

# RESIDENTIAL

# FORUM

## BALANCING RISK AND QUALITY IN RESIDENTIAL CARE

At the heart of the work of the Residential Forum is the promotion of a quality service to those who live and work in residential care homes and similar residential establishments.

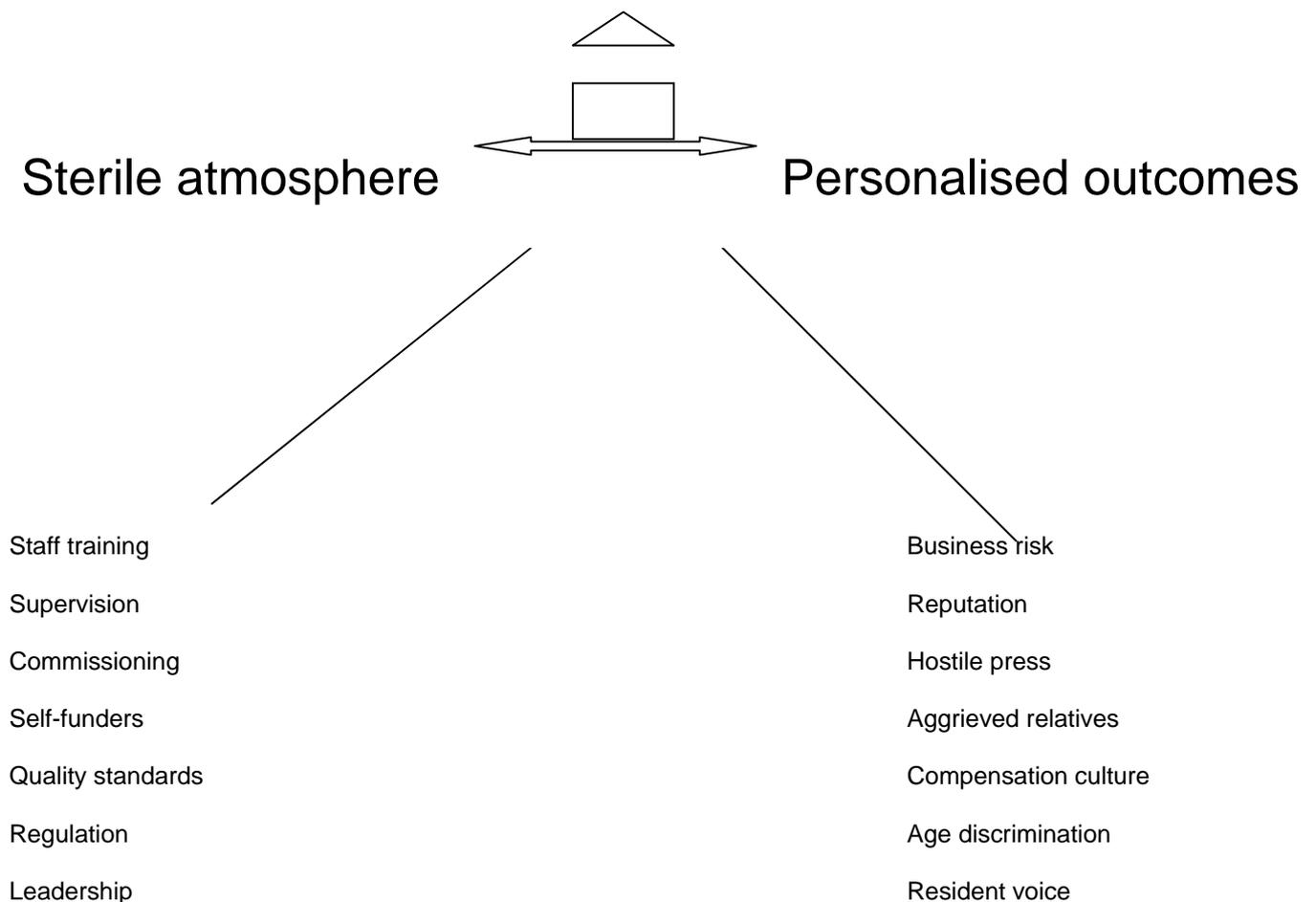
Over the years it has become increasingly difficult for those involved in the provision and practice of delivering residential care to balance quality services with the justified risks that are so often required to ensure that the lives people lead in residential homes are at the fullest capacity.

With this in mind the Residential Forum allocated one of its workshops to examine

- How much and in what ways are residents opportunities and quality of life constrained by health and safety concerns
- How well do proprietors, care managers and inspectors distinguish between being safety conscious and being over protective or risk averse
- How well is personalisation working in residential services for children and adults in the context of 'health and safety'
- How well do staff and supervisors deal with dilemmas over risk and safety. How important is it to involve relatives in these issues

It has become a habit to blame Health and Safety Legislation for the seeming inability to undertake some good quality but ordinary residential care tasks because of the fear that providers and their employees have of being sued, prosecuted, disciplined or publicised in a negative way.

It can also be described as the 'push and pull' syndrome that is felt by so many when considering so many issues relating to social care and health and safety. The response given to each of the issues will determine whether there is a sterile atmosphere in the home or whether it is an establishment that is able to provide personalised outcomes for the individuals it serves.



It is unfortunately, sometimes the case that people living in residential establishments transform from citizens to disempowered residents if insufficient thought is given to what kind of service can be offered to resident in a residential setting. There are vastly different needs for different client groups and often different needs for residents in the

same home and staff need assistance to differentiate on such needs and gain confidence to be better able to make judgments about risk and safety.

Sometimes there is over reaction to reported incidents leading to unnecessary changes in risk assessments and restriction on liberty and choice.

Sometimes the initial response to an incident is 'over the top' but sets in train a chain of events that cannot be reversed.

There is strong evidence of an approach in homes that veers towards risk aversion and an understandable view that it may not be worth taking a risk because of the perceived huge consequences particularly when we are in such a litigious age with the promotion of 'no win – no fee' on everyone's television screens. There is often a feeling that you must 'cover your back'.

Care providers often feel that they are deemed guilty unless proved otherwise.

Whilst the Health and Safety Executive guidance book 'Health and Safety in Residential Care Homes' has served a useful purpose it is now generally agreed that it is dated and seen by some as yet another set of rules.

Providers will have policies that cover every aspect of their work but there is no doubt that large manuals do not figure high on the reading list of care staff many of whom do not have English as first language. Employers struggle to ensure that policies are understood and adhered to by their staff,

Personalisation is top of the agenda for many in residential care but many see a conflict between personalisation and health and safety issues. The interpretation of words and issues that surround such matters as choice and control are seen from different perspectives. Risk is more often than not looked at from a harm perspective what you can't do is introduced early in the lives and activities of those involved in residential care. The capacity of a resident to give consent to an assessed risk being taken is often not taken into consideration. The 'can do attitude is more often than not missing from our residential services.

There are so many myths around risk and social care professionals often put up a good but incorrect argument against matters they consider risky.

Within the competency levels of staff in residential care it would be wrong to say that everything to do with risk is undertaken incorrectly but it is fair to say it is not done well enough. We still do not learn adequately from our mistakes but equally many minor incidents are taken out of all proportion.

Society does not always want to hear that you cannot regulate for everything.

How then do residential services provide environments in which people of all ages maintain their identities? Lead fulfilled lives, feel safe and secure, sustain and develop their capability and creativity and enjoy meaningful relationships with people inside and outside the home?

How do we ensure that the rights of the service user kept above everything else and recognise that alongside rights are responsibilities?

How do we improve the confidence of Directors, Trustees? Managers and Practitioners so that they develop an accountability culture rather than a blame culture?

- We must recognise that there are different expectations at different life stages and must acknowledge the level and balance of risks at different life stages
- We should acknowledge that whilst choice is an essential component of good quality care there are automatically some restrictions when a choice is made to live in a residential establishment. We need to be honest about the parameters and accept that compromises have to be made when living in a group
- So often the important and achievable aspects of choice are not about the big issues but about ordinary every day issues that are important to residents
- There must be honesty and realism about the parameters in which we can operate
- Exercising choice must be in an informed way
- Mechanism should be available that enables service users to define things in their way
- Realistic/aspirational choice must be top of the list when care plans are devised
- Staff must remember that it is Important to develop and maintain a good and up to date biographical picture of individual residents so that the balance of risk and quality can be maintained
- There needs to be a realism about what residential care can and cannot offer and that realism should extend to what residents really want to be involved in
- The opportunity must be offered to residents to control things on an informal basis and we must give weight to the 'soft' social care factors
- We must seek to remove the fear factor and 'looking over your shoulder' syndromes
- We must enable staff to be more intuitive
- We should help staff to understand. in a positive way, issues relating to the law on health and safety
- We must use of terminology that is easily understood and write care plans to express positively what can be achieved

- We must justify in documentation and discussions the reasons why a decision was taken before the event
- Policy documentation, guidance, care plans and risk assessments need to be a living dynamic documents that reflects risk balancing with quality
- Guidance should be written in a manner that enables “enablement”
- A lived and believed commitment from staff in respect of balancing risk and quality is required
- Professional supervision of staff must gain greater priority in the life of residential establishments and must include discussion on balancing risk and equality
- Effective leadership and management is required to encourage the taking of justified risk
- We must acknowledge that so much comes down to quality of individual managers and the balancing of risk and quality often lies in their hands
- Recognition must be forthcoming that registered home managers are a crucial professional group
- Incentive schemes and rewards, not necessarily financial are absent in relation to staff being valued
- Those who seek to balance risk and quality must justify decisions their decisions in advance of activity.
- We should acknowledge that risk taking may not only be about being active
- Paper assessments, whilst important, do not always tell you what is going on in a service
- The issues relating to balancing risk and quality must not be ignored in challenging financial times
- Commissioning residential care is now about purchasing and does not recognise issues of balancing risk and quality
- Commissioners seem to be prepared to leave matters of risk to individuals in relation to direct payments to people but not to people who live in residential care
- Residential establishments are inspected from so many different aspects and consistency of approach will be vital in ensuring quality services
- Inspectors in all settings should be permitted to advise and foster good practice
- The four countries of the United Kingdom have taken a different approach to regulation and inspection and the integration of services and much can be learned from one another
- The development of the plethora of forms in relation to health and safety/social care issues must be examined
- There is clearly now an approach to using outcomes as the tool for making judgements about the quality of the residential care services but there is confusion as outcomes are often seen as inputs and processes

- We must encourage purchasing/commissioning on the basis of improved outcomes rather than outdated input measurements
- There needs to be a better understanding of outcomes under the terms that people receiving service are able to influence them
- Simplification what we want to say about inputs is required
- There should be a Review of the current Health and Safety in Residential Care guidance using current information and knowledge of health and safety inspectors and social care practitioners. Such guidance should not automatically become 'the rules'
- Major organisations in the health and safety/social care fields should come together perhaps enabled by the Residential Forum to look at some of the issues this paper addresses.
- We should look to social pedagogy model where appropriate
- We must challenge some assumptions about risk taking

Residential care often best meets people's needs and the Residential Forum will continue to challenge the statement that any other form of care is better than residential care.

Public attitudes towards residential care are changing and those attitudes do inform and influence coverage of residential care. There is an opportunity, even in challenging financial times to develop a balanced approach to risk and quality in residential care which has proportionality and relevance.

Many of the issues raised are for organisations such as Health and Safety Executive, Care Quality Commission, Skills for Care, Skills Academy, Social Care Institute for Excellence, Employers and Professional Associations to now consider.

There is, however, an opportunity for individuals working within residential care to ask themselves if there are any of the above issues that they could personally implement and thus enhance the life of the people for whom they care.

For its part the Residential Forum will seek to develop discussions and work further on this most important and other allied subjects to enable providers and practitioners in residential care to explain themselves and also explain why it is an essential component of care to take justified risks in order to provide good quality care.