moreover, turnover staff turnover rates in England are twice as high in this sector compared to other health areas and in 2016/17 the turnover rate for registered nurses was 32.1%, approximately 10,700 leavers (Colombo et al, 2011, Skills for Care, 2017).

Many care homes in the UK are financially overburdened and there is a shortfall of £1 billion a year in terms of the amount local councils pay care homes for the care of residents versus

the actual costs that the homes incur (CMA, 2017). This crisis is disputed by some who suggest that it is less about the amount of money, but more about where the money goes (Burns et al 2016). However, the reality seems to be that there is little funding to finance developmental and educational opportunities for qualified nurses and care support workers in the independent care home sector.

Conclusion

This study has identified that care homes provide a rich environment for education and development. Further collaboration between higher education organisations and care home staff would be beneficial, with a view to developing the care home setting as a nursing student placement. Reciprocal arrangements should enable existing staff to take up opportunities for continuing education and in return, care homes could offer clinical placements for additional nursing students. Considering the requirement for an increase in nurse education places in the UK, this arrangement would be mutually beneficial and ultimately have a beneficial effect on the quality of care provided.

References

Achenbaum, A. (2013) Robert N. Butler, MD: Visionary of healthy aging. Columbia University Press.

Annear M, Lea, E & Robinson, A. (2014). Are care workers appropriate mentors for nursing students? An action research study in residential aged care BMC Nursing 13, 44. DOI: 10.1186/s12912-014-0044-8

Brynildsen, G., Bjørk, I.T., Berntsen, K. and Hestetun, M., 2014. Improving the quality of nursing students' clinical placements in nursing homes: an evaluation study. Nurse Education in Practice, 14, 6, 722-728. DOI: 10.1016/j.nepr.2014.09.004

Burns, D, Cowie L, Earle, J Folkman, P, Froud J, Hyde, P, Johal, S, Rees Jones, I, Killett, A & Williams K. (2016). Where does the money go? Financialise chains and the crisis I residential care. CRESC: London

Care Quality Commission. (2018). The five key questions we ask. CQC. https://www.cqc.org.uk/what-we-do/how-we-do-our-job/five-key-questions-we-ask. (accessed 2.9.18)

Carlson, E. (2013). Meaningful and enjoyable or boring and depressing? The reasons student nurses give for and against a career in aged care Journal of Clinical Nursing 24, 602 – 604. DOI: 10.1111/jocn.12425

Carlson, E & Bengtsson, M. (2014). The uniqueness of elderly care: Registered nurses' experience as preceptors during clinical practice in nursing homes and home based care Nurse Education Today 34, 569 – 573. DOI: 10.1016/j.nedt.2013.07.017

Centre for Policy on Ageing (2014) Rapid Review: The care and support of older people - an international perspective. London. CPA

Colombo F, Llena-Nozal A, Mercier J & Tjadens F (2011). Help wanted? Providing and paying for long-term care. http://dx.doi.org/10.1787/9789264097759-en

Competitions and Markets Authority. 2017. Care Homes Market Study Final Report London: CMA

Cooperrider, D.L. & Whitney, D. (2005). Appreciative Inquiry: A Positive Revolution in Change CA: Berrett-Koehler Publishers

Dewar, B. and MacBride, T. (2017) Developing Caring Conversations in Care Homes: An Appreciative Inquiry. Health & Social Care in the Community, 25(4) pp. 1375-1386.

Elliott, C.M. (1999). Locating the Energy for Change: A Practitioners Guide to Appreciative Inquiry Winnipeg: IISD

Francis, R. (2013). Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry – Volume 3: Present and future. London: The Stationery Office. www.midstaffspublicinquiry.com/report (accessed 2.9.18)

Gordon, A.L., Goodman, C., Davies, S.L., Dening, T., Gage, H., Meyer, J., Schneider, J., Bell, B., Jordan, J., Martin, F.C. and Iliffe, S. (2018) Optimal healthcare delivery to care homes in the UK: a realist evaluation of what supports effective working to improve healthcare outcomes. Age and Ageing. 47, 4, 595-603.

Grealish, L, Bail, K & Ranse, K. (2010). "Investing in the future": residential aged care staff experiences of working with nursing students in a community of practice. Journal of Clinical Nursing 19, 2291 – 2299. DOI: 10.1111/j.1365-2702.2009.03133.x

International Longevity Centre UK. (2017). A Teaching Care Home Pilot http://www.ilcuk.org.uk/index.php/publications/publication_details/a_teaching_care_home_pilot

Jack, K, Hamshire, C. & Chambers, A. (2017). The Influence of Role Models in Undergraduate Nurse Education. Journal of Clinical Nursing. Corrected proof in press. DOI: 10.1111/jocn.13822.

Knight Frank. (2014). European Healthcare Care Homes Report London: Knight Frank

Koh, LC. 2012. Student attitudes and educational support in caring for older people – A review of literature Nurse Education in Practice 12, 16 – 20. DOI: 10.1016/j.nepr.2011.04.007

LaingBuisson. (2014). Care of Elderly People Market Survey 13 – 14 London: LaingBuisson

Lane, A & Hirst, S. (2012). Placement of Undergraduate Students in Nursing Homes: Careful Consideration Versus Convenience Journal of Nursing Education 51, 3, 145 – 148

Lavender, T. & Chapple, J. (2004) An exploration of midwives views of the current system of maternity care in England Midwifery 20, 324 – 334. DOI: 10.1016/j.midw.2004.01.005

Lea, E, Mason, R, Eccleston, C & Robinson, A. (2015). Aspects of nursing student placements associated with perceived likelihood of working in residential aged care Journal of Clinical Nursing 25, 715 – 724. DOI: 10.1111/jocn.13018

Lord Willis, (2015). Raising the Bar – Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants. Leeds: HEE/NMC. (Lord Willis Independent Chair). Available at www.hee.nhs.uk/sites/default/files/ documents/2348-Shape-of-caring-review-FINAL.pdf

Mason, M. (2012). Care Home Sweet Home: The Care Home of the Future London: International Longevity Centre

Mezey, M.D., Mitty, E.L. and Burger, S.G. (2008) Rethinking teaching nursing homes: potential for improving long-term care. The Gerontologist. 48, 1, 8-15.

McIntosh, A, Gidman, J. & Smith, D. (2014). Mentors' perceptions and experiences of supporting student nurses in practice. International Journal of Nursing Practice. 20, 360 – 365. DOI: 10.1111/ijn.12163.

Nolan, M., Davies, S., Brown, J., Wilkinson, A., Warnes, T., McKee, K., Flannery, J. and Stasi, K. (2008) The role of education and training in achieving change in care homes: a literature review. Journal of Research in Nursing, 13, 5, 411-433.

Orellana K. (2014) Care Home Managers: A scoping review of the evidence The School for Social Care Research, NIHR: London

Owen, T. & Meyer, J. (2012) My Home Life: Promoting Quality of Life in Care Homes Joseph Rowntree Foundation http://myhomelife.org.uk/wp-content/uploads/2015/02/JRF-report-on-care-home-quality-of-life-full.pdf (accessed 2.9.18)

Paige, C., Peters, R., Parkhurst, M., Beck, L. L., Hui, B., May, V. T. and Tanjasiri, S. P. (2015) Enhancing Community-Based Participatory Research Partnerships Through Appreciative Inquiry. Progress in Community Health Partnerships: Research, Education and Action, 9(3) p. 457.

Reed, J. (2010) 'Appreciative inquiry and older people--finding the literature.' International Journal of Older People Nursing, 5(4) p. 292.

Robinson A, Andrews-Hall, S & Fassett, M. (2007) Living on the edge: issues that undermine the capacity of residential aged care providers to support student nurses on clinical placement. Australian Health Review 31, 368–378.

Sanford, A.M., Orrell, M., Tolson, D., Abbatecola, A.M., Arai, H., Bauer, J.M., Cruz-Jentoft, A.J., Dong, B., Ga, H., Goel, A. and Hajjar, R. (2015) An international definition for "nursing home". Journal of the American Medical Directors Association. 16, 3, 181-184.

Skills for Care. (2017). The state of the adult social care sector and workforce in England. Skills for Care https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-

intelligence/documents/State-of-the-adult-social-care-sector/2State-of-the-adult-social-care-sector-and-workforce-2017.pdf (accessed 26.7.18)

Spencer, L., Ritchie, J., Ormson, R., O'Connor, W. & Barnard, M. (2013) Analysis: principles and processes. In: Ritchie, J., Lewis, J., Mcnaughton-Nicholls, C., Ormston, R. (Eds) *Qualitative research practice, a guide for social science students & researchers.* 2nd ed. London: Sage. 269–93.

Spilsbury, K., Hanratty, B. & McCaughan, D. (2015). Supporting nursing in care homes London: RCN Foundation

Stevens, J.A. (2011). Student nurses' career preferences for working with older people: A replicated longitudinal survey. International Journal of Nursing Studies. 48, 944 – 951. DOI: 10.1016/j.ijnurstu.2011.01.004

Whitney, D. K. and Trosten-Bloom, A. (2010) The power of appreciative inquiry: a practical guide to positive change. 2nd ed., San Francisco, Calif: Berrett-Koehler.