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Beyond Numbers: What Evidence from 'My Home Life NI' Reveals about Safe and Effective Staffing in Care Homes

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KESS Policy Briefing

...is a forum that encourages debate on a wide range of research findings, with the overall aim of promoting evidence-informed policy and law-making within Northern Ireland

Summary

As safe effective staffing legislation is developed in Northern Ireland, a wider workforce is being considered in comparison to other UK countries, which would also include those services commissioned by the Department of Health. Within this context consideration should be given to the inclusion of leadership development and the impact this can have on staffing morale and workplace culture. These in turn directly can directly impact on care delivery.

The paper will focus on literature around the leadership development of staff within care homes, primarily exploring studies around the leadership development programme called 'My Home Life'.

- **Safe effective staffing in care homes is influenced by leadership capability, workforce culture and staff empowerment, not staffing numbers alone.**
- **Evidence from My Home Life NI suggests leadership development can improve workforce stability, morale and care delivery.**
- **Leadership skills influence whether staffing requirements translate into meaningful improvements in care.**
- **Workforce wellbeing and leadership support may strengthen implementation and sustainability of staffing legislation.**

Safe staffing is not solely determined by how many staff are present, but by how effectively staff are supported, led and enabled to deliver care within complex health and social care environments.

Considerations for Legislation

• How should "safe and effective staffing" be interpreted in long-term care settings?

• How will leadership capability and workforce wellbeing be supported alongside statutory staffing requirements?

• How will staffing effectiveness be measured beyond numerical compliance alone?

Background

Safe and effective staffing has increasingly become recognised across the United Kingdom as a patient safety and care quality issue, rather than solely a workforce management concern (Drennan 2025; Wang and Dewing 2021). Concerns regarding the impact of understaffing on patient outcomes, staff wellbeing and quality of care have led to the development of staffing frameworks, workforce planning tools and legislation intended to improve accountability, transparency and safer care delivery across health and social care services (Ball and Griffiths 2021). Although approaches differ across the UK nations, the underlying policy rationale is broadly consistent: to reduce risks associated with understaffing, support safer care delivery, and ensure staffing decisions are evidence informed, visible and open to scrutiny.

In England, policy responses were developed following the Mid Staffordshire inquiry and wider concerns regarding quality and safety failures in healthcare settings. National Quality Board (2013, p10) guidance recognised the evidenced links between patient outcomes and having the ''right people, with the right skills, in the right place at the right time''. NICE guidance (2014 p24) recognised that there is "no single ratio or formula" capable of addressing the complexity of staffing decisions across different care settings. As a result, the emphasis remained on organisational accountability, professional judgement, escalation processes and evidence-informed staffing tools, rather than fixed national staffing ratios. Wales subsequently introduced statutory staffing duties through the Nurse Staffing Levels (Wales) Act 2016, requiring health organisations to provide sufficient nurse staffing and to take reasonable steps to maintain staffing levels. Operational guidance accompanying the legislation highlights evidence linking appropriate staffing levels and skill mix with improved patient outcomes and reduced mortality. In Scotland, the Health and Care (Staffing) (Scotland) Act 2019 and subsequent regulations sought to strengthen transparency, accountability and workforce planning through more systematic staffing assessment processes. Scottish policy emphasises real-time assessment of staffing-related risks, improved workforce planning, and greater transparency regarding staffing decisions and associated risks.

Within Northern Ireland, the proposed Safe and Effective Staffing Bill reflects similar concerns regarding patient safety, quality of care and workforce sustainability across health and social care services. The legislation is being considered not only those services within Health and social care trust but also those who provide services on behalf of the Health and Social Care Trusts, this would include care homes which other UK legislation does not.

Settings differ significantly in relation to patient and resident acuity, workforce composition, service delivery models and the complexity of physical, psychological and social care needs (Roberts et al. 2023; Nelson-Brantley et al. 2025). Staffing effectiveness is shaped not only by staffing numbers and skill mix, but many studies also identify leadership capability, workforce culture, communication, continuity of care relationships and staff wellbeing as key elements in care delivery (Lynch et al. 2025; Penney and Ryan 2018; Penney et al. 2023). Families and service users expect appropriate staffing in care homes with deficits in not only numbers, but also knowledge, skills, experience, attitudes and behaviours as frequent areas of concern (CEPA 2021, p9). These factors although pertinent in all health care settings are particularly significant within long term care environments, such as care homes, where the quality and consistency of interpersonal interactions form a central component of safe and effective care delivery.

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Several studies have identified that when staff feel recognized and valued there is a better outcome for residents (Drennan 2025; Lynch et al. 2025). While adequate staffing levels are essential to patient safety and quality care (Dall'ora and Griffiths 2025), the effectiveness of staffing is also influenced by factors such as leadership capability, workforce culture, staff wellbeing, communication, teamwork, continuity of care and the ability of staff to deliver care (Penney et al. 2023; Lynch et al. 2025). Research increasingly demonstrates that staff are more likely to deliver safe, responsive and person-centred care when working within supportive leadership approaches that enable collaboration, reflective practice and psychological safety (Haunch et al. 2021; Wang and Dewing 2021).

A Leadership development Programme 'My Home Life'?

My Home Life (MHL) is an evidence informed initiative that supports care home leaders to improve quality, workforce stability and care experiences through relationship centred and reflective leadership practices (www.myhomelife.org.uk). This programme has been supported by the Department of Health which has enabled 365 participants to complete the programme in Northern Ireland and a further 76 due to complete in June 20026.

The MHL Leadership Support programme was originally founded in 2006 by Help the Aged (now Age UK) in collaboration with the National Care Forum, City St Georges, University of London, and a core group of influential care organisations The programme seeks to promote the quality of life of residents, relatives, and staff. It began in England in 2006 and then spread across the UK to Wales in 2008, Scotland in 2012, and Northern Ireland in 2013. It is now recognised as an international initiative following its implementation in Australia in 2016 and Germany in 2017.

Dewar et al. (2019, p. 936) described the programme as resting on a "social, dialogical, emancipatory, and iterative 'theory of change'", grounded in trust, emotional awareness, and the relational practices embedded in everyday care home life. The programme adopts a relationship-centred and reflective approach to leadership development, supporting care home managers to evaluate and adapt their leadership behaviours and workplace relationships. Key components include promoting self-awareness, reflective practice, communication, shared learning, and quality improvement strategies such as Appreciative Inquiry and Action Learning, alongside engagement with the My Home Life vision and the Senses Framework (Dewar et al., 2019).

Whilst staffing legislation rightly seeks to address workforce safety and risk, evidence from MHL suggests that staffing effectiveness is shaped not only by numbers and skill mix, but also by leadership behaviours, workplace culture, and staff empowerment (Penney et al. 2023). To effectively support care home leaders in enhancing their leadership skills, one option is to implement leadership models that align more closely with the principles of relationship-centred care, emphasising appreciation and collaboration (Lynch et al 2025). Leadership development and workplace culture play a critical role in enabling staff to work safely and effectively within existing staffing resources. The impact of the MHL programme resulted in a recommendation in the 'Reform of Adult Social Care Northern Ireland Consultation Document' (DOH, 2022) to implement the My Home Life' Leadership Support Programme in all care homes across Northern Ireland. Indeed, an independent evaluation of the MHL programme by the Department of Health (DoH, 2025) found that 98.1% of programme participants advised the quality of their management & leadership has increased and 84.6% of participants seen an increase in the overall level of quality of practice in their care setting. Part of the programme. This was congruent with other studies into the effectiveness of the MHL which found that MHL participants reported significant changes

within their care homes, specifically, enhanced leadership and communication and significant positive changes on the quality of interactions and care including, the amount of time staff actively talk with relatives and service users and a perceived enhanced quality of life for service users (Penney et al 2023; Lynch et al 2025).

How "safe and effective staffing" might be understood in complex care home environments.

Care home environments are characterised by increasing complexity, with residents frequently requiring support for a combination of physical, psychological, and social care needs (Burton et al, 2020). Residents often experience frailty and minor changes in health status can lead to significant deterioration, necessitating sensitive and proactive care approaches (Betts & Harkin 2025). Cognitive impairment and dementia are also highly prevalent within care home populations, requiring staff to employ specialized communication skills, patience, and person-centred approaches tailored to individual needs and behaviours. Additionally, many residents experience multimorbidity, with multiple chronic conditions that complicate care planning, require additional treatment and increase the risk of adverse events. In addition to the provision of physical care, staff in care homes engage in significant emotional connection and meaningful engagement, supporting residents and their families during periods of uncertainty, distress, transition, and loss (Bradley et al 2024; Conway et al, 2026). This relational dimension of care becomes particularly important in the context of end-of-life care, where staff are required to deliver compassionate, skilled, and responsive support that respects residents' wishes, dignity, and quality of life (Juhrmann et al 2023). Consequently, effective staffing within care homes involves not only sufficient staffing levels but also the leadership capability, communication, continuity, and workforce support necessary to respond safely and compassionately to highly complex care needs. Staffing effectiveness must be understood holistically, recognising that numerical staffing levels alone do not capture the complexity of care delivery.

What conditions enable staffing requirements to improve care outcomes?

Modern leadership has changed. It no longer focuses on one heroic leader making all the decisions. Instead leaders involves everyone and adapts leadership systems as needed. This approach recognizes that everyone in a system is connected and depends on each other (Sharp et al. 2018). Effective leadership is often recognised as being directly linked to enhanced staff outcomes and job satisfaction, thereby facilitating high-quality and responsive care (Backman et al. 2016; Bourgeault et al. 2021; NMC, 2024). Individuals working in care homes often possess unique insights into the medical, health, and social care needs of those in their care (Eldh et al. 2016), and they must balance this knowledge and responsibility with an emotional connection. Navigating the complexities of such a distinctive environment necessitates strong leadership and the capacity to manage a multitude of roles, regulatory requirements, resident and relative expectations, staffing allocations, and professional development opportunities (Zaghini et al., 2020). It is widely acknowledged that the leader of any organization establishes the tone and culture of the workforce (Lynch et al. 2018; Zaghini et al. 2020; Zhao et al. 2020; Yasin et al. 2020). Similarly, the leadership style, behaviour, values, and attitudes of care home leaders and managers have a direct impact on the staff, residents, and families associated with care homes (Lynch et al. 2018; Zhao et al. 2020; Yasin et al., 2020). The findings from Penney et al (2026) leadership development focused on self-awareness, reflection, and relational practice may influence not only leadership behaviours but also the broader workplace culture and care experiences. These insights highlight how the development of self, personal growth, and self-care can lead to immediate improvements in leadership style, subsequently empowering staff and thereby influencing care home culture and care delivery.

How can leadership capability and workforce culture interact with statutory staffing requirements?

Whilst the proposed Safe and Effective Staffing legislation offers valuable guidance and structure for patient and resident acuity and workforce composition, it is crucial to align this with structures and processes that facilitate staff development and foster a workplace culture conducive to person-centred care. Additionally, it is essential to create an environment where procedural compliance is integrated with a meaningful workforce safety culture. Translating policy into practice necessitates that the policy itself enables those delivering care to balance competing demands, such as managing shortages while supporting staff well-being. The legislation could be complemented by mechanisms that actively support continuous staff development, such as ongoing development programmes, mentorship, and career progression pathways. Embedding these into organisational processes ensures that workforce competencies evolve alongside patient acuity needs.

Fostering a workplace culture conducive to person-centred care requires deliberate leadership commitment to values such as respect, empathy, and collaboration. Leaders must actively model and promote these values, encouraging care providers to prioritise individual patient needs and preferences within clinical decision-making processes. This cultural orientation could be reinforced through structured feedback mechanisms and regular staff engagement activities. By creating an environment where staff feel valued and empowered to deliver personalised care, organisations can enhance both patient experiences and clinical effectiveness.

It is imperative to consider how individuals in leadership positions are supported to balance the many competing pressures and challenges for the health and social care workforce. The establishment of safe and effective staffing legislation presents an opportunity to incorporate meaningful strategies for recognising the development of leadership skills and enhancing leadership behaviour, thereby ensuring that leadership functions as a stabilising force within the workforce. This is central to fostering a workforce which recognises the impact of leadership which is focused on good quality care.

Conclusion

Evidence from My Home Life NI around leadership development, workforce wellbeing and supportive workplace cultures may strengthen the implementation and sustainability of safe staffing policy within long-term care settings. By aligning policy with continuous staff development, a person-centred care culture, and an adaptive safety framework we can effectively meet the complex healthcare needs. Safe staffing is not solely determined by how many staff are present, but by how effectively staff are supported, led and enabled to deliver care within complex health and social care environments.

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