‘Adult Safeguarding –Systematic Failures in Residential Care’

Professor David Sines PhD CBE

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Who did this system really protect?


More nurses being struck off
Children in care 'abused on unimaginable scale'
Nurse sex attacker strikes again after 'second chance'
Britain's wards of shame
Probe into deaths of 4 patients
'Hospital was like prison'
Whistleblower forced to go abroad

NHS Inquiries

c150 inquiries 1968-to date

Expensive:

- Shipman (2004) - £21m
- Bristol (2001) - £14m
- Ashworth Hospital – 1993 and 1997 - £25m
- Alder Hey (2201) - £3m
- Cornwall Group Litigation – 2006 - 2012 - ?£m
- Winterbourne View Final Report – 2012 - ?£m

Themes from care system failures

1. **Longstanding problems known about for some time**
2. **Problems not handled such as poor care practice**
3. **Cause of immense harm, for example service users being injured or even dying with organisational reputations suffering**
4. **Lack of management systems focusing on dysfunctional governance boards, teams or individuals**
5. **Repeated incidences suggesting that lessons are not learned**
6. **Barriers to disclosure and investigation**

‘HOW COULD THESE THINGS HAPPEN? EMPLOYEES AND SERVICE USERS WERE LEFT TO WORK AND EXIST IN CONDITIONS WHICH NEGATED ALL THAT CARING INSTITUTIONS WERE MEANT TO STAND FOR’.

Truly compassionate care support is skilled, competent, values-based support that respects individual dignity. Its delivery requires the highest levels of skill and professionalism. Tackling poor practice, however, is not solely the responsibility of individual carers and professionals. Significant improvements are needed in many of the organizations and teams in which they work.

‘Would you complain forcibly to your superior if you knew of malpractice or appalling conditions in care practice? Subsequent history has amply confirmed that fears of reprisals are justified and indeed, the bizarre forms these can take’

‘Burnout can occur – ‘a syndrome of physical and emotional exhaustion, involving the development of negative self-concept, negative job attitudes, and loss of concern and feeling for clients’

Maslach, 1978.

Features of Corporate Care Systems Failure

- ***'a care system which was poorly organised'.***
- ***'...where there was a 'club culture'...an imbalance of power, with too much control in the hands of a few'.***
- ***'...the Board...lost sight of its responsibilities to deliver acceptable standards of care to all users...'.***
- ***'failure to pay sufficient regard to personalisation and front line leadership and to the experience and sensibilities of users and their families'.***

Institutions in Trouble – The key themes

- **The power of the working group**
- **The distortion of aims**
- **The isolation of the working group**
- **The darker side of group loyalty**
- **Intellectual and group liveliness**

Characteristics of Failure

- **Corruption of Care: ‘impersonal, regimented and oriented to the performance of routines’.**
- **Failures in Leadership: ‘intellectually and professionally isolated – professional backwaters – lacking the vigour of new thinking and experiencing neither the excitement of intellectual challenge nor the satisfaction of professional success or acclaim’**
- **Victimisation of those ‘who rock the boat’**
- **Inadequacies of training**
- **Personal failings – ‘permissive sub-cultures – intimidation and harshness.’**

The Ingredients of Failures to Care

- **Individual callousness and sometimes brutality**
- **Low standards of care and low morale of care staff**
- **Weak and ineffective leadership and supervision**
- **Vindictive and determined attempts to silence complainants, with the acquiescence or connivance of senior staff**
- **Failure by managers, law and professional to intervene when care standards fail**
- **The service as a whole becoming social and professionally isolated, with buildings and staff morale in a generally run down state.**

John Martin, 1984.

Characteristics of Poor Leadership

- **Interpersonal managing upwards to the exclusion of local relationships**
- **Inability to handle interpersonal problems, adapt to change or elicit trust**
- **Poor team leadership, especially at times of challenge, difficulty or conflict**
- **Bad leadership - Incompetent, rigid, intemperate, callous, corrupt, insular, evil**
- **The corrosive impact of discontinuous change**
- **Complacency and laziness**
- **Arrogance**

Why Leadership Fails

- **Arrogance: ‘You’re right and everyone else is wrong’**
- **Melodrama: ‘Senior colleagues always aspire to be the centre of attention’**
- **Volatility: ‘Mood shifts are sudden and unpredictable’**
- **Excessive caution: ‘The next decision you make may be your first’**
- **Habitual distrust: ‘Focussing on the negatives’**
- **Aloofness: ‘Disengaged and disconnected’**
- **Mischievousness: ‘You know that rules are only suggestions’**
- **Eccentricity: ‘It’s fun to be different just for the sake of it’**
- **Passive resistance: ‘Silence is misinterpreted as agreement’**
- **Perfectionism: ‘Getting the little things right but the big things go wrong’**
- **Eagerness to please: ‘Wanting to be the most popular’.**

Human Beings to do not harm others unless they can justify this in some way.

- **Rationalisation - shifting the blame to others**
- **Denial of injury – 'no feelings'**
- **Denial of responsibility – the 'defence of acting under orders'**
- **'Sins' of commission and omission**
- **Condemnation of the 'condemners'**
- **Appeal to higher loyalties – 'protecting the workforce from becoming too emotionally involved' – a sign of weakening staff control**
- **Normative behaviours and conservation of group standards and loyalties**

'Techniques of Neutralisation – Sykes and Matza, 1957

Managing potentially destructive behaviour

- **1. Criticism - *disapproval expressed by pointing out*** *faults or shortcomings*
- **2. Defensiveness - *excessive sensitivity to criticism***
- **3. Stonewalling - *stalling or delaying especially by*** *refusing to answer questions or co-operate*
- **4. Contempt - *lack of respect accompanied by a*** *feeling of intense dislike for those who comply or who try to improve standards*

There is no one correct approach to delivering harm free care

Support staff should note that there may not be a right and a wrong approach when planning and delivering care but a judgement must be made that an appropriate level of wisdom has been applied based on risk assessment and collaborative team-based decision making.

In a healthy system carers and practitioners will connect seamlessly with those they seek to work with and to support. They will do so in accordance with the authority delegated to them by their managers, using organisationally sanctioned protocols to quality assure support-related interventions and systems and to manage risk effectively. What we want to achieve for our users is good quality decision making informed by evidence based interventions that are not inappropriately influenced by issues of cost or managerialism.

So what is happening to care practice?

Pressure to improve the transactional aspects of care, combined with natural levels of anxiety, may lead to reduced standards of care and may expose users to reduced levels of safety and safeguarding. Under such circumstances both service users and their care supporters may feel emotionally challenged and compromised.

The dominance of productivity over empathy.

- The dominance of explanation over empathy.

- We have lost sight of the fact that when we fail to consider our feelings, relax our values and relegate the meaning people place on and derive from aspects of their work then our logic can so easily lead us to compromise user safety and to adopt a hurried and uncaring approach to care.

Emotional and Professional Factors that Impact on Performance

Human interventions necessarily involve dealing with situations that are difficult, emotional or sometimes unpleasant. For example, it can involve dealing with complex emotions, insecurities or decisions about allocating scarce resources. All of these will tend to make support staff anxious and we will construct defences against this anxiety. Many of these defences are subconscious, they are ways in which we 'contain' our anxiety – keep it within bounds we can cope with.

Martin, 1984 – 'Hospitals in Trouble', Blackwell.

- Healthy and human factor responses to this professional anxiety involve things like:
  - Bringing it into awareness
  - Reflecting on the source of it
  - Seeking support where we need it
  - Thinking carefully through the needs and wishes of the other
  - Reminding ourselves of our sense of purpose

Human Factors include.....

- Situational Awareness
- Decision making
- Effective teamwork and interaction
- Team Working
- Effective leadership
- Responding to a Non Averse Risk Culture
- Emotional Intelligence and Emotional Awareness
- System/Process/Environmental awareness and challenge

Risk and Trust

- We need to foster a culture of becoming far less adverse to uncertainty and risk. We also need to recognise and manage anxiety and learn how to respond with respectful uncertainty to situations in which the way forward is not clear. This requires us to value and give voice to our sense of ‘inner knowing,

- This demands that we transact our interventions effectively and safely and with tolerance and acceptance, particularly when care options are not straightforward and involve risk and challenges to trust

- We need to be aware of how our emotions influence behaviour in ourselves, but also to recognise this in colleagues too.

- Carl Rogers' description of the therapeutic triad (of genuineness, non-possessive warmth and accurate empathy) may be a good starting point for this. 'The therapeutic alliance includes hope, trust, common understanding, and bonding, and is found where there is a supportive, warm, positive attitude on the part of the practitioner, who speaks a language the client understands, and is encountered and trusted by that client.'

There is no recipe for Utopia!

The key is not to eliminate error but to maintain an culture which increases the probability of small errors being caught before the become errors that harm.

Practitioners and support staff, despite possessing great skill, compassion and insight are human and as such are prone to making all of the errors that normal people make.....this includes everyone one of us!

Remember that you are only as good as your last good deed!

“OUR PROMISE TO LEARN and OUR COMMITMENT IS TO ACT”

Achieving Mastery

“Where there is Mystery there is no Mastery”

There are:

“Those who make things happen;

Those who think they make things happen;

Those who watch things happen;

Those who wondered what happened;

Those who did not know anything had happened at all!”