What do we know about care home managers? Findings of a scoping review

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What is known about this topic
• Care homes are the locations for many frail and disabled older people.
• The organisational culture within a care home impacts on residents and staff and is established by its manager.
• Growing interest in improving leadership skills is welcomed by care home managers.

What this paper adds
• The specifics of missing characteristics of care home managers are clarified.
• It identifies the need for research to differentiate between care home managers and other staff in comparisons and workforce development.
• It specifies the need for more investigation of care home managers’ recruitment, activities, turnover, and management or leadership roles.

Abstract
This article reports selected findings from a scoping review of the literature about care home managers in England. The review was undertaken between December 2013 and April 2014, with searches conducted in December 2013, and completed in July 2014. Its aim was to identify the characteristics of care home managers, descriptions of their leadership and managerial roles, their experience, skills and support, and the managers’ perceptions of their work and status and to identify knowledge gaps. The databases searched included Web of Knowledge, EBSCO, ASSIA, Embase, AgeInfo, NHS Evidence, Social Care Online and the publication platforms IngentaConnect, Wiley Online and JSTOR together with specialist sites and national information providers. Sixteen relevant studies directly about care home managers, reported in 24 articles, were identified. A further body of literature pertinent to the questions was located (n = 84), including sector reports, professional press, expert opinion, enquiries and reviews, and other material, which also informed the review. A consultation exercise with stakeholders informed the findings of the review. The review found that, despite frequent allusions to their impact on organisational culture, few studies have focused on care home managers, and, such as there are, mainly relate to managers of care homes for older people. This is despite managers’ major responsibilities for the care of many frail and disabled people.

Keywords: care homes, long-term care, management, nursing homes, older people, workforce development

Introduction
While there is much interest in enabling older people to ‘age in place’ in the developed world, care homes continue to be used by older populations, especially at times of frailty or end of life (Lievesley et al. 2011). While care in the community has been a policy aspiration in England for over three decades, the percentages of older people living in care homes remain small in total but significant among those in later old age or who have multiple co-morbidities (Lievesley et al. 2011). There are 17,350 registered care homes for adults in England providing accommodation and care for 463,161 people (CQC 2014b) and employing around 566,000 people (Skills for Care 2013a). This paper focuses on what is known about the managers of such homes.

Care home managers are responsible for ensuring that the required standards are met (HM Government 2010). They work in a sector known for its low status, poor pay, limited career prospects and in which recruitment and retention are major difficulties (The
Publicity about care homes more often relates to quality and safety failures than positive practice. In 2012, the Department of Health acknowledged that Registered Managers of social care services had not been sufficiently supported to achieve the high-quality leadership necessary for quality care and set up a Leadership Forum (HM Government 2012).

Despite this acknowledgement of the importance of the role of care home managers, research within or about care homes has seldom focused on this specific group of staff. In contrast, attention has been paid to care home workers, the workforce as a whole, to the residents themselves and to practices within homes (see Orellana 2014). Consequently, there is a gap in knowledge about this group of staff whose skills and leadership attributes are argued to be of critical importance to the running of a care home (The National Care Homes Research and Development Forum 2007) and to its organisational culture. This is despite claims that organisational culture (Luff et al. 2011) profoundly affects residents and staff and is manifest in homes’ systems and operational processes and homes’ responsiveness and flexibility (Dewing 2009).

The aim of this paper is to provide an overview of some of the main themes that emerged from the review about what is known about care home managers in England and to highlight areas for research. The findings presented here derive from a scoping review of the evidence (Orellana 2014) that was conducted in 2013–2014 and commissioned in an attempt to remedy the absence of material about this group of staff. Its conduct may offer a model for similar reviews internationally.

Care home definitions and legal status

While the term care home manager may be easy to define, any such definition reflects the regulatory and welfare regimes of the location. In England, care homes must register with the Care Quality Commission (CQC), the regulatory body for health and social care in England, and have a manager who is also registered with the CQC. Legal responsibility for regulation compliance is shared between the Registered Manager and the owner (CQC 2013a).

In England, a care home is defined as ‘a place where personal care and accommodation are provided together. People may live in the service for short or long periods. For many people, it is their sole place of residence and so it becomes their home, although they do not legally own or rent it’ (CQC 2010, p. 26). A care home with nursing provides, in addition, qualified nursing care. Included under the care home classification are establishments that may be known as residential, rest and convalescent homes, despite care settings, mental health crisis houses and therapeutic communities. Care homes are commonly registered to provide care and accommodation for more than one group of people. Of the 17,350 registered care homes, two-thirds (64%) are registered for older people, one-third for people with a learning disability (intellectual impairment) (36%), one-third for people with physical disabilities (28%) and one-fifth (20%) for people with mental health problems (CQC, 2014b). These homes are managed by 14,432 Registered Managers, the majority (91%) of whom are registered to manage just one home (CQC 2014a).

A great variety of care homes characterises the English market, ranging from small family businesses to large national and multinational chains operating homes in many different locations. This is in contrast to, for example, Norway where municipalities own and run most nursing homes, often for 8–10 residents, and Sweden where nursing homes for people with dementia are required to have no more than nine residents. In contrast, in the United States (US) most nursing homes have, on average, 108 beds (Harrington et al. 2012). In England, around one-third of care homes operate from a single location (CQC 2012a), and a small proportion (13%) are owned by individuals, sole traders or partnerships, accounting for 15% of managers (CQC 2014a). One complicating feature of care homes in England is that the term is used as an ‘umbrella’ description, and the term nursing home is not used in regulatory or policy debates. Instead the term care home with nursing is applied. One quarter of care homes (25%) are care homes with nursing, while almost three quarters (73%) are care homes. The former are larger operations (number of beds: mode 40, mean 47) than the latter (mode 6, mean 19). A few homes (2%) are dually registered, and these are the largest operations (mode 60, mean 50) (CQC 2014b). Such variety potentially illustrates the diversity of management roles among Registered Managers.

Methods

The review identifies and summarises a variety of evidential literature covering managers of care homes for adults (in England there are different regulatory requirements for the care of children and adults). The desk-based review gathered evidence from a variety
of sources. Inclusion criteria for evidential literature were that they had been published between 2000 and 2013, that is after the Care Standards Act 2000, the report or article was in English language, that it related to England and to managers of care homes, including care homes with nursing and other types of residential homes for adults and addressed at least one of the review questions. Evidence from international and other UK literature was included where relevant to the English regulatory system and manager workforce or where it covered gaps in the English evidence. Literature relating to adult placement homes/shared lives, extra care/sheltered housing, supported living services, and children’s homes, or that was published earlier than 2000 or that did not address a review question was excluded.

The review aimed to address the following questions:
- ‘Who’ are care home managers?
- What is the evidence about their practice, experiences and skills, and the supervision and support they receive from their own managers or home owners?
- What challenges do care home managers face in practice and what do they perceive as key problems?
- What gaps, if any, require further research?

A scoping methodology (Arksey & O’Malley 2005, Levac et al. 2010) was employed to help answer these questions. Systematic searches in such a review are undertaken to rapidly map the evidence, and the method allows the inclusion of a broad range of evidence as quality appraisal does not dominate the process. The review process included consultation with key stakeholders to further inform the findings. Stakeholders included care home providers, sector representative organisations, residents of care homes and relatives, and a community of practice group consisting of care home managers.

Nationally available data were sought from the relevant government and non-governmental social care bodies (Skills for Care, CQC, Health and Social Care Information Centre). Structured searches of databases and publication platforms were carried out in December 2013 (Web of Knowledge Core Collection (includes MedLine, Science Citation Index, Social Sciences Citation Index, Conference Proceedings Citation), EBSCO, Applied Social Sciences Index and Abstracts, OvidSP/EMBASE, AgeInfo, National Institute for Health and Clinical Excellence’s NHS Evidence, Cochrane Library, Social Care Online, IngentaConnect, Wiley Online Library, JSTOR). Selected journals were hand-searched (Ageing and Society, Health & Social Care in the Community, Journal of Care Services Management, Journal of Nursing Management, Journal of Intellectual Disability Research, Nursing and Residential Care, Working with Older People). Internet searches using Google Scholar’s search engine and of websites of organisations concerned with care homes and social care were undertaken (My Home Life, National Care Forum, Personal Social Services Research Unit, Joseph Rowntree Foundation, National Skills Academy for Social Care, Age UK, The Tizard Centre, Social Care Workforce Research Unit, Skills for Care).

The following search terms were used: ‘care home manager’, ‘residential home manager’, ‘nursing home manager’, ‘residential care manager’ and ‘home manager’. In cases where few results were returned, particularly in organisational website searches, the terms ‘social care’, ‘workforce’ and ‘home and manager’ were also used.

A call for information, including about research in progress, and assistance was made in late 2013 by email and social media to identified networks, organisations and researchers, and was also published on the Social Care Workforce Research Unit’s web pages. This generated further material, as did individual contacts and references that were followed up. Consultation on the draft review was carried out in February 2014 and it was finalised in July 2014.

After initially reading titles and abstracts/summaries, irrelevant materials were discarded and those potentially relevant were saved in EndNote bibliographic software. Where there was a lack of clarity about potential relevance, full texts were read where possible and a decision was made about potential relevance. Each item retrieved was then reviewed. Themes of relevant content were recorded and literature that was irrelevant was discarded. Secondary analysis (e.g. of National Minimum Data Set for Social Care data) was also carried out to determine current evidence about care home workforce profiles.

Findings

Scope and scale of material

A total of 657 potentially relevant evidential resources were identified, 108 of which were referred to in the full review (Orellana 2014). A further 37 were used to provide context and examples. Within the 108 that were relevant to the questions, peer-reviewed journal articles (28) were outnumbered by sector reports, professional press, expert opinion, enquiries/reviews and other material.
The bulk of relevant resources that specified resident groups related to older people or people with dementia (46). Very little evidence was identified about the managers of care homes for people with learning disabilities (intellectual impairment) (5), physical disabilities (2) or mental health problems (2). However, many resources (60) did not specify a resident group.

Subjects covered by primary research about care home managers (and owners) were leadership, management style and practice, motivations, dignity, training, quality and improvement of care, operational challenges, views of their careers, support received and appetite for further accreditation or education. Studies about care home managers used a variety of methods including literature reviews, action research, collecting primary data through interviews, observation, focus groups and surveys, data from the piloting of training courses and analysis of secondary data. Table 1 provides a summary of the studies of or about care home managers which numbered 16 (6 England, 3 UK, 7 US) reported in 24 papers or reports.

Several studies were located involving specific interventions, residents or staff, but these were not directly about care home managers. These were useful supplementary evidence as their findings were supportive of other evidence about care home managers. In reports of such studies, search terms used for this review seldom appeared in the abstract.

‘Managers’ were frequently referred to in articles or reports without qualification as to their type. Materials were not included in the review where there was lack of clarity about whether it had been care home managers, care managers or other managers participating in studies.

Most of the international material generated by the search (Australia, US, Sweden, Netherlands, Canada, Belgium, Italy – mainly journal articles) did not appear relevant to the research questions. It is likely that a body of evidence may not have been identified due to terminological differences. However, gaps in the UK evidence on leadership were partially filled by relevant US research.

Data available from governmental sources included care home data from the CQC and workforce data from the National Minimum Dataset for Social Care (NMDS-SC). The NMDS-SC holds data on no more than half of all care home managers and is, therefore, incomplete. The majority of care home managers for whom records are held (75%) were employed in the private sector, almost one-fifth (17%) worked in the voluntary or not for profit sector and a small minority (4%) for local government. Changes in the requirements to complete the NMDS-SC are likely to increase the numbers of local government responses as these will be mandatory; however, local government’s share of care home provision has been declining in England for several decades (Lievesley et al. 2011). The following sections highlight the major dimensions from the evidence.

Managers’ roles
Care home managers have substantial legal, managerial and commercial responsibilities which the evidence suggests go beyond the role description for social care Registered Managers as detailed in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (HM Government 2010). Acting as a leader (National Skills Academy for Social Care 2012, Owen et al. 2012a,b), establishing a positive culture (Chambers & Tyrer 2002, Chambers 2003, Owen et al. 2012a,b) and managing the business strategy (Chambers & Tyrer 2002, Chambers 2003) were also reported to be integral to the job. It has been suggested that their responsibilities vary according to the different sizes and types of provider (Dimon 2005) although scant evidence was identified about the detail of differences (Chambers & Tyrer 2002, Cornes & Manthorpe 2013, Lupton & Croft-White 2013, Warmington et al. 2014).

Their role has been described by managers themselves as broad and stressful (Chambers & Tyrer 2002, 2003, Matosevic et al. 2007, 2008, 2011, National Skills Academy for Social Care 2012, Owen et al. 2012a). Such stress is characterised by being accountable to potentially multiple bodies, including owners, regional managers, commissioners, inspectors, and residents or their family members, which may result in tensions and impact on their effectiveness.

Profile of managers
Two-thirds of care home managers are aged 45 and over (38% aged 45–54; 28% aged 55–64; 5% aged 65 and over) (Skills for Care 2014). They are less ethnically diverse (80% white) than the overall care home workforce (68% white) (Skills for Care 2014), but more so than the overall population in the same age group (91% white) (Nomis Official Labour Market Statistics 2011).

Managers of care homes tend to outstay those who manage care homes with nursing, with one-third of the former being in the role for 15 or more years compared with one-fifth of the latter. There is a larger proportion of new managers of care homes with nursing (33% in the role for 3 years or less) compared
# What do we know about care home managers?

## Table 1 Summary of studies directly or indirectly about care home managers

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<tr>
<th>Author (year)</th>
<th>Aims</th>
<th>Type of study</th>
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<tbody>
<tr>
<td><strong>My Home Life (MHL) – UK</strong>&lt;br&gt;Owen et al. (2012a)</td>
<td>To explore the lessons learnt from implementing best practice in care homes for older people and, in particular, to support the promotion of voice, choice and control and the development of leadership within the sector.</td>
<td>Qualitative – action research&lt;br&gt;Three-year appreciative action research study.&lt;br&gt;Over 250 care home managers were supported over its three-year term via its Leadership Support Programme which used action learning sets.</td>
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<tr>
<td><strong>The National Care Homes Research and Development Forum (2007). (sections: by Davies and Brown Wilson; Meyer; Dewar)</strong></td>
<td>To identify what residents want and what works well in care homes.</td>
<td>Literature review.</td>
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<tr>
<td><strong>Prevention of Abuse and Neglect in Institutional Care of Older Adults (PANICOA) programme – UK</strong>&lt;br&gt;Tadd et al. (2013)</td>
<td>To explore the needs, knowledge and practices of the care home workforce in relation to abuse, neglect and loss of dignity and to provide a preliminary evaluation of an evidence-based training package.&lt;br&gt;One of 11 PANICOA studies.</td>
<td>Qualitative – survey, observation, validated questionnaires and focus groups.&lt;br&gt;Postal survey of care workers (responses from 37 managers and 56 care workers).&lt;br&gt;Ethnographic observation in 8 homes.&lt;br&gt;Interviews with 33 care home staff in 8 homes. Validated questionnaires with 73 care home staff. Focus groups with care home managers (10), owners (6) and trainers, and members of the Relatives and Residents Association. Training materials piloted and evaluated in 7 care homes.</td>
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<tr>
<td><strong>Lupton and Croft-White (2013)</strong></td>
<td>PANICOA aim: to enhance the dignity of older people in institutional (care home and hospital) settings.</td>
<td>Summary of overall findings of 11 PANICOA studies.</td>
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<tr>
<td><strong>Matosevic – England</strong>&lt;br&gt;Matosevic (2008)</td>
<td>To examine:&lt;br&gt;• The main motivations of owners and managers of care homes for older people;&lt;br&gt;• Local authority commissioners’ perceptions of owners'/managers’ motivations, and the level of agreement between owners'/managers’ expressed motivations and commissioners’ perceptions of those motivations; and&lt;br&gt;• Changes in owners'/managers’ motivations (1994–2003).&lt;br&gt;To explore the commissioner–provider relationships and their possible effects on owners'/managers’ motivations</td>
<td>Qualitative – interviews and surveys.&lt;br&gt;Data collected from care-home managers and owners in 2003, building on earlier data collected in 1994 and 1997 as part of a Dept of Health-funded programme of research (see Kendall 2001 below).&lt;br&gt;Participants from 8 English local authorities (2 London boroughs, 3 Shire counties, 3 Metropolitan districts). Care home managers/owners (n = 58) interviewed (9 Local Authority (LA) managed; 21 voluntary/not for profit; 28 private/for profit). Of the 58 interviewees, 27 were from the original 1994 and 1997 samples. Ten commissioners from the 8 local authorities were interviewed. Post interviews, postal questionnaires were sent to interviewees to collect additional data (e.g. residents’ funding sources, amount of time on dealings with local authority purchasers and inspectors). Response rate 66% (n = 38).&lt;br&gt;Information about the personal motivations gathered using a list of motives which, according to the literature, were likely to reflect the underlying motivations to be a care provider. Interviewees presented with eight possible motives and asked to select which were personally relevant.</td>
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<td>Author (year)</td>
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<td>Kendall (2001): Article based on earlier PSSRU &amp; Nuffield Institute for Health 1994, 1997 studies</td>
<td>To examine the motivations of providers of residential care for older people in England in 1994 and 1997.</td>
<td>Qualitative – interviews. Data collected from care home managers and owners in 1994 and 1997 as part of a cluster analysis research study conducted by the Personal Social Services Research Unit (PSSRU). Article based on data collected from 62 interviews carried out in 1994 and 53 in 1997 in a total of 40 homes in 8 English local authority areas (see above). Owners of owner-managed private sector homes and managers of voluntary sector homes were interviewed.</td>
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<tr>
<td>Chambers and Tyrer – England Chambers and Tyrer (2002) Chambers (2003) Chambers and Tyrer (2003)</td>
<td>To examine the operational management challenges for people who own and/or manage nursing homes for older people To identify the characteristics of well managed and poorly managed nursing homes To explore whether the different patterns of ownership correspond with different styles of management To explore the potential for innovation and excellence in this sector and how can it be released To investigate whether nursing homes are adequately resourced and if they should be used more by the NHS to ease hospital pressure To consider how the regulator, the National Care Standards Commission might influence improvements in standards.</td>
<td>Literature review, qualitative interviews and focus groups. Literature review. Interviews and focus groups with 46 participants in North-West England in 2001: residents (n = 6), relatives (n = 5), home owners (n = 4), managers (n = 10), managing director (n = 1), social services staff (n = 8) in Blackpool and Stockport; and health authority inspectors (n = 12) across the North West.</td>
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<tr>
<td>Wild and Szczepura – England Wild et al. (2010)</td>
<td>To consider how training care home staff (towards extended care roles and/or new clinical roles) can enhance social care and the health of older people in residential homes in England. To identify the strengths and weaknesses of different approaches. To identify barriers and facilitators. To identify challenges for the future.</td>
<td>Qualitative – interviews, surveys and focus groups. Three-year study of enhanced care approaches in three residential homes in England – one voluntary sector, one privately owned and one local authority – with 119 older residents. A comparator nursing home (32 residents) was used to benchmark some activities. Data gathering was in several stages and involved interviews (total 108), two surveys and focus groups. National and local stakeholders, residential home managers, care staff (n = 56), and older residents and their relatives participated. Managers and care staff were interviewed several times to identify impact over time.</td>
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<td>Szczepura et al. (2008)</td>
<td>To identify research evidence to support improved care in residential care homes as the needs of older people intensify.</td>
<td>Literature review underpinning Wild et al.’s research (above).</td>
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<tr>
<td>Author (year)</td>
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<td>National Skills Academy for Social Care – England</td>
<td>With regard to Registered Managers, to explore: • how they view their career in social care, and the changes required to better support them in their day-to-day roles. • their motivations for working in social care, the level of support and training they receive, their appetite for further accreditation and education, and the sector-wide changes they believe would have a tangible impact on their career.</td>
<td>Qualitative – survey and focus groups. Online survey sent to all managers registered with the Care Quality Commission – ((n = 17,500)) – 16% response rate ((n = 2886)) and a series of follow-up focus groups with service providers and Registered Managers ((n = 36)). Of these 2922, 1899 (65%) worked in residential care. Responses between Registered Managers in different settings reported to be very similar.</td>
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<td>Anderson et al. – US</td>
<td>To test hypotheses about the relationship between management practices and resident outcomes.</td>
<td>Quantitative – survey and secondary data analysis. Cross-sectional, correlational, field study using primary data from US directors of nursing and registered nurses in 164 nursing homes (via self-report surveys onsite) and secondary data from Medicaid Cost Reports and the Texas nursing home Minimum Data Set (MDS).</td>
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<tr>
<td>Castle et al. – US</td>
<td>To examine the associations between long-term care administrators’ education and quality of nursing home care.</td>
<td>Quantitative – postal survey and secondary data analysis. Information collected from US 3941 administrators was matched with secondary data, including Nursing Home Compare (a government site that holds quality of care information about all Medicare and Medicaid-certified nursing home in the US); an online survey, certification and reporting data; and the Area Resource File. The quality indicators were examined (restraint use, catheter use, inadequate pain management, low-risk residents with pressure ulcers and high-risk residents with pressure ulcers).</td>
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<tr>
<td>Castle and Decker (2011)</td>
<td>To examine any association of nursing home manager leadership style and Director of Nursing leadership style with quality of care.</td>
<td>Quantitative – postal survey and secondary data analysis. Leaders were categorised into 4 groups: consensus managers, consultative autocrats, shareholder managers or autocrats. This leadership style assessment came from primary data collected from approximately US 4000 managers and Directors of Nursing and these data were linked to quality information and nursing home information.</td>
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<tr>
<td>Castle and Lin (2010)</td>
<td>To examine the direct and indirect relationships among top management turnover, the number of staff, the types of staff, and the quality indicators.</td>
<td>Quantitative – survey. Primary data were collected from 2840 nursing homes, and 14 quality indicators came from the US Nursing Home Compare. Structural equation modelling methods were used to model direct and indirect relationships.</td>
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with those who manage care homes (18%) (Skills for Care 2014). A lower annual median pay than Registered Managers across social care services (£30,000) is received by managers of care homes (£28,500) and managers of other residential homes (£27,634). Those who manage care homes with nursing receive more (£36,923) (Skills for Care 2014). Half (50%) of the care home managers whose data were recorded on the NMDS-SC were recruited from within the adult social care sector, 7% from the health sector, 15% from assorted other sectors, and there were no data for the remaining one-third (28%) (Skills for Care 2013b).

Status

A recurring theme was the lack of status managers experienced which they ascribed to the lack of overview and inherent status by a professional body and provision for voluntary accreditation alone, although the latter does not cover Registered Managers of care homes. Although the majority of care home managers are qualified (Skills for Care 2014) and a high proportion attend additional non-mandatory courses (National Skills Academy for Social Care 2012), their role is not generally recognised as a ‘profession’. The current requirement in England is for Registered Managers to have a minimum level of qualification that includes a non-university vocational qualification. Valid qualifications themselves have changed over the years and managers who met qualification requirements at the time of their registration are considered to be qualified (CQC 2012b).

Furthermore, a tendency was reported for care home managers’ expert knowledge and motivations to be undervalued or misunderstood, or for a lack of trust to be present with other professional groups (Matosevic 2008, Gage et al. 2012, Owen et al. 2012a) which may impact negatively on resident outcomes and on commissioning or funding relationships.

Leadership

Adopting an appropriate management style and exercising effective leadership emerged as matters of both importance and concern in some studies. There is English (Chambers & Tyrer 2002, Sharp 2007, Gage et al., 2009, Owen et al. 2012b, Tadd et al. 2013) and US (Castle & Decker 2011) evidence that the organisational culture of a home depends directly on the manager and that staff retention, the quality of care provided to residents, and, ultimately, outcomes for residents and inspection findings, are influenced by the manager’s style of management and leadership. Managers themselves have called for training in

Table 1 (continued)

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<tr>
<th>Author (year)</th>
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<tr>
<td>Donoghue and Castle (2009)</td>
<td>To examine the associations between nursing home manager leadership style and staff turnover.</td>
<td>Secondary data analysis. Data from a survey of US 2900 nursing home managers conducted in 2005 were analysed. A general linear model was used to estimate the effects of leadership style, organisational characteristics, and local economic characteristics on nursing home staff turnover for registered nurses, licensed practical nurses and nursing assistants.</td>
</tr>
<tr>
<td>Castle et al. (2009)</td>
<td>To examine the impact of top management in nursing homes.</td>
<td>Literature review. Review of 13 empirical research articles published during the previous 18 years (1990–2008) that examined the impact of US nursing home top management and previous research examining how turnover, tenure and professional affiliation of nursing home top managers influenced outcomes, such as deficiency citations, quality indicators and turnover.</td>
</tr>
<tr>
<td>Castle and Longest (2006)</td>
<td>To examine the association between deficiency citations for poor management practices and quality of care.</td>
<td>Secondary data analysis. Data from the 1996–2004 US Online Survey, Certification And Recording (OSCAR) data were used, representing approximately 17,000 facilities per year.</td>
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Motivations

Care home managers in all sectors have reported being most motivated by a strong desire to both care for and meet the needs of others (Matosevic et al. 2007, 2008, 2011, Matosevic 2008, National Skills Academy for Social Care 2012), using and developing their expertise, and by professional accomplishment, and as being least motivated by profit maximisation (Matosevic et al. 2007, 2008, 2011, Matosevic 2008). The one difference identified between sectors was that independence and autonomy were far more important motivations for managers in the private (commercial) sector than for those in the voluntary or not for profit sector. However, caution is needed in such as these data refer to a small study and are self-reports.

Challenges facing care home managers

The body of evidence relating to challenges faced by care home managers was larger than for other subjects. Several challenges faced by care home managers were identified in various reports and research, and portrayed as negatively affecting managers’ effectiveness (see Orellana 2014 for full details). The most important for managers themselves were contending with external negativity (National Skills Academy for Social Care 2012, Owen et al. 2012a), insufficient recognition or support from within the health and social care community (Chambers 2003, National Skills Academy for Social Care 2012, Owen et al. 2012a,b), excessive bureaucracy and constant change which mainly resulted from a fragmented system (Matosevic et al. 2011, National Skills Academy for Social Care 2012, Owen et al. 2012a, Tadd et al. 2013), staffing difficulties (Chambers & Tyrer 2002, Sharp 2007, Owen et al. 2012a,b, Lupton & Croft-White 2013, Tadd et al. 2013) and inadequate funding (National Skills Academy for Social Care 2012; Lupton & Croft-White 2013, Tadd et al. 2013). Additional challenges noted were building and maintaining external relationships (National Skills Academy for Social Care 2012, Owen et al. 2012a,b), clinical or care demands (Chambers 2003, The National Care Homes Research and Development Forum 2007, Szczepura et al. 2008), involving residents and families in the care home (Sharp 2007), and creating a homely environment (Peace & Holland 2001, Tadd et al. 2013). Many of these were interconnected.

A factor further contributing to these challenges is that increased staff training needs, a need for higher staffing levels, greater medication management, more frequent liaison with local health services and risk management all arise from the increasing complexity of residents’ health status (Lievesley et al. 2011). All of these are complicated by the multiple accountabilities noted earlier.

Three national reviews, about social care, dignity and workers in the NHS and social care sectors, have recognised some of these challenges. Change and fragmentation were highlighted as problems as far back as 2006 (Wanless et al. 2006), lack of support in 2012 (Independent Commission on Dignity in Care for Older People 2012), again in 2013 in The Cavendish Review of healthcare assistants and support workers in the NHS and social care settings (Cavendish 2013) which acknowledged recruitment and retention difficulties, extensive ‘paperwork’, and insufficient support and recognition. Perceptions of excessive bureaucracy that interferes with care provision have also been reported in both a review and an enquiry focused on the care home sector (BIS 2013, Warmington et al. 2014).

Missing managers

Lastly, one theme that emerged was that of lack of managers. In February 2014, as many as 1 in 11 care homes did not have a Registered Manager despite this being a legal requirement (CQC 2014b). Around a quarter of these might be explained by CQC’s 8-week timescale for registration, but almost a quarter of these homes (22%, n = 445) had not had a Registered Manager in post for 2 years or more. The CQC has expressed its commitment to taking action against non-compliant services (CQC, 2013b). The effect of having no manager or high turnover is unknown but has been noted as a contributory or contextual factor to neglect or abuse by some Adult Serious Case Reviews (Manthorpe & Martineau 2014).

Discussion

The review has highlighted that the primary focus of research in or about care homes tended not to be
their managers over the period 2000–2013. A variety of methods has been used in research about or with them, but much of the UK research has been small scale. Although there is no shortage of expert commentary, research evidence about this section of the care workforce is scant and seems out of proportion with their heavy responsibilities and the profound influence they have over the lives of the many care home residents and staff who work in them. Several research questions remain unanswered.

There is, moreover, an impetus to such research. One of the new inspection and monitoring questions for care providers set by the CQC, includes ‘is it well-led?’ (CQC, 2013b,c) indicating that measurement of leadership effectiveness will assume a new priority. This has been advocated by the National Institute for Health and Care Excellence (NICE), a Non-Departmental Public Body sponsored by the Department of Health and operationally independent of government, which provides national guidance and advice to improve health and social care. To support its quality standard on mental well-being of older people in care homes (NICE, 2013), NICE recently published guidance tailored to the needs of managers of care homes for older people (NICE, 2015).

Research could usefully explore models and levels of supervision as part of wider support provided to care home managers by owners/providers. With providers ranging from small family-run owner-managers to medium-sized local enterprises and large multinational chains, it will be important to identify and understand any differences in role and responsibilities within these contexts and not to devise models or requirements that disregard such diversity. To maximise effectiveness and ensure that a care home is well-led, both manager and owner/provider may need to know what they can expect of the other and this could include mutual support. The evidence from this review is that support in this context may be conceived as multi-faceted, encompassing managerial aspects (e.g. supervision, meeting training needs), business focussed (e.g. adequate budget and staffing levels; vacancy levels) and practicalities (e.g. ensuring that essential equipment is available, resolving personnel problems and human resources expertise).

That care homes for older people accounted for the majority of evidence found may be due to the policy shift towards community and supported living for younger adults with disabilities and the high proportion of older residents among care home populations. It is also possible that differences in terminology may have contributed to lower retrieval of evidence about other groups or that there is a lack of research. There may be differences in the Registered Management role related not simply to size and ethos of the home but to the resident group. Moreover, the career pathway of managers may differ and their roles with funders/payees may take on different forms of marketing, as few care home residents in some groups are self-funders while in some areas they form the majority.

Overall, there are insufficient data available to ascertain whether current care home managers have progressed to the role by acquiring vocational qualifications, climbing the career ladder from the starting point of care worker, or whether they have entered from another career or professional route, such as nursing or occupational therapy. Indeed it is not known how the role is perceived by social care or health workers, or by students of these subjects in terms of their own career progression. Gaining an insight into these perceptions may be valuable as a large proportion of managers in England are towards the end of their working life and such perceptions may impact on the availability of a qualified future care home manager workforce.

Limitations and strengths

The limitations of this review relate to its specific focus on managers’ demographic characteristics, practice, experience and skills and the paucity of material retrieved. The review was limited to English language material and concentrated on the English context since 2000.

Its strengths are that it was based on detailed searches, analysis of secondary data and its findings were reviewed by a group of experts. The chosen methodology enabled the review to encompass a much broader range of evidence than would have been the case for a systematic review where quality appraisal would have excluded much of the material cited in this article.

Conclusion

It is unclear why care home managers are so overlooked as a professional group in research despite their pivotal role in the lives of so many older people and other care users. Much may be learnt from care home managers as well as about them in building up knowledge of what helps a care home manager to deliver optimal care for homes’ residents.

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Conflict of interest
None.

Contributorship
Katharine Orellana undertook the literature searches and drafting of the review, and drafted this article. Jill Manthorpe conceived the idea for the review, assisted with the review’s execution and with the drafting of this article. Jo Moriarty assisted with the execution of the review and with the drafting of this article.

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