

BUPA's Response to the Health Committee's consultation on Elder Abuse

November 2003

1. Executive summary

- 1.1. BUPA is a provident association. This means that any surplus from fees is reinvested in better schemes and services for the benefit of all BUPA's customers. It has fifty-five years experience in "the prevention and relief of sickness"...and "the promotion of health"
- 1.2. BUPA is the largest single provider of care home places in the UK and is committed to providing the best possible care to people resident in its 17,000 care home beds in the UK.
- 1.3. BUPA does not tolerate abuse in any of its care homes. However, it acknowledges that even with monitoring and support that is over and above regulation and statutory protection, distressing incidents occur. Thankfully, they are rare.
- 1.4. BUPA has policies, training programmes and procedures in place that endeavour to ensure a positive and open care culture that prevents neglect and abuse from occurring. These include an active approach to whistleblowing.
- 1.5. On the rare occasion that an incident does occur, BUPA investigates the incident rigorously, then informs and actively collaborates with statutory agencies. BUPA does everything in its power to learn from experience and wherever possible takes action to prevent similar incidents from happening again.
- 1.6. Staff in BUPA care homes are provided with extensive training opportunities to enable them to provide quality care for people who may be considerably distressed because of their health status.
- 1.7. BUPA takes its duty of care to vulnerable, elderly people extremely seriously. BUPA endeavours to create an environment that strikes a balance between providing an appropriate level of care and supervision and giving residents the freedom and quality of life they deserve.
- 1.8. BUPA is concerned at the apparent broadening of the term abuse to encompass acts that until now have been viewed as errors of judgement, insensitivity to personal needs and preferences - largely due to ignorance. However distressing, these incidents arise out of a lack of training and awareness rather than an intention to abuse or neglect vulnerable people.
- 1.9. Statutory authorities and the media focus attention on events in care homes yet little attention is given to the inadequate commissioning of services. This contributes to poor patterns of care currently deemed abusive. Whilst care in homes is subject to considerable observation by staff and visitors, and statutory regulation, these safeguards are much diminished in people's own homes where much care is provided by individuals in isolation.

2. About BUPA

- 2.1. BUPA is a provident association. This means that any profit is reinvested in better schemes and services for the benefit of all BUPA's customers. It has fifty-five years experience in "the prevention and relief of sickness"...and "the promotion of health".
- 2.2. BUPA was established in 1947 and is a broad-based health and care organisation with a growing international presence. With long standing interests in Hong Kong, Spain and Malta, BUPA's rapid expansion in recent years means it is now also involved in businesses based in Thailand, Saudi Arabia, Ireland, Singapore and Australia. It has more than seven million customers in 180 countries and approximately 40,000 employees. Its main interests are health insurance, hospitals, care services, health assessments, workplace health and childcare services. It also provides recruitment services for healthcare professionals and has a network of nurseries for the children of working parents.

3. About BUPA Care Homes

- 3.1. BUPA Care Services cares for approximately 16,000 residents in 245 residential and nursing homes across the UK. Approximately seventy percent of BUPA's residents receive some funding from the state for their care.
- 3.2. In 2002, BUPA Care Services committed to spend £3 million on training over the next three years. It ran 12,000 certified courses on subjects such as health and safety, fire training and food hygiene. It also put 1,600 people through a mixture of NVQ levels two, three and four and provided work placements for NHS nurse trainees as part of their course. It is the one of the largest companies to be awarded Investor In People status, which it gained for the second time in September 2003.

4. Prevalence of abuse in care homes

- 4.1. Confirmed cases of abuse with intent are rare within BUPA's care homes. Like all care home providers, BUPA is subject to formal regulation and inspections. In addition to this, BUPA operates a robust system that investigates and monitors all complaints and issues that are brought to its attention and monitors this through its management system. However, despite the regulation, monitoring and a strong whistleblowing policy, abuse can occur. The problem is that the term abuse appears to have expanded: there is now a lack of clarity about when insensitive care, or complex needs that are inadequately recognised through service commissioning or ignorance, give the term legitimacy.
- 4.2. Abuse is not tolerated but an analysis of the cause of the abuse is seldom undertaken and, in most cases, action is taken against the immediate perpetrator. The true cause may lie in an environment that tolerated abuse. There is inadequate research to understand the cause of real abuse and a tendency to micro manage the consequences rather than develop environments where the risk of abuse is minimised.
- 4.3. Understanding abuse has always been methodologically difficult and is likely to continue to be so. The literature on abuse and neglect spans a remarkable range from sexual assault and theft to 'stagnant activity levels' and lack of privacy. The definition of Elder Abuse by the charity Action on Elder Abuse is:

'A single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person'.

- 4.4. BUPA considers this definition to be too wide as it devalues the importance of the term abuse as a marker of utterly unacceptable behaviour.

5. Causes of abuse

- 5.1. BUPA reflects that standards and patterns of care have evolved from before the Poor Law to the present time and that expectations and patterns of need change, as does societal acceptance of risk and safety.
- 5.2. At present commissioning and funding streams for long stay care require contractual arrangements involving multiple agencies. BUPA observes that these are predicated more on 'quantity and cost of care' required at the time of need rather than the quality of care required for the individuals optimum care experience throughout their remaining life course. A recent report from the Rowntree Foundation suggested that local authorities are paying care homes approximately £80 per person per week less than is required to care for their residents. Additional increases in the National Minimum Wage and NI contributions are squeezing the sector.
- 5.3. BUPA suggests that inadequate and relatively (compared with service provision) unaccountable commissioning processes may be a significant factor. Other external factors could also play an important role. They may include:
 - a deficiency of beds leading to a tolerance of care homes that are not 'fit for purpose'
 - a market economy that may result in care homes accepting residents when the homes are ill equipped to provide appropriate care for those residents. BUPA believes this situation arises when care homes on the brink of bankruptcy due to low levels of local authority funding are forced to take all residents offered to them.
 - a litigious and overprotective climate that may result in a preoccupation with residents' safety that leads to an increased, and possibly inappropriate, use of restraints and the practice of confinement.
- 5.4. Continued press attention is focussed on elderly care home residents being over medicated with sedative agents. The recurring allegation is that care homes tranquilise residents to keep them manageable. BUPA strongly disputes this allegation. All medication is prescribed by the residents' own GPs. Doctors decide what drugs care home residents should take and decide on the dose. BUPA's care home staff are responsible for administering the medication to residents. They may seek medical review of residents' symptoms and behaviour but it is a medical decision to prescribe sedation. Care home regulators do not have jurisdiction over the prescribing habits of attending doctors, though it is acknowledged there may be discussion between care staff that will be influential. Research is required to understand the severity and extent of this issue and to inform policies that provide a lasting remedy.
- 5.5. Although research is limited, residents vulnerable to sexual abuse are often characterised by severe intellectual impairment and physical frailty, while those with challenging behaviours can lead to staff retaliating abusively.

6. What can be done about it?

- 6.1. BUPA considers that in its care homes, clear lines of managerial accountability and trained and valued staff, allied to a stable, supportive management, all minimise the risk of abuse.

- 6.2. Within care homes, immediate appropriate action is necessary when concerns regarding care are raised irrespective of whether abuse has been specifically alleged. Under the present definitions of abuse and systems for the protection of vulnerable adults, the statutory response is best described as all or nothing and usually in response to a single event or sequence of events perpetrated by an individual or group of individuals. The protection of vulnerable older adults would be enabled if abuse and neglect were viewed as one extreme of elder mistreatment with insensitive, disparaging and dehumanising care (known as 'malign care') at the other.
- 6.3. Between the extremes of abuse and malign care is maltreatment. This is usefully considered as deliberate acts of harsh care that may be absorbed into the culture of a care home and condoned. BUPA believes that more investment into preventing malign care and maltreatment would provide a more enduring protection as these circumstances almost certainly allow the emergence of abuse. To help prevent incidents of abuse and maltreatment, acts of malign care must not be tolerated or dismissed as not worthy of comment.

7. Recommendations

- 7.1. The burden of regulation is already adequate to safeguard vulnerable people in care homes. BUPA believes that existing NCSC regulations coupled with strong internal whistleblowing and complaints procedures are sufficient to ensure the highest possible quality of care. **There should be no new regulations.** BUPA does have concerns that providing care in peoples' own homes, unregulated sheltered accommodation units and assisted living arrangements may require new protective measures.
- 7.2. BUPA believes that the better the training the greater the reduction in incidence of abuse. Adequate training is made difficult by local authorities who pay care homes for care with no specific consideration for the support and development of the infrastructure of training. **Local authority fees need to be set at fair rates that make the sector viable and allow services to be improved through investment in, for example, staff training.**
- 7.3. **Care homes should incorporate into their internal policies staff training on the 'Identification of Abuse and the Protection of Vulnerable Adults' and the designation of members of the care team as resident advocates.**
- 7.4. The more often friends and relatives visit, the less likely it is that issues will arise, particularly if friends and relatives are encouraged to raise any concerns they have. **Integrating care homes within the community, ensuring they are viewed as an important local asset and that they have an open and welcoming culture to encourage relatives to visit would serve to foster positive care outcomes.** BUPA already makes a point of trying to incorporate all its care homes into the local community.
- 7.5. **The development of a Protection of Vulnerable Adults list, similar to that utilised in child protection would identify individuals deemed unfit to work with vulnerable adults in any setting.**