UNIVERSITY OF HULL

Early Indicators of Concern Residential and Nursing Homes for Older People

The *Abuse in Care*? Project

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Introduction

The *Abuse in Care?* Project

The *Abuse in Care? Project* is a long term research and development initiative focused on the abuse and mistreatment of people who receive support in staffed settings such as residential and nursing homes. To date, the project has concentrated on services for older people and people with learning disabilities.

The aim of the project has been to help to prevent abuse by enabling health and social care practitioners to reflect on the feelings of concern that they may have about a particular service and to take appropriate actions. Health and social care practitioners are skilled at noticing problems and subtle changes in services. With hindsight, such practitioners can describe complex patterns of concern that they had about services where abuse was later found to have taken place. The challenge for researchers and practitioners alike is to try to understand and use such patterns of concern to identify high-risk services and environments *before* the actual abuse or neglect occurs.

There are two main objectives in the context of this aim of prevention. First, the research project has sought to identify and understand the 'early indicators' of concern that are associated with situations where abuse and harm occur. These 'early indicators' are the aspects of support services that gave practitioners cause for concern, prior to, or at the same time as the actual abuse occurred or was discovered.

Secondly, the project has sought to apply the research findings by producing guides or reflective practice tools that might help practitioners to identify and address important problems at an early stage.

Information developed as a result of these two objectives is presented for both older people and people with learning disabilities. For each client group there is a document containing the full list of early indicators and a corresponding guide. These guides help people to record what they have seen and encourage them to reflect on their concerns, share their observations and take appropriate actions.

The guide can be found here.

Early Indicators of Concern in Residential and Nursing Homes for Older People

This document presents the full list of Early Indicators of Concern for older people in residential and nursing Homes. These Early Indicators reflect the findings from research and development work undertaken in two local authorities in the UK between 2010 and 2012. The research comprised a series of interviews and focus groups with practitioners who had been regular visitors to residential and nursing

homes where abuse had subsequently been found to have occurred. Findings from this research were found to be consistent with results from comparable studies, such as that published by Brooker et al in 2011[1].

It is important to note that the scope of the investigation did not extend to hospital based acute services or day care facilities, though the findings and principles may be of interest to those working in or with such services.

Commonly occurring areas of concern

The research enabled the identification of over 90 individual indicators or warning signs that were readily observed by the practitioners who were interviewed. Perhaps more importantly, analysis revealed that the indicators fall into a number of distinct areas of concern:

- Concerns about management and leadership
- Concerns about staff skills, knowledge and practice
- Concerns about residents' behaviours and wellbeing
- Concerns about the service resisting the involvement of external people and isolating individuals
- Concerns about the way services are planned and delivered
- Concerns about the quality of basic care and the environment

 (These six areas are described in detail on pages 4 -12.)

Abuse was found to be associated with a *spread or range* of indicators

Analysis of the findings suggests that abuse or neglect was associated with situations where practitioners had identified a number of indicators of concern spread over a range of these areas of concern. For example, a practitioner may have noted concerns about the manager, together with concerns about staff knowledge and concerns about the quality of basic care and the environment. The findings from this project suggest that we should be most concerned when such a spread or range of indicators is identified.

When practitioners notice indicators of concern in one single area this is less likely to be associated with a high risk of abuse or neglect. This does not mean that action should not be considered or taken with regard to the concerns identified, but it does suggest that the level of actual risk may be lower.

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[1] Brooker, D et al (2011) *How can I tell you what's going on here: The Development of PIECE-dem: An observational framework to bring to light the perspective of residents with advanced dementia living in care homes.*

Identifying a spread or range of indicators is not *proof* of abuse

Where a spread of indicators is revealed, suggesting a pattern of concerns, this is not, in itself, proof that people have been abused or neglected and, abuse can happen when concerns are not apparent. However, such a pattern of indicators of concerns does suggest that actions need to be taken to change and improve the service delivered and lower the risk that abuse or neglect will take place.
In addition, using the information in this document and the corresponding Guide does not replace listening directly to people in services. On the contrary it gives an important reason to listen more closely before and after concerns are raised.

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The Early Indicators

There are six main areas to think about:

1. **Concerns about management and leadership**

This is about the people who manage the home or service and other managers in the organisation. What are they doing, or not doing that gives you cause for concern?

2. **Concerns about staff skills, knowledge and practice**

This is about people who work in the home or service. What are their skills and practice like? What are they doing, or not doing that gives you cause for concern? This is not just people who work as care workers or nursing staff but also includes for example cleaners, catering staff and managers performing care tasks.

3. **Concerns about residents' behaviours and wellbeing**

This is about the people who live in the home or service. How are they? Are they behaving in ways which suggest that their support is ineffective or inappropriate? Are there noticeable changes in people's presentation or their appearance?

4. **Concerns about the service resisting the involvement of external people and isolating individuals**

Are the people in the home cut off from other people? Is it a "closed" or an "open" sort of place? Does the service resist support from external agencies or professionals?

5. **Concerns about the way services are planned and delivered**

This is about the ways in which the service is planned and whether what is actually delivered reflects these plans. For example, are people receiving the levels of care which have been agreed? Are the residents a compatible group? Is the service clear about the kind of support they are able to deliver?

6. **Concerns about the quality of basic care and the environment**

Are basic needs being met? What is the quality of the accommodation like?

1. Concerns about management and leadership

The first section is about the people who manage the home (or service) and other managers in the organisation. What are they doing, or not doing, that gives you cause for concern?

Is there evidence that:

- § There is a lack of leadership by managers, for example managers do not make decisions and set priorities

- § The service is not being managed in a planned way, but reacts to problems and crises

- § The manager is unable to ensure that plans are put into action

- § The managers know what outcomes should be delivered for older people, but appear unable to organise the service to deliver these outcomes, i.e. they appear unable to 'make it happen'

- § Managers appear unaware of serious problems in the service

- § The service does not respond appropriately when a serious incident has taken place. They do not appear to be taking steps to reduce the risk of a similar incident happening again

- § Managers appear unable to ensure that actions agreed at reviews and other meetings are followed through

- § Managers do not appear to be paying attention to risk assessments or are not ensuring that risk assessments have been carried out properly

- § Managers do not appear to have made sure that staff have information about individual residents' needs and potential risks to residents

- § The manager leaves staff to get on with things and gives little active guidance

- § The manager is not role-modelling good practice to the staff team. They are not involved in practice with residents

- § The manager is very controlling

- § The managers have low expectations of the staff

- § The manager is new

- § There is a high turnover of managers

- § The service is experiencing difficulty in recruiting and appointing managers

- § The manager leaves suddenly and unexpectedly

- § The manager is new *and* doesn't appear to understand what the service is set up to do

- § A responsible manager is not apparent or available within the service, for example they may be:
    - o On holiday
    - o Covering other services

- § Arrangements to cover the service whilst the manager is away are not working well

- § The services' resources are not being deployed effectively to meet the needs of theresidents. For example....

    - o There is a high turnover of staff

    - o Staff are working long hours

    - o Staff are working when they are ill

    - o There is poor staff morale

2. Concerns about staff skills, knowledge and practice

This section is about the people who work in the home or service. What are they like? What are they doing or not doing, that gives you cause for concern?

Is there evidence that:

§ Staff appear to lack the information, knowledge and skills needed to support older people and/or people with dementia

§ Staff appear challenged by some residents' behaviours and do not know how to support them effectively

§ Staff do not manage residents' behaviours in a safe, professional or dignified way. For example staff;
   o Send residents to their rooms
   o Use medication inappropriately or as a first resort
   o Ignore residents

§ Members of staff perceive the behaviours of residents as a problem – and blame the residents

§ Staff blame residents' confusion or dementia for all their difficulties, needs and behaviours; other explanations do not appear to be considered

§ Members of staff are controlling of residents

§ Residents are punished for behaviours which are seen to be inappropriate

§ Staff treat residents roughly or forcefully

§ Staff ignore residents

§ Staff shout at residents and are impatient

§ Staff shout or swear at residents

§ Staff talk to residents in ways which are not complimentary or are derogatory

§ Staff do not alter their communication style to meet individual needs. For example they speak to people as if they are children, they 'jolly people along'

§ Members of staff use negative or judgemental language when talking about residents

§ Staff do not see residents as individuals and do not appear aware of their life history

§ Staff do not ensure privacy for older people when providing personal care

§ Record keeping by staff is poor

§ Staff do not appear to see keeping records as important

§ Risk assessments are not completed or are of poor quality. For example, they lack details or do not identify significant risks

§ Incident reports are not being completed

§ There is a particular group of staff who strongly influence how things happen in the service

§ Staff informally complain about the managers to visiting professionals

§ Staff lack training in how to use equipment

3. Concerns about residents' behaviours and wellbeing

This section is about the people who live in the home or service. How are they? Is there anything about their behaviour or presentation that gives you cause for concern?

Is there evidence that one or more of the residents?

- § Show signs of injury due to lack of care or attention (e.g. through not using wheelchairs carefully or properly)

- § Appear frightened or show signs of fear

- § Behaviours have changed

- § Appearances have changed, for example they have become unkempt or are no longer taking pride or interest in their appearance

- § Moods or psychological presentation have changed

- § Behaviour is different with certain members of staff/when certain members of staff are away

- § Engage in inappropriate sexualised behaviours

- § Do not progress as would be expected

Is there evidence that;

- § The overall atmosphere is flat, gloomy or miserable?

4. Concerns about the service resisting the involvement of external people and isolating individuals

Are the people in the home or service cut off from other people? Is it a "closed" or an "open" sort of place?

Is there evidence that:

§ Managers and/or staff do not respond to advice or guidance from practitioners and families who visit the service

§ The service is not reporting concerns or serious incidents to families, external practitioners or agencies

§ The service does not pass on information and communicate with residents' families and external practitioners

§ Managers do not appear to provide staff with information about residents from meetings with external people, for example review meetings

§ Staff or managers appear defensive or hostile when questions or problems are raised by external practitioners or families

§ Staff are hostile towards or ignore practitioners and families who visit the service

§ The service does not liaise with families and ignores their offers of help and support

§ Managers or staff are defensive and concerned to avoid blame when things go wrong or there are problems

§ Staff or managers give inconsistent responses or account of situations

§ There are residents who have little contact with people from outside the service

§ There are residents who are not receiving active monitoring or reviewing (e.g. people who are self-funding)

§ Residents are being kept isolated in their rooms and are unable to move to other parts of the building independently ('enforced isolation')

5. Concerns about the way services are planned and delivered

This is about the way in which the service is planned and delivered to individuals and to groups.

Is there evidence that:

§ There is a lack of clarity about the purpose and the nature of the service

§ The service does not appear able to deliver the service or support it is commissioned to provide. For example it is unable to deliver effective support to people with distressed or aggressive behaviour

§ Decisions about where residents are placed are influenced by a lack of suitable alternatives

§ The service is accepting residents whose needs and/or behaviours are different to those of the residents previously or usually admitted

§ The service is accepting residents whose needs they appear unable to meet

§ There appear to be insufficient staff to support residents appropriately

§ Residents' needs as identified in assessments, care plans or risk assessments are not being met. For example residents are not being supported to attend specific activities or provided with specific support to enable them to remain safe

§ The layout of the building does not easily allow residents to socialise and be with other people

6. Concerns about the quality of basic care and the environment

Are basic needs being met? What is the environment like?

Is there evidence that:

- § There appear to be insufficient staff to meet residents' needs

- § There is poor or inadequate support for residents who have health problems or who need medical attention

- § Residents are not getting the support they need with eating and drinking, or are not getting enough to eat or drink

- § The service is not providing a safe environment

- § Staff are not checking that people are safe and well

- § There are a lack of activities or social opportunities for residents

- § Residents do not have as much money as would be expected

- § Residents lack basic things such as clothes, toiletries

- § Support for residents to maintain personal hygiene and cleanliness is poor

- § There is a lack of care for residents' property and clothing

- § The service does not have the equipment needed to support residents

- § Equipment is not being used or is not being used correctly

- § Equipment or furniture is broken

- § The service is not providing equipment to keep residents safe

- § Staff are not using wheelchairs safely and correctly

- § The home is dirty and shows signs of poor hygiene

- § The quality of the environment has deteriorated noticeably

- § Levels of activity for service users have declined noticeably