Messages from inquiries and reviews

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Essex Safeguarding Adults Board
Different types of inquiry & review

- Personal accounts
- Inspections
- Complaints
- Serious Case Reviews + coroners’ inquests
- Government inquiries
- Commonalities and differences in messages
This presentation focuses on older people’s inquiries

Contextual factors include:

• Ageism & ambivalence (especially in LTC; in semi-professional practice);

• Never a golden age - systemic and historical under-resourcing of support to older people;

• Public & professional tolerance of poor practice & standards for older people.
Previous Inquiries – present themes?


• DHSS (1969) *Report of the Committee of Inquiry into Allegations of Ill-treatment of Patients and other Irregularities at the Ely Hospital, Cardiff*.

Personal reports in media

- Ash Court – BBC Panorama
- Daughter – Jane Worrall - camera surveillance
- Support of advocacy/campaigning group Residents & Relatives Association
- Highly critical of CQC
- Week after Winterbourne View screening on BBC TV
Dignity and nutrition
inspection programme

National overview

Care Quality Commission

October 2011
A lack of inquiry by the CQC?

The case for **more** not **less** work by CQC by R&R

1. More inspections – risk based approach not adequate
2. More detail on reports
3. More analysis, eg of death rates
4. Re-launch relatives’ survey

Picture of circle dancing from Cynthia Heymanson
Complaints – the Clwyd-Hart review

Response to Mid-Staffs report & general concerns ‘Putting Patients Back in the Future’

One year implementation with 12 stakeholders

Duty of candour – remains to be decided – Trust or professionals? Extent of this and how it would work?
Clwyd-Hart Recommendations

• Chief Executives to take **responsibility** for signing off complaints. Trust Board to **scrutinise** all complaints & action. Board member to be responsible for **whistle-blowing**.

• Trusts to publish an **annual complaints report** in plain English

• **More information** on wards.

• Patients and communities should be **involved** in designing and monitoring the complaints system in hospitals.

• **Easier** ways to communicate.

• **Rebrand, Resource and Review** Patient Advice and Liaison Service and Independent Advocacy Services.
Local Inquiries (SCRs)

New names emerging
• Safeguarding Adult Reviews - SABs

Other developments
• Children’s SCRs - publish
• Domestic Homicide Reviews
• Overviews eg Hampshire on choking incidents

‘Corporate Accountability and Adult Safeguarding’ Edited by Rt Hon Paul Burstow MP 2013
Coroner inquiries

There was institutionalised abuse throughout the home and it started, in my view, at a very early stage, and nobody did anything about it. Penelope Schofield, Coroner, re Orchard View (closed late 2011)


To be followed by SCR...
Government Inquiries: Francis/Mid Staffs legacy

• Not just long-stay hospitals... (Ely)
• Testing of professional, governance, regulatory and criminal justice systems
• Clinical and compassionate imperatives
• Weakened trust?
• Power of relatives and the costs to them

Messages 1: Why is organisational abuse being missed?

Ash (2013) asked:

• Why aren’t care reviews & regulatory systems picked up earlier on residents’ poor quality of life?

• Why isn’t the known ‘whole-place-is-an-abuse’ home questioned, challenged or confronted by visiting social workers & other professionals?
Message 2: why is abuse tolerated?

Nomalised Deviance theory

Eg people find ways to work round apparently daft hurdles and get things done... All a matter of perceptions
Messages 3: Minimising harm to relatives and whistleblowers

Julie Bayley

Margaret Haywood
Message 3: minimising inquiry overload

• Role for Safeguarding Adult Board (some have sub-committees or panels)

• Roles for Safeguarding Managers to co-ordinate
Message 4: sector and inter-sectoral peer review and audit

• Value of peer review
• New developments on outcome measures
• Making the most of data
• Huge need to include other providers
• Need to assess value of ‘provision at risk’ etc
• Share sector led initiatives
Message 5: communicate & consider findings and recommendations

- Everybody’s business = nobody’s business!
- Decide how to do it – no set formula
- Communication is not the same as reflection
- Potential to go wider than staff to user/carer groups, politicians & public
- But addressing dissonance and mask
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- The views expressed in this presentation are those of the author and not necessarily those of Department of Health.

- Thank you for listening!
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