Evidence to the Commission on improving dignity in care

Counsel and Care and Independent Age

This is joint response from Counsel and Care and Independent Age. The two charities have merged to develop of a broader range of services for older people than either could provide separately.

About Counsel and Care

Counsel and Care is a national charity working with older people, their families and carers to get the best care and support for older people. We work with older people and their carers to ensure they are aware of and receive their rights and entitlements, and promote choice and control in later life.

About Independent Age

Independent Age is a unique and growing charity: a support community for thousands of older people across the UK and the Republic of Ireland.

We offer a 'helping hand from a trusted friend', tackling older people's poverty and loneliness by offering information, advice and friendship.

Our help varies according to the type and extent of the individual's need. All the older people we help receive:

- Information about benefits and other issues affecting older people
- Ongoing support from our helpline and newsletters
- Membership of the Independent Age community, with the opportunity to participate in events and build friendships with other people.

For those in the very greatest need it can include even more: regular befriending and support from an Independent Age volunteer, detailed assessment and casework, practical support and even financial help in emergencies.

1. **What in your opinion are the main factors that contribute to the failure of hospitals and/or care homes to meet the immediate health, nutrition, hydration and hygiene needs of older people? Do you have any evidence to support these opinions?**

As two charities who have long been working with older people to get the best care and support possible, we believe there are multiple barriers to getting the best health and social care in hospitals and care home settings. These are listed below:

- Understaffing and lack of time for staff to spend with patients and residents is the major contributor to the failure of hospitals and care homes to meet the immediate needs of service users. Innovation and looking to using a re-ablement approach to all care and not just home care could create long term gains in the sector, though this would come with cost implications.
- There is a lack of person-centred care and adherence to a truly personalised and knowledgeable up- to-date care plan for each individual that covers their care needs. There needs to be clear guidance and systems in place that help staff to remember details of individual patients even when there is high staff turnover.

  Case study:

  Mrs M, who has dementia and lives in a care home, requested her son's telephone number. She was continually told to wait by the nurse in charge and became increasingly distressed and anxious. Dementia can often cause people to become easily agitated and confused. If the nurse in charge had recognised how her condition might affect her behaviour she could have put her at ease very quickly. Expecting her to wait made the situation worse and caused great distress for Mrs M.

- There is a need for staff to understand the underlying conditions which may make it difficult for an individual to properly eat or drink, such as having dementia. If an individual is not eating or drinking, staff need to find out the causes and how to facilitate their recovery. It is essential to rest and recuperation and will facilitate quicker and safer discharge from hospital.
- Investment in ongoing development and research into the latest effective methods in nutrition, health and hygiene is needed. The results of this should then be disseminated to managers and staff in order to secure best practice in preventative methods.

- It should not be understated that being warm and engaging encourages people who are feeling ill and vulnerable to open up and thus allows for better communication of what additional needs they might have. We would encourage staff training on how to work, in particular, with difficult service users and those with multiple needs.

2. **What in your opinion are the root causes of why some hospitals and/or care homes fail to deliver basic aspects of care and meet the needs of older people? Do you have any evidence to support these opinions?**

There is a fundamental issue with care homes failing to deliver basic aspects of care because of poor training and insufficient staff time to undertake care duties. Training in health and social care should include academic and medical training but should also include aspects of how to deal with service users in a caring and patient-centred way, so that the needs of the person are taken wholly instead of focusing purely on their medical conditions. It is key that care providers understand that quality care includes social engagement, not just medication and helping someone to use the toilet, for instance.

Whilst there is a clear incentive for care homes and hospitals to cut costs by decreasing the number of staff they employ or staff time spent with individual service users this will, in the long term, create greater costs due to earlier and more frequent re-admissions to hospital and individuals whose conditions deteriorate quicker in a care home due to lack of quality care.

Multidisciplinary teams are responsible for looking after patients needs and should work together, and in conjunction with social services when necessary, to better communicate and address the needs of each individual. It is not enough to pass on patient charts or tick off duties in a care plan. Staff must get to know the residents and there should be measures in place to ensure that staffing levels are high, especially if there is a high turnover of staff in a given home. Getting to know the person is essential to providing them with the right care.

Case study:

Mr G is partially sighted and was in care home. He was confused and had suffered a number of strokes. Staff thought he was managing well because they were passing by the end of his bed. However, he couldn't see who they were so couldn't properly respond when they asked him if he was alright. The staff didn't take the time to address Mr G properly and to make sure that he understood what they were asking and who they were. This is essential to quality care.

3. **What in your opinion are the main factors that contribute to the failure of some hospitals/and or care homes to provide appropriate emotional and psychological support to older people? Do you have any evidence to support these opinions?**

Poorly written care plans are a major factor contributing to the failure of some care homes. Often care plans are written with only a person's medical needs in mind, which can lead to staff seeing someone as a bundle of care needs and not a person who has social and emotional requirements as well. They will see health conditions first, not who the person is as a whole. It is important that patients are not just the passive recipients of care but are active in choosing their care home and care plans whenever possible. There is a need for care home managers to set a tone that supports people as individuals and not just efficiency in work patterns by care staff. This includes training around sensitivity to where behaviours originate from and each person's individual history, including their religion, family and cultural needs.

The Single Assessment Process clearly outlines the importance of underpinning any care package with an understanding of what the older person might want and with a view to keeping them in their community of choice as is best practicable. On Counsel and Care's advice line a large proportion of our calls come from older people or families who have not experienced such person-centred assessments upon entering a care home. Instead their care plans are focused on the potential risks the person may pose to themselves or others and their physical care needs. As a part of the Single Assessment Process guidance, it is stated that Local Authorities, where they are paying care home fees, must provide for all of a person's needs including the emotional and psychological. For instance, any Local Authority who requires a resident to move to a care home which is far away from family because it will cut costs is not abiding by the Single Assessment Process guidance and could be seen as not addressing the needs of the older person.

Case Study:

Mrs C, aged 86, has dementia and had been in a nursing home for one month. She owns a property and previously had a care worker coming in 3 times a day, partly funded by the Local Authority. She was in hospital for 8 weeks before moving into the care home and was assessed as needing 24 hour care. Social services suggested a home outside the borough but this would mean living far from her daughter, Mrs C's only family. Social services told her daughter that they could no longer help if this far away home wasn't chosen. Her daughter found a care home closer to her and moved her mother into it, as Christmas was near and the hospital wanted to discharge Mrs C. She thought she could afford to pay the fees but was unable to meet the full cost of her mother's placement. Social services then told Mrs C's daughter that, as the home was more expensive than their standard rate, they would not help with the fees.

The Counsel and Care Advice Team advised about the formal complaint process, and importantly, about placement being one of needs (emotional and social care includes Mrs C's need to be close to her daughter) rather than preference. The council could offer no cheaper and closer alternative and thus had to support Mrs C's stay in a home which met her myriad needs, including the need to be near her only family.

4. What in your opinion are the main factors that inhibit appropriate communication with individuals and their families? Do you have any evidence to support these opinions?

In care homes communication between staff, individuals, and families can often be inhibited by a lack of mutual understanding. Families can feel that they don't understand or have access to the full picture of the care their loved one is receiving and staff can be overstretched on time and feel overwhelmed by sometimes 'unrealistic' expectations of the families.

It is also an issue that there is not enough autonomy for grassroots staff to engage in making decisions about the patients they have been working with. The decisions are often dependent on managers instead. Grassroots level staff need to be able to input and be encouraged for the views on what is best for supporting their patients.

5. What stops individual staff and organisations from dealing with the failure to provide appropriate dignity and care for older people? Or from responding proactively to concerns and complaints?

Dealing with failures to provide dignity in care in care homes is a systemic problem rooted both from the lack of training and confidence on the part of on the ground staff in dealing with complaints. Often people in care homes and their families are fearful of making complaints as they would not want to be seen as making trouble or to endure possible worse treatment. On Counsel and Care's advice line we often get calls from distressed families who feel that if they complain they may lose their place in the care home. And this works both ways. Staff who want to address complaints or issues of dignity in care may not feel empowered to do so because there are no clear procedures, there may be personal career concerns, or there may be economic concerns for the organisation involved.

It can also be attributed to the response of the management and staff to 'criticism' about the care provided and in some cases the management and staff struggle to work with and engage with the people making complaints. This could have two underlying causes, it might be a training issue or it may be a care ethos issue – is the care home open to complaints and suggestions and are they able to work with those who complain rather than excluding them?

There is a serious issue around the lack of inspections and response by the Care Quality Commission to complaints which can further fuel lethargy on the part of care home workers, older people, and their families. Regular and consistent inspections with follow-up in those homes where quality is deemed to be less than sufficient is key to ensuring that older people can trust that their care is being regulated to ensure their safety and wellbeing.

Individuals and their families should have a clear route to complain should they wish to do so and there should also be systems in place which allow people to raise issues and ask questions about their care before it reaches the complaint stage. This could reduce the stigma around not wanting to be seen as a trouble maker and may help staff to better listen and address concerns about the care home resident before they reach a crisis point.

6. How can we best monitor older people's experience of care? Including the views of people who have difficulty in expressing themselves or those nearing the end of their life?

We can best monitor older people's experience of care in care homes in two ways. Firstly, it is essential that we bring together some of the regulatory frameworks in order to create a larger and more holistic picture of what happens in care homes. Much information is lost in translation between Local Authority contract requirements, Care Quality Commission regulations, and care managers. These should use a more joined-up approach to managing care homes so that older people have access to the best possible care and have clear advice and information on their rights in a care home.

Secondly, care homes should provide more and varied opportunities for people to feed back about the care they receive outside of the complaints processes – for example as with Patient Opinion. This information should be collated and if serious concerns are raised, the regulator should act on them via inspection regimes.

Brighton and Hove PCT are a great example as they have a Care Home Support Team. The Care Home Support Team support providers, give training, and liaise across different organisations to get them to focus on meeting the needs of the residents in the best way. For instance, they were able to get the local mental health team involved with one resident when the GP refused as they agreed there was a need that was not being met for the older person. They also provide training on the most up-to-date care for conditions such as people with ulcers and MRSA treatments which help the care home staff manage residents with diverse problems better than they could have otherwise. Brighton and Hove are able to maintain an excellent standard of care by focusing on the needs of the residents rather than the needs of the system. In this way, they are able to monitor older people's experience of the care they receive through multiple lenses and not just from the perspective of a care manager or nurse, in order to provide the best care possible.

7. What tools and guidance already exist for improving the quality of care provided for older people? How extensively do you think these are used and what might limit their traction across the system? How helpful do you feel they are in changing practices and improving the ways that older people are cared for?

There are a plethora of good guidance on how to improve the quality of care for older people, including many of the tools and guides listed in answer to Question 8 below. These include Department of Health best practice guides, statutory guidance, and many Local Authorities produce their own guidance.

However, it is important to focus on what limits the use of best practice guidance across the system. There is no over arching scheme to institute best practice in care homes and the impetus is on providers to train and employ staff who will provide dignity in care. However, given tight budgets and time constraints, care workers will not have the drive or the encouragement to see service users as individuals with specific and changing needs but instead as boxes to be ticked in order to ensure their medical needs are met. In order to change practice and improve the way people are cared for there must be a greater understanding of the high level of skill required in care work and that training needs will continue throughout a care workers career.

The Care Quality Commission is responsible for the regulation of care in England and schemes to encourage excellent care could be also maintained through inspection and regulation. Part of measuring and improving care should be based on the work of the CQC to encourage organisations to employ, train, and manage care workers in a way that encourages individualised attention and dignity. This could be done by setting up measurements of quality against the work of care homes and hospitals that focus on more than just medical and subsistence practices, such as feeding and toileting. This could measure how often older people are being addressed by name, whether their needs are being met, and by speaking with them directly about their experiences of care. The shift of focus to a person-centred approach would help the CQC to get a better idea of what needs there might be to improve care for older people across the sector.

8. Please detail good practice examples from across the health and social care system that you would like us to consider when making recommendations. What specific factors do you think contribute to their success?

- Advice and Information for older people that provides them with the tools they need to make the right decisions for their health and well-being. Counsel and Care and Independent Age have a large range of guides, fact sheets and offer advice on care issues for older people. We encourage best practice in the social care system through enabling older people and their families to make informed decisions. As a part of this we believe that information and advice should be core to any care and support system.
- My Home Life –an initiative aimed at improving the quality of life of those who are living, dying, visiting and working in care homes for older people.
- The Brighton and Hove Care and Support Team.
- The Department of Health published "Health Action Planning and Health Facilitation for people with learning disabilities: good practice guidance", which outlines best practice when setting out care plans amongst multi-disciplinary teams and can be used in relation to older people
- Management structures in care homes are essential to providing dignity in care to older people. Good care homes have good managers. The Social Care Institute for Excellence provides 'resources supporting individual dignity factors' and is a leader in best practice across the sector.

9. What else would you recommend we consider as part of this work, either for this commission or potentially for the next phase of work?

1. Advice and Information should be at the forefront of any strategy to support older people to get the best care possible. Clear guidance on the rights and responsibilities of hospitals and care homes to maintain the dignity of older people should be readily available and supported across Local Authorities, providers of care and through charities such as Counsel and Care and Independent Age.
2. Pre-admission assessments or community care assessments must contain a social history and a social assessment otherwise they simply focus on the last reasons for admission to hospital rather than on the care needs that may have occurred previously or may be concurrent.
3. The care work force is underpaid and underfunded. It is a highly skilled job at low pay which does not allow for workers to be up-skilled and contributes to

high turnover. This, in turn, negatively affects the dignity in care that older people receive.

4. Dignity in care is about attention to the whole person and their social, medical, financial, and personal needs. This includes the necessity of attention to and respect for religious and cultural backgrounds. In addition, allowing, and in fact encouraging, older people to bring their possessions with them when they choose to move in to a care home is essential.
5. Good care is built on relationships. Therefore more research and development of best practice into how to establish and maintain relationships between older people, their families and care workers that upholds the dignity of service users is of the utmost importance. This needs to be supported by accessible, available and affordable (free) expert advice and information as well as advocacy on many issues from what care is available, how to arrange it, and how to pay for it.