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Care homes' shame

*As some residential homes still fail to offer the bare minimum level of care, what more can be done to combat care home abuse, asks **Sunniva Davies-Rommetveit***

Many had an uneasy sense of déjà vu on 30 April when BBC Panorama exposed sub-standard care in two residential homes. Three years earlier the programme uncovered shocking abuse at Castlebeck-owned Winterbourne View. This time it highlighted negligent care, and abusive behaviour towards residents in the main care home in The Old Deanery Care Village and HC-One's Oban House.

Though those who abuse their positions are in a small minority, the exceptions are still coming out of the woodwork.

This latest scandal has resurrected tough questions for the care industry: why hadn't colleagues raised their concerns earlier; and most importantly, how can we prevent this from happening again?

As some care workers are paid less than employees at the local supermarket, the question of whether poor pay leads to negligence rears its head. Many disagree that better wages would make a difference though. Four Seasons Health Care chairman, Ian Smith, points out: "the vast majority of care workers on the same pay scales [as negligent staff] are still motivated to provide very high standards of care".

Instead, Corinne Slingo, a partner at DAC Beachcroft, says that there is a need for a more prevalent "leadership culture" which focuses on health, safety and openness. Slingo lists "...a strong incident reporting culture, strong patient listening mechanisms [and] open staff engagement mechanisms to achieve a motivated and 'proud' workforce," as some of the methods leaders should implement.

But in order to have strong leadership, hiring the right people is crucial. Sean Sullivan, from turnaround firm Aaronite Partners, was parachuted in to fix Castlebeck, and believes hiring staff with true vocational training at every level is key. "I move out those who do not hit the mark very quickly." Always having home managers and deputies from nursing backgrounds would, he says, facilitate this understanding and create an open atmosphere.

Carefully-structured reward schemes and bi-annual appraisals could also help improve morale. Whereas the former could create a sense of reward, the latter would be useful to incentivise by giving achievable goals to work towards.

Creating such an atmosphere, however, is easier said than done. There's a fine line between incentivising staff and discouraging them with too many controls and measures. It could be seen as unnecessary at best, and condescending at worst; and nobody wants to feel patronised by over-zealous management tactics.

Whistleblowing encouraged

Capsticks lawyer Rachael Heenan points to the need for an active approach to whistleblowing to discourage care abuse: "Where it [the system] goes wrong is when people are afraid to say what they've seen. To do this, you need more role models who staff aren't afraid to confide in." Which ties back in to the earlier point about good leadership.

Sometimes, as we all know though, speaking to your seniors can be daunting, so there also needs to be other ways of reporting care negligence. Four Seasons' Smith suggests offering an option to "call a whistle blowing line or email".

Advisory firm Candestic is even developing a whistleblowing service which enables prospective owners to see the inner workings of a care home before stepping foot in it themselves. "We would place one of our 'geriatric consultants' in a care home for a temporary period, who would assess the care first-hand," says Candestic managing partner Leonid Shapiro. "This would allow us and our clients to detect such problems as have been raised by Panorama, as well as to regularly audit the care and feedback in their homes on a regular basis."



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CCTV: friend or foe?

A controversial suggestion that has been bandied around as a care negligence deterrent is CCTV. But is it the ultimate form of whistleblowing, or a downright invasion of privacy? From a provider's perspective, it's a tricky one. "We are in danger of managing an industry by secret filming. And that's not the way we would like it," Sullivan says.

There is an argument that care workers would probably learn to accept CCTV as a norm, as has happened in the financial industry. Yet, many vulnerable elderly patients would probably be unhappy about being on show 24 hours a day.

CCTV deployment does also rack up a significant cost issue. Practically, Smith says filming a home with 35-40 residents would "equate to more than a full week's work for an individual to review just one day's filming". This would make it impossible to go through every minute of footage, unless additional teams of people were employed in every home.

Despite these reservations, "better the devil you know" seems to be the verdict across the board on CCTV in care homes. It seems to offer more pros than cons for many, especially when proof is needed to prosecute.

There are many differing suggestions about how and where it would best be used. Should a family member be allowed to review all footage, for example? Or should an operator allow a live feed to be streamed to a relative so that they could visit a website and see their mother's room? Should residents be allowed to push a privacy button to turn off recording, for say, 20 minutes at will? Perhaps having a resident-controlled CCTV system, whereby a resident presses an 'on/off' button when they wish to film or not, may avert the privacy questions raised?

Sullivan, for instance, introduced filming in communal areas at Winterbourne View following the unveiled scandal as a temporary measure. His reasoning was altering staff's attitudes and the overall culture takes time as does finding good replacement staff, so CCTV is "an overnight solution to get some idea of what's going on".

HC-One recently announced that it has gone into consultations to offer CCTV in residents' rooms on an 'opt-in' basis, following the Panorama findings in its Oban House care home. HC-One chairman, Chai Patel, speaks of the need to have full consent from all parties involved: "We conducted a survey of the British population, and 80% of the people asked either strongly agreed or agreed that there should be visible cameras. Now we need to find out if that's how our residents, their families and our staff feel."

The jury is out on how this would work in practice though. How, for instance, would HC-One juggle the staff who object with those in agreement to such a scheme? If there is a mixed decision from staff, Patel says it would need to conduct further consultations to get to grips with their concerns. Whether these concerns will be resolved on such a sensitive issue is, however, questionable.

There does not appear to be a clear answer to the difficult questions about who watches, when and where.

Legislation running behind

So where is the law in all of this? The answer, it seems, is that it is still playing catch-up with Winterbourne View and the 2013 Francis Report. Ian Cooper, a partner at Capsticks says that only now "consultations are being put out there about what we need to do in terms of changing the law and putting some of these recommendations in action".

He further admits that there is still room for improvement in the legislation. "We still don't have a wilful neglect law when the victim is an adult who has the capacity to make their own decisions, but are still vulnerable," he says. This means that a group such as fully capable elderly residents have previously been unable to prosecute individuals who, they feel, handled them neglectfully. The Department of Health released a new consultation document in February 2014, which will try to address this "small but significant gap" in current legislation.

And what is the Care Quality Commission doing amidst the changes? They've come up with a brand new inspection regime that focuses on five core questions: whether care homes are responsive, effective, well-led, safe and caring. This follows the new Care Act, which recommends a new, clear ratings system much like education's Ofsted; it recently became law on 14 May 2014.

A brave new world

So what is the answer to preventing further care abuse scandals? CCTV has been championed as a potential solution, yet the expenses and moral questions raised could make this a slow, and possibly unwanted, process. Introducing a new wilful neglect law will certainly provide further clarity on prosecuting procedures, if, that is, it is ever implemented.

Other more tenable solutions include: clear clinical governance, easy and practical in-house policies, visible on-site leadership and more staff incentivisation.

What is clear is that there will never be a 'one bill fits all' answer, and that the industry has a long slog ahead if it wants to turn its back on the unwanted scandals for good.



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