

RESIDENTIAL

FORUM

PROMOTING POSITIVE CHOICE FOR RESIDENTIAL CARE: COUNTERING THE CRITICS

For me, one of the surprising findings of the inquiry was the strength of feeling among care home staff, positive in terms of the enthusiasm and commitment about the work that they do, but also the anger, disappointment and frustration about how they are perceived, treated and the lack of understanding about what the role involves.

John Kennedy, *Care Home Enquiry* (2014)

The Residential Forum's November 2014 Workshop began by recognising the sector attracted high levels of criticism, and found it hard to counter its critics. This is not new. Residential care has been much criticised over the years. Some of the criticisms have been justified, but many are overstated or unfair. Countless reports have been written about residential care, but with some honourable exceptions, few have been followed up. As a result, residential care services have become accustomed to receiving criticism from many quarters; and the sector has appeared to staff and the public to be passive in accepting and not challenging such criticism. What should be done about this?

Executive summary

- During 2014 a series of reports highlighted the important role that residential care plays, alongside other services such as healthcare and housing with support, in transforming lives.
- A consistent theme arising from these reports is a concern about the prevailing negative perception of residential care services, both in the media and in public consciousness.
- Deliberate poor practice, neglect or abuse can never be condoned and must be eradicated.

- But wholesale condemnation of the majority of residential care services, including many striving to deliver decent quality standards, damages the wellbeing of residents and staff
- Strong, coherent leadership is vital to enable the residential care sector to realise its purpose, and to provide a major voice able to advocate for what residential care can achieve
- Care providers, residents, relatives, staff, regulators and commissioners should unite in seeking good quality care, and agreeing effective remedial steps if things go wrong.
- The sector should be enthusiastic in talking up what we do and provide, namely 'residential care', and encourage staff to celebrate the difference they make to people's lives.

The important role of residential care

During 2014 there has been a series of reports highlighting the important role that residential care provision plays alongside other services such as healthcare in transforming lives. A Commission on Residential Care, administered by the think-tank Demos and chaired by a former Government Minister, Paul Burstow produced '*A vision for care fit for 21st century*'. Additionally the Joseph Rowntree Foundation published '*The John Kennedy Care Home Inquiry*'. The Review of Residential Care in Scotland and the Older People's Commissioner's report on residential care in Wales also became available.

The **Demos Commission** identified 5 pressing challenges facing the residential care sector:

- Funding shortfalls and business models
- Introducing the "living wage" as the minimum pay level
- Negative public perceptions and confusing terminology
- Rising proportions of residents with multiple morbidities
- Increased NHS expectations

The Commission concluded that the 'brand' of residential care has become so tarnished that only by using the term 'housing with care' would it be possible to change the way the service is perceived.

The **John Kennedy Personal Inquiry** report engaged with people in the residential sector, using various means including social media, and thus gave the opportunity for those who do not normally have a voice to have their say. Julia Unwin, the Chief Executive of Joseph Rowntree Trust says in the report "Drawing on testimony from care workers, residents and their families, this inquiry is an important corrective to a narrative that too often offers blame and criticism instead of hope and

encouragement. The care home of the future, in which all are valued and cared for, is placed in the hub of the community. Yet while we want care that is based on relationship and respect, provided with kindness and compassion, we seem unprepared to follow the logic of our demand.”

The **Older People’s Commissioner’s report on residential care in Wales – *A Place to Call Home*** – describes the best care homes as empowering and enabling – communities in their own right but also part of the wider community. “The older people in these homes have the very best quality of life that they could....however it is not the case for all care homes. Too many focus on the functional aspects of care, with a reliance on a task-based approach rather than delivering care that is person-centred.”

The **review of residential care for older people in Scotland** stated: “Recent high profile media coverage of cases where the delivery of care has been well below standard has prompted much thought and discussion about the kind of care we would like to receive in our later years, and where we would like to receive it. The common standpoint we all share is that we would each like our care and the environment we live in to be personal to us and appropriate to our needs and wants, rather than a single, standard one-size-fits-all approach..... Standing still on the issue of the future of residential care is simply not an option.”

Of course these can be added to the long list of reports into residential care of which at least 40 have been produced in the last 5 years.

The persistence of negative perceptions

A consistent theme arising from these reports is a concern about the prevailing negative perception of residential care services both in the media and in public conscientiousness.

The Chief Inspector for Adult Social Care at the Care Quality Commission in England has been reported as saying, amongst some positive comments, “there is too much awful care”. CQC has sharply criticised a number of individual homes and services where practice and care standards were unacceptably low, and residents had clearly suffered as a result. On the other hand, the Commission’s inspection report on support for people with dementia transferring between NHS and social care provision drew more damning conclusions than its evidence warranted, and could have caused undue alarm.

Some of the criticism that residential care receives is, of course, justified but a good deal is not. How therefore can residential care counter its critics when it is justifiable to do so? The source of criticism is important.

This has a bearing on the 'status' given to adverse comments. Criticisms come from many different opinion-formers, including politicians, government departments, service and workforce regulators, policymakers and academics. Other professionals, including social workers and those in health care, and of course the media are also significant sources of criticism. Relatives occasionally speak out, but they and residents may be reluctant to complain more often for fear of the consequences.

Criticisms in context

Deliberate poor practice, neglect or abuse can never be condoned and must be eradicated. However the wholesale condemnation of the majority of the residential care services, including many striving to deliver decent quality standards, is damaging to the wellbeing of residents and staff, and cannot be justified. We need to promote remedial approaches to improving poorer quality provision by engaging residents and relatives to assist in finding solutions. It is important to highlight to the public and the media the growing resource shortfalls in funding, staffing ratios, training and leadership development, but these must not be seen as the only reasons for poor quality care when it happens.

Residential care appears to face the following issues:

- The popular narrative presents residential care as the last resort, to be avoided unless all other options have been exhausted.
- The providers of residential care (particularly the private sector) are subject to severe scepticism about their role and motivation
- Residential care is too often associated with deterioration in people's physical, mental and social wellbeing, rather than improvement and progress
- Some people have a dislike of communal living
- Low pay in the sector is taken to imply limited knowledge and skill
- Modern residential care still lives in the shadow of the workhouse and the reform school
- The public perception is influenced considerably by constant negative media coverage, leading in turn to low morale of staff, concern by those seeking a home, and low expectations all round.

Residential care, in general, has found it difficult to respond to negative public perceptions and unjustified criticism. Residential care services feel powerless against what sometimes feels an onslaught of criticism. The service is not good at drawing attention to good practice in all its different modes that takes place across the UK. There is little recognition

of positive changes that have taken place. We need to find ways of communicating strong public messages about the value, quality and potential of good group and residential living options. There is a need to focus on continuous improvement in quality, personalisation, opportunities and choice, co-produced with residents, relatives and staff.

Some ways forward

There is no single 'right' way of responding to the present situation but there are various options that the service as a whole should consider:

- Strong, coherent leadership is vital to enable the residential care sector to realise its purpose, and to provide a major voice able to advocate for what residential care can achieve
- The sector needs to develop a narrative for positive portrayals of residential services
- We must seek to influence public debate about residential care through key opinion-formers whose voice will be heard
- We need to be honest about the problems the sector faces, the reasons for them, and the measures and resources needed to put them right
- Providers of care, residents in homes, relatives, staff, regulators and commissioners should be united in seeking good quality care, whilst recognising that occasionally things go wrong, and effective steps must be taken to put them right.
- Care homes need to become more 'open' and engaged with their communities, whilst protecting the privacy and dignity of residents for whom they represent home
- The sector, providers and commissioners require appropriate PR advice, in order when possible to be on 'the front foot'
- Residential care needs to learn from the mistakes of the past, and apply the lessons from inquiries, but seek to distance itself firmly from the negative connotations of the 'workhouse' culture.
- We should be enthusiastic in talking up what we do and provide, namely 'residential care', and encourage staff to celebrate the differences it makes to people's lives.
- We don't always recognise that challenging issues in residential care are in fact opportunities to change, and that the change needs planning and not undertaking on an ad-hoc basis.
- We need to make use of existing good material to encourage staff to undertake good quality care. Arguments that staff do not have the time, or it will make no difference, are not acceptable.
- Some care services, such as hospice care and extra-care housing, do receive positive media and public attention. Can lessons be drawn to enable other parts of residential care to win approval?

Some conclusions

Approximately 1.6 million staff work in care services. The workforce is therefore larger than in the NHS, prisons, or tourism, each of which has its own Government Minister – why not residential care? The value of the estate in residential care is considerable. But despite the huge workforce and enormous capital investment, residential care still struggles to be seen and valued as a major contributor to the public life of the country. This is simply unacceptable.

The policy goals for residential care have been unclear for some considerable time. What is its purpose? Who is it for? Demographic change has meant a great increase in the numbers of older people, and they constitute a much larger proportion of the adult population than before. These trends, which are set to continue, strengthen the argument that residential care should be a national strategic priority alongside those covering other key policy areas such roads, energy and food.

Despite many bold statements about alternative forms of care replacing care homes, the likelihood remains that ‘residential care is here to stay’ – there will always be a need for a range of options and services to match the diversity of older people’s requirements and expectations. That does not mean the sector does not have to change with the ever-changing circumstances of people who need and want the service.

Residential care services need to start with how they regard themselves, what they can and can’t do, what is and isn’t within their scope. They must make clear how the various goals can be defined and achieved, the resource and skills requirements, and the consequences if they are not forthcoming.