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

Centre for Applied Research and Evaluation

University of Hull

September 2012
Early Indicators of Concern in Residential and Nursing Services for Older People

This report presents the findings of a research project to identify ‘early indicators’ of concern in residential and nursing homes for older people. These early indicators of concern are associated with services in which older people have been abused, neglected or harmed. Therefore where patterns or clusters of indicators are observed within services, this suggests an increased risk to older people. Such indicators can, and are, observed by practitioners who visit services for older people, and provide evidence that action needs to be taken, as a priority, to reduce risks and decrease the likelihood that abuse or neglect will occur. Therefore, an awareness of, and attention to, early indicators of concern can help protect older people from abuse and harm.

The research was carried out by the Centre for Applied Research and Evaluation at the University of Hull and was commissioned by the Birmingham Safeguarding Adults Board (BSAB). This is a final report of the research project to BSAB. It should be noted that the information and ideas contained within this report do not necessarily represent or reflect the views of BSAB or of its member agencies.
Contents

Introduction ................................................................. page 3

Acknowledgements ......................................................... page 5

Executive Summary ....................................................... page 6

Research Approach ....................................................... page 10

Findings ....................................................................... page 13

A Tool for Health and Social Care Practitioners ............... page 18

Appendices ..................................................................... page 19
Part 1 - Introduction

This report presents the findings of a project which identified early indicators of concern in residential and nursing homes for older people. These early indicators are early warning signs that there are significant weaknesses in services, which may place older people at risk. The existence of a number or pattern of such indicators has been found to be associated with abuse, neglect and harm. The project arose from discussions with members of BSAB who were interested in the issue of prevention and approaches to support the safety and wellbeing of older people receiving support in such services.

1.1 Research aims and objectives

The overall aim of the research was to contribute to the prevention of the abuse of older people in residential and nursing homes. This aim was to be achieved through the following objectives;

- Identifying early indicators of concern or warning signs that are associated with situations and settings where abuse, neglect or harm was known to have taken place.

- Applying the research findings in ways which are useful to practitioners who visit services as part of their professional roles enabling them to identify risks at an early stage and take action to protect older people.

1.2 The importance of preventative work

Working to achieve this aim of preventing the abuse of older people in residential and nursing homes is an important area of research and practice. This is because;

- Research and inquiries have provided evidence of the abuse of older people in services in which they would expect to be safe, protected and well supported (see for example references 1, 2, 3, 4). This highlights the risks which older people in such settings may experience.

- The experience of abuse and neglect can be physically and emotionally harmful, distressing and traumatic, both for those who are abused, and their families (5, 6, 8), indicating that the human costs of abuse are high.

- The population receiving care and support in residential and nursing homes includes people who are physically and cognitively frail, including a significant proportion of people with dementia (7); this is a population which is considered to be especially at risk of abuse (8).

- Older people in residential and nursing homes may experience difficulties in complaining or raising concerns about their treatment and experiences, for example due to fear or communication difficulties.
The aims of this research are also consistent with national adult safeguarding policy. Such policy has largely been concerned to ensure that when abuse occurs or is suspected, an effective response is made. However, safeguarding policy has also highlighted a concern with prevention. For example, *No Secrets* identified prevention as a significant issue, observing that *agencies’ primary aim should be to prevent abuse wherever possible* (9). This research project provides a practical example of how health and social services can work towards prevention in services for older people, through the identification of clear and tangible indicators of concern and developing guidance to inform and support practitioners who visit services for older people.

### 1.3 Previous research regarding indicators of concern

This research was informed by earlier research carried out at the University of Hull (10). This research identified early indicators in services for people with learning disabilities and developed guidance for practitioners who visited services as part of their professional role (11). This earlier project demonstrated that practitioners who visit services do notice and identify significant indicators of concern. These indicators were characterised as predictable, familiar, tangible and readily observable. This suggested that such indicators could be readily identified and that the ability to identify early indicators did not require special training, but was instead based on *an appreciation of sensible practice, principles of good care and basic human rights* (10). The work undertaken in learning disability services has informed practice in a number of authorities nationally; feedback from practitioners and teams which have used the guidance suggested that this would be a useful approach to the issue of abuse in services for older people.

*Caroline White*
*Dave Marsland*

*Centre for Applied Research and Evaluation*
*University of Hull*

*September 2012.*
Part 2 - Acknowledgements

The researchers would like to take this opportunity to thank the following for their time, assistance and support in carrying out the research project:

- Steering group members, both past and present, representing agencies in Birmingham, who supported the research throughout

- The health and social care practitioners who took part in the research interviews and shared their experiences of working in services in which older people had been abused and harmed

- The Birmingham Safeguarding Adults Board for funding and supporting the research, which recognised the importance of listening to the experiences and knowledge of practitioners, and working to prevent the abuse of older people

- All agencies which offered support in publicising the project and recruiting participants to the study
Part 3 - Executive Summary

The research project presented in this report was commissioned by Birmingham Safeguarding Adults Board, and was concerned with the abuse of older people in residential and nursing homes. The research took place between September 2010 and September 2012.

3.1 Research aims and objectives

The overall aim of the research was to contribute to the prevention of the abuse of older people in residential and nursing homes. The research sought to address the following questions;

- In situations or services where abuse or neglect occur do health and social care practitioners notice aspects of support or practice which cause them concern, at the time of or prior to the abuse?

- What are the specific aspects of support, or early indicators, that practitioners notice?

- If early indicators were noticed and identified, are there similarities in these indicators; that is, are there consistent groupings or themes among the indicators?

- Are these groupings or themes consistent with findings from research to identify indicators of concern in services for people with learning disabilities, and research in services for older people?

- Can the information about early indicators be applied to construct clear, straightforward and meaningful practitioner guidance?

The research findings are based on information gained from interviews with health and social care practitioners who have experience of visiting services for older people in which abuse has occurred. The information from interviews was analysed by the researchers, enabling the identification of individual indicators of concern and key thematic groupings.

3.2 Key research findings

Health and social care practitioners who visit services for older people as part of their professional roles do notice signs or indicators of concern which are associated with increased risk of abuse and neglect. Visiting practitioners are therefore well placed to identify and raise concerns and to take actions to prevent the onset of abuse.
Early indicators of concern can be identified for services for older people. The research enabled the identification of over 90 early indicators of concern (detailed in full in Appendix 4). Information and awareness of early indicators can support practitioners in identifying concerns, feeling confident that what they have observed is valid and acting to protect older people from abuse.

Key themes could be identified which highlight aspects of services for older people which contribute to the risks of abuse and neglect. In addition to identifying individual indicators of concern, these indicators could be collected into six key thematic groups of related indicators, which identify important elements of services which increase the risks of abuse and neglect. This is significant because it suggests a relatively small number of commonly occurring issues or themes which are consistent across services, rather than a wide range of disparate and unrelated indicators.

These six themes relate to;

1. Concerns about management and leadership
2. Concerns about staff skills, knowledge and practice
3. Concerns about residents’ behaviours and wellbeing
4. Concerns about the service resisting the involvement of external people and isolating individuals
5. Concerns about the way services are planned and delivered
6. Concerns about the quality of basic care and the environment

These themes provide important information about key aspects of service design and delivery which increase the risks of abuse and harm for older people.

Patterns or clusters of indicators are significant. It was evident from the research interviews that practitioners who had noted concerns in services in which abuse had taken place had identified indicators across a range of themes, rather than relating to a single theme. This suggests that where a range of indicators across different types are observed, this is especially significant in identifying risk.

The key themes identified are consistent with the findings of other research and inquiries. The six key themes are consistent with those identified in services for people with learning disabilities. There is also a close correspondence between the findings of this research and other research and inquiry findings relating to services for older people.

Guidance has been developed to support practitioners who visit services for older people as part of their professional role. This guidance enables practitioners to recognise early indicators, discuss and share their concerns and take action to reduce risks and help prevent the onset of abuse and neglect. The guidance produced provides practitioners with information about all the early indicators identified and a matrix for recording and reflecting upon their concerns, enabling them to discuss their concerns
with others and take action to protect older people. This guidance is presented in Appendix 5.

3.3 – The research findings and guidance are of significance to a range of groups

These key groups include:

- Practitioners, in recognising and reporting concerns when working in services for older people
- Commissioners, in ensuring the safe design of services and when commissioning services for individuals or groups
- Service providers, who can reflect upon areas for development and work to deliver service improvements
- Older people, who it is hoped will benefit from the delivery of safer services and effective responses at an early stage when there are indicators of concern present.

The examples matrix from the practitioner guidance, with examples of the early indicators identified, is presented overleaf.
### Early Indicators of Concern – Older People’s Services

<table>
<thead>
<tr>
<th>Examples from the Research</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Concerns about management and leadership</strong></td>
</tr>
<tr>
<td>- There is a lack of leadership by managers, for example managers do not make decisions or set priorities</td>
</tr>
<tr>
<td>- The service/home is not being managed in a planned way, but reacts to problems or crises</td>
</tr>
<tr>
<td>- Managers appear unaware of serious problems in the service</td>
</tr>
<tr>
<td>- The manager is new and doesn’t appear to understand what the service is set up to do</td>
</tr>
<tr>
<td>- A responsible manager is not apparent or available within the service.</td>
</tr>
<tr>
<td><strong>2. Concerns about staff skills, knowledge and practice</strong></td>
</tr>
<tr>
<td>- Staff appear to lack the information, skills and knowledge to support older people/people with dementia</td>
</tr>
<tr>
<td>- Staff appear challenged by some residents’ behaviours and do not know how to support them effectively</td>
</tr>
<tr>
<td>- Members of staff are controlling of residents</td>
</tr>
<tr>
<td>- Members of staff use negative or judgemental language when talking about residents</td>
</tr>
<tr>
<td>- Record keeping by staff is poor</td>
</tr>
<tr>
<td><strong>3. Concerns about residents’ behaviours and wellbeing</strong></td>
</tr>
<tr>
<td>- One or more of the residents</td>
</tr>
<tr>
<td>- Show signs of injury through lack of care or attention</td>
</tr>
<tr>
<td>- Appear frightened or show signs of fear</td>
</tr>
<tr>
<td>- Behaviours have changed</td>
</tr>
<tr>
<td>- Moods or psychological presentation have changed</td>
</tr>
<tr>
<td><strong>4. Concerns about the service resisting the involvement of external people and isolating individuals</strong></td>
</tr>
<tr>
<td>- Managers/staff do not respond to advice or guidance from practitioners and families who visit the service</td>
</tr>
<tr>
<td>- The service is not reporting concerns or serious incidents to families, external practitioners or agencies</td>
</tr>
<tr>
<td>- Staff or managers appear defensive or hostile when questions or problems are raised by external professionals or families</td>
</tr>
<tr>
<td><strong>5. Concerns about the way services are planned and delivered</strong></td>
</tr>
<tr>
<td>- There is a lack of clarity about the purpose and nature of the service</td>
</tr>
<tr>
<td>- The service is accepting residents whose needs they appear unable to meet</td>
</tr>
<tr>
<td>- Residents’ needs as identified in assessments, care plans or risk assessments are not being met</td>
</tr>
<tr>
<td>- The layout of the building does not easily allow residents to socialise and be with other people</td>
</tr>
<tr>
<td><strong>6. Concerns about the quality of basic care and the environment</strong></td>
</tr>
<tr>
<td>- The service is not providing a safe environment</td>
</tr>
<tr>
<td>- There are a lack of activities or social opportunities for residents</td>
</tr>
<tr>
<td>- Residents do not have as much money as would be expected</td>
</tr>
<tr>
<td>- Equipment is not being used or is not being used correctly</td>
</tr>
<tr>
<td>- The home is dirty and shows signs of poor hygiene</td>
</tr>
</tbody>
</table>
Part 4 - Research Approach

This section provides an overview of the approach taken to addressing the research questions. A detailed research methodology is provided in Appendix 1.

4.1 - Information from other studies

The researchers reviewed knowledge and findings from research and inquiries concerning abuse in residential services, both for older people and people with learning disabilities. The information from these existing studies informed the development and conduct of the research in Birmingham. Throughout the project the researchers have continued to study emerging reports of abuse in residential settings.

4.2 - Interviews with health and social care practitioners

We conducted interviews with health and social care practitioners who visit services for older people as part of their professional roles, and who have experience of visiting services in which older people had experienced abuse, neglect and harm. These interviews enabled the identification of new information and data.

Practitioners were invited to take part in the research according to the following criteria;

- Their professional role had included visiting services for older people in which abuse had occurred
- The abuse had taken place within the previous two years
- The abuse took place within the geographic area covered by BSAB
- The abuse was proven or could be considered ‘highly probable’. The criteria by which cases could be judged proven or highly probable were adapted from a study by Brown and Turk (12) and are documented in full in Appendix 1.

Interviews were carried out with practitioners; either in face to face or telephone interviews, according to practitioner preference. The interviews asked practitioners about the things they had observed within the service which had caused them concern. Detailed notes were made during the interviews; these notes were later typed (and any identifying information removed) and entered onto computer for analysis.

4.3 - Data analysis

Analysis of the interview data was carried out by two researchers to identify individual early indicators of concern, and key themes with regard to the abuse of older people in residential and nursing homes.

A total of eight interviews with health and social care practitioners which were carried out in Birmingham and the second participating authority (see 4.5) were analysed. Data from a focus group in the second authority was also included in the analysis.
4.4 - Production of guidance for practitioners

The information from practitioner interviews was used to produce guidance for practitioners. The design of the guidance was based on feedback from practitioners who had used the guidance for services for people with learning disabilities. Feedback on the draft guidance was also sought from practitioners, managers and BSAB.

4.5 - Research in another location

In addition to the research in Birmingham, a parallel research project was carried out by the researchers in a second local authority in Scotland. This parallel project was conducted using the same methodology and inclusion criteria. The findings of the two projects were combined to allow the identification of a full range of early indicators and to produce the practitioner guidance.

4.6 - Difficulties and challenges

Identifying practitioners to take part in the research was a key challenge. The reasons for this are not fully clear, but may in part reflect the current demands upon agencies and practitioners in the light of current service reorganisation and financial pressures. There was also some indication that for some practitioners, their involvement with services may be relatively short term. In this case they may move on to work in other services and may not learn about what happens in respect of any problems or concerns identified. This meant that it was not possible to judge whether the situations in which they had briefly been involved met the criteria of proven or highly probable abuse.

In addition, a close reading of the interview transcripts indicated that some interviews could not be included in the analysis. The key reasons for excluding interviews were;

- The case discussed did not appear to meet the relatively strict criteria for proven or highly probable abuse. This meant that, while poor standards were identified in the services discussed, there was insufficient evidence that abuse had taken place.

- An older person had been harmed, but no concerns had been identified prior to the abuse or harm occurring. This suggests that either no-one had observed anything which caused concern in the service, or that the abuse or harm had not been predictable in the sense that there had not been any early warning signs or indicators.

4.7 - Research with families

An additional strand of the project was to explore how information about early indicators of concern could best be presented to families of older people in ways which were accessible, useful and sensitive. The researchers sent information about the study and an invitation to attend a family focus group to staff working in voluntary sector
agencies providing support to families and/or older people. They were asked to forward this information to families they worked with whom they believed would not be upset or distressed by being asked to take part in such work. However, despite the interest and support of these agencies it was not possible to identify any family members who were able and willing to attend the focus group. It was not therefore possible to carry out this strand of the research.
Part 5 - Findings

5.1 – General observations

Some key points which emerge from the interviews are that;

- All the reported abuse took place in either residential or nursing homes; no other
  staffed services, such as day centres, were represented in the research
- A range of types of abuse were represented, including financial and physical
  abuse and neglect
- None of the older people whose abusive experiences were reported were
  identified as members of BME groups – all older adults were identified as ‘white
  British’ or ‘other white’. Therefore, the project did not, as anticipated, identify
  any indicators of discrimination or abuse based on race or a lack of awareness of
  cultural needs.

5.2 – Health and social care practitioners notice signs that something is wrong
within services

The research found that practitioners do observe signs, or early indicators, which cause
them concern when visiting services for older people. Such information can play an
important role in informing practice.

5.3 – Early indicators of concern could be identified in services for older people

The analysis of the information from the interviews and focus groups enabled the
identification of more than 90 individual indicators of concern. These early indicators
are detailed in full in Appendix 4.

5.4 – Six key themes or groupings among the indicators were identified

The early indicators identified could be categorised into six key groups. These identify
key themes with regard to aspects of services which increase the risks of abuse or harm
for older people. This is significant because it suggests a small number of commonly
occurring issues or themes which are consistent across services.

These six key themes identified through the research are;

1. Concerns about management and leadership
2. Concerns about staff skills, knowledge and practice
3. Concerns about residents’ behaviours and wellbeing
4. Concerns about the service resisting the involvement of external
   people and isolating individuals
5. Concerns about the way services are planned and delivered
6. Concerns about the quality of basic care and the environment
5.5 – Where patterns or clusters of indicators are observed, this is especially significant

Where practitioners observe a range of indicators associated with at least two or three of the key groups, this appears to be especially significant in identifying that older people are at increased risk of abuse, neglect or harm.

5.6 – The early indicators and themes identified are consistent with practice and research knowledge

Discussions with practitioners, decision makers and BSAB members suggested that the early indicators identified were broadly consistent with individuals’ practice experience.

In addition, our findings are also consistent with the findings of inquiries and research concerning abuse in services for older people.

A wide range of factors which contribute to abuse in services has been recognised; for example the inquiry into Rowan Ward (2) in which older people were subject to abuse highlighted a range of factors, which were also noted within the current research;

> The Rowan Ward service had many of the known risk factors for abuse: a poor and institutionalised environment, low staffing levels, high use of bank and agency staff, little staff development, poor supervision, a lack of knowledge of incident reporting, closed inward looking culture and weak management at ward and locality level. The service became particularly vulnerable during the transition period when other psychiatric services were relocated to another site and Rowan Ward was left geographically isolated.

A range of other research and inquiries (see references 2, 3, 4, 10, 13, 14) concerning abuse and neglect in services for older people, and for people with learning disabilities, have identified many of the concerns noted in this research; these include;

- Concerns about the quality of management
- Lack of staff skills and training
- Poor communication towards residents by staff
- ‘Closed cultures’ in which the involvement of external professionals is not welcome and staff are cut off from opportunities to learn about best, contemporary practice
- Concerns about the admission of residents that a care home may be inadequately equipped to meet
- Poor quality environments and lack of activity
- A lack of equipment
5.7 – Detailed examples and explanations of early indicators identified through the research

In this section examples of the early indicators within each of the six key groupings are identified; quotes from the interviews are included to provide examples of the indicators noticed by practitioners.

5.71 - Concerns about management and leadership

In common with other studies and inquiries (for example see references 1, 2, 3, 4, 10) this research indicated the importance of good management and leadership at all levels within a service or organisation. Early indicators identified related to;

- Concerns about the quality of leadership
- The ability of managers to deliver outcomes
- The quality of information, support and guidance given by managers to staff
- Issues with regard to the recruitment, retention and availability of managers
- A failure of services to take appropriate and effective action when serious incidents have occurred. For example the notes from one interview state that even after the first incident they were not working in the right way. After the first one [I] expected that they would be running around like headless chickens putting everything in place to make things safe. [They] clearly were not taking things seriously.

5.72 - Concerns about staff skills, knowledge and practice

The research highlighted the importance of a competent and skilled staff group in promoting the safety and wellbeing of older people. Older people appeared to be placed at risk when staff;

- Lacked information, skills and knowledge about the support needs of older people, people with dementia and the individual residents within the service
- Were challenged by residents’ behaviours and did not appear to know how to offer appropriate and dignified support
- Talked to or about residents in negative or inappropriate ways. For example, the interview notes highlight a service in which the staff were not complimentary to the person..not seeing the person and their history.
- Carried out poor record keeping or lacked awareness of the importance of record keeping.

5.73 - Concerns about residents’ behaviours and wellbeing

A number of aspects of residents’ behaviours or emotional wellbeing were identified which suggest that residents may be at risk of abuse or neglect. These include;

- Behavioural change
- Changes in mood
- Behaviours which are different with certain members of staff
- Changes in appearance. For example concern was noted about a resident who
  had kept their appearance in the community – but not now.
- Appearing frightened.

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

External people, including practitioners and visiting family members can play an important role in monitoring and being vigilant about the wellbeing of older people and the quality of the care they receive. However, the research identified ways in which services can make the involvement of external people more difficult and can in effect isolate older people from the support of the external people in their support network. Concerns were expressed about services which;

- Did not respond to advice, guidance and offers of support from practitioners and families. For example, senior carers were not taking enough of a proactive response to our advice and concerns
- Did not forward information, including information about serious incidents and concerns, to external people
- Were hostile towards people visiting the service, or ignored them
- Were defensive
- In which there were residents who were not receiving active monitoring or reviewing.

5.75 - Concerns about the ways services are planned and delivered

The ways services were designed, planned and delivered were found to contribute to the risks of abuse and harm. Concerns were highlighted about services which did not appear able to deliver the care and support which had been commissioned, including meeting needs identified through assessment, care planning and risk assessments. A key area of concern related to the risks created when services accepted residents whose needs or behaviours were different to those of the existing resident group. For example, they seemed to be accepting more disturbed people – people were more unstable, likely to be causing problems. And [the resident] was different to the usual kind of resident. This is especially significant when considered alongside the finding that staff did not always receive support and guidance to ensure that they responded effectively and appropriately to residents whose needs or behaviours challenged them.

5.76 - Concerns about the quality of basic care and the environment

Early indicators were identified which related to the abilities of services to provide a safe environment and care which promotes the safety and wellbeing of residents. Concerns were identified about services which did not meet residents’ needs for;

- Support with regard to health problems or medical needs
- Support with eating and drinking
- Activities and social opportunities.

Concerns were also identified with regard to equipment; this included concerns about equipment which was not available, was not being used correctly or was broken. For example, they were dragging the residents across the beds, not using slidey sheets.
Part 6 - A Tool or Guidance for Practitioners

Following the identification of early indicators of concern, a key objective of the research was to use the information about early indicators and key themes to produce guidance which can be used by practitioners who visit services for older people.

6.1 – The practitioner guidance

The guidance produced for practitioners consists of two related documents which should be used together;

The Early Indicators. This document provides a list of all the early indicators identified through the research. These are grouped under the 6 thematic headings identified in the previous section.

A Guide. This provides a format which allows practitioners (individually, as part of a team, or between different teams) to record and structure concerns about services they visit, and to decide what to do in the light of their concerns. The guide identifies a process which practitioners should follow. This process asks them to;

Record – their concerns

Reflect – about what they have seen in services

Talk to someone – for example, discuss concerns with colleagues or in supervision

Act – to protect older people and to reduce the risk of harm to individuals. This latter stage offers a reminder that it is not sufficient merely to monitor and record; where residents are being identified as at risk it is essential to take action to reduce these risks.

6.2 – The presentation of the guidance was informed by practitioner feedback

The presentation and format of the guidance is based on feedback from practitioners who have used the earlier guidance regarding services for people with learning disabilities. Their feedback suggests that practitioners value an approach which is not overly prescriptive but relies on their ability to make professional judgements based on their training, experience and knowledge. In addition, feedback was sought through meetings with practitioners, decision makers, managers and members of BSAB. Responses from these meetings suggested that the early indicators identified are useful and resonated with individuals’ practice experience and that the recording format provided a useful method for recording concerns.
Appendices

Appendix 1 – Detailed Research Methodology

Appendix 2 – The Interview Questions

Appendix 3 – References

Appendix 4 – The Early Indicators of Concern in Residential and Nursing Homes for Older People

Appendix 5 – The Guidance for Practitioners
Appendix 1 – Detailed Research Methodology

The research was based on qualitative methodologies, using semi-structured interviews with practitioners to gather information, and qualitative methods of data analysis. The methods used in this study were based on those used in an earlier study to identify the early indicators of abuse of people with learning disabilities (10).

The research consisted of the following stages;

**Stage 1 – Preparation**

During this stage of the research a steering group was established, to provide advice and support throughout the research process. Membership of the steering group included representatives from:

- Birmingham City Council
- Birmingham Community Healthcare NHS Trust
- South Birmingham PCT
- Heart of Birmingham Teaching PCT
- Birmingham East and North PCT
- Sandwell and West Birmingham PCT
- Birmingham Carers’ Association
- Heart of Birmingham Older People’s Reference Group

The steering group provided information, support and guidance at all stages of the research.

Research studies within local authorities and the NHS are subject to scrutiny of their ethical and methodological robustness. Permissions for this study were sought from:

- The Social Care Research Ethics Committee
- The Birmingham and Black Country Comprehensive Local Research Network (for NHS permissions)
- The Birmingham Research Governance Committee (for permissions to conduct research within Birmingham City Council)

A favourable opinion was given by all the above agencies prior to the research starting.

At this stage, all project materials were designed; this included all information leaflets, interview schedules and consent forms.

**Stage 2 – Interviews with health and social care practitioners**

The aim at this stage of the research was to carry out interviews with approximately 10 health and social care practitioners.
**Recruitment and selection of practitioners**

Information about the research project was sent to a range of agencies and teams (identified with support from the steering group) in which practitioners visit services for older people as part of their professional role. Team leaders were asked to circulate information about the research to practitioners working within their teams. Information was also placed on agency e-bulletins where these were available. Practitioners were invited to make direct contact with the researchers.

Practitioners were invited to take part in the research if;

- Their professional role had included visiting staffed services for older people in which older people had been abused
- The abuse had taken place within the previous 2 years (to ensure accuracy)
- The abuse took place within the area overseen by the Birmingham Safeguarding Adults Board
- The abuse was proven or could be considered ‘highly probable’ (according to criteria adapted from Brown and Turk, reference 12). These criteria defined abuse as proven or highly probable if, for example;
  - There was forensic evidence of abuse
  - The abuse was reliably witnessed
  - A formal investigation into the abuse led to significant action, such as;
    - A successful court conviction
    - Staff were disciplined or dismissed
    - Agency/bank staff were asked not to return
    - Staff resigned following an allegation
    - Residents were removed from the services or contracts were withdrawn
    - Resident perpetrators were removed from the service or offered an intervention
    - A verbal disclosure of abuse was made and considered reliable, but there was no further evidence
    - There was a reliable perpetrator confession
    - Any other case with overwhelming evidence

**Practitioner Interviews**

Prior to the interviews, practitioners were sent an information sheet, providing information about the study and what would be involved for them if they decided to take part. Before the interviews the researcher discussed the information with the practitioner and responded to any questions; practitioners were then asked to sign a consent form.

Practitioners were interviewed using a semi-structured interview schedule. This asked questions about;

- The setting in which the abuse took place
- The practitioner’s role
The ethnic group of the person harmed
- The ways in which the person was harmed
- The things which caused the practitioner to become concerned that things were not right
- Things that, with hindsight, appeared important.

The interview schedule did not ask any questions about the identity of the person who was abused, the service or any other individual or agency. Where such information was inadvertently given this was either not recorded or was removed when interview notes were prepared.

We planned to carry out face to face interviews with practitioners; however during the research it emerged that for some practitioners it was preferable or more convenient to be interviewed by telephone; therefore some of the interviews were carried out by phone.

Detailed written notes of participants' responses were made during the interview. At the end of the interview the researcher read out the notes to the practitioner; this enabled the accuracy of the notes to be checked and could also prompt additional memories, which would otherwise have remained unrecorded. The interview notes were subsequently typed and entered onto computer for analysis.

We were mindful that the issue of the abuse of older people is a sensitive one, and that there was a possibility that for some practitioners the interviews could prove painful and upsetting, or prompt concerns about older people or services they currently support. At the end of the interviews all participants were given an information sheet with contact details of local agencies and national helplines which offer information, advice and support with regard to the abuse of older people. In the event there was no evidence that any practitioner became upset as a result of taking part in the research. We also developed a plan to ensure that any disclosures of or concerns about abuse which had not already been reported would be appropriately dealt with. No disclosures were made to the researchers.

In addition to the interviews carried out in Birmingham, interviews were also carried out in a second authority (in Scotland). The interview schedule and methodology used for both sets of interviews was the same and the data from this second area was analysed alongside the data from Birmingham.

Stage 3 - Data analysis

The interview data was analysed by the researchers using a qualitative methodology. The data analysis allowed the identification of a range of early indicators of abuse, and key themes with regard to the abuse of older people in staffed services.

Stage 4 - Production of information for practitioners

The information from the earlier stages of the research was used to produce information for practitioners who visit services for older people. Feedback on the draft guidance was sought from practitioners, managers and BSAB.
**Work with families**

Work was also planned to identify how information about early indicators of concern could best be presented to families of older people ensuring that they could access information which was clear, timely and sensitive.

At the beginning of the project information about the project was prepared for families and a focus group guide prepared. A focus group was arranged, at which it was planned to share information about the research, the early indicators and key themes identified and to seek families’ views on how these could best be made available.

Information about the research and the focus group was sent to voluntary sector organisations working with older people and/or their families. These agencies were asked to forward this information to family members;

- Whose relative was receiving (or who had recently received) support in staffed services for older people
- Who they believed would not experience distress or concern at being asked to take part in the research.

All information for families stressed that they were not being asked to take part in the research due to any concerns about their relative’s safety or wellbeing.

Despite the support offered by a range of agencies it was not possible to identify any family members who were able and willing to take part in this stage of the research.
Appendix 2 – The Interview Questions

The following questions and prompts were asked during the interviews with health and social care practitioners;

Section 1

Background Information

Q1  What was the setting for the abuse?
   - Residential home
   - Nursing home
   - Day centre
   - Extra housing
   - Other

Q2  What role were you working in at the time you became concerned about the abuse and harm?

Q3  Please indicate the ethnic group of the person who was harmed;
   - White British
   - Other White background
   - Black/Black British
   - Asian/Asian British
   - Chinese
   - Arabic
   - Mixed
   - Other ethnic background
Section 2

About the abuse

Q4  In what ways was the person being harmed?

- Physically
- Emotionally / psychologically
- Sexually
- Financially
- Through neglect
- Through discrimination

Section 3

About concerns

Q5  What first caused you to be worried or think that things were not right?

(Prompts: Did you see anything which made you worried?
Did your concerns relate to things other people said? Or other people’s behaviours?)

Q6  Were there other things that worried you?

Q7  Are you aware that anyone else was worried?

Who were they/what was their role?
Do you know why they became concerned? Did you have similar concerns/see
evidence of this yourself?

Q8  Looking back, is there anything else which, with hindsight, you think was important?
Q9 Was there anything else you have not already mentioned which made you worried that things were not right?

For example;

- Did you see anything that concerned you?
- Did the people who worked in the home do or say anything that concerned you?
- Did the people who lived in the home say or do anything that concerned you?

Q10 Offer a summary of what has already been said;

- Is this accurate? Is there anything which needs to be changed?
- Is there anything you wish to add?
Appendix 3 – References


Appendix 4 – Early Indicators of Concern in Residential and Nursing Homes for Older People

Appendix 5 – Guidance for Practitioners
Early Indicators of Concern in Residential and Nursing Homes for Older People
The Early Indicators

Introduction

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 original research for these indicators comprised a series of interviews with practitioners who regularly visit residential and nursing homes for older people where abuse had subsequently been proven or found to be highly likely. The findings from these interviews were found to be consistent with research results from comparable studies such as that published by Brooker et al in 2011.

The primary purpose of these indicators is to try to prevent abuse

The material in this document gives the full detail about each of the groups of indicators established in the original research. Each grouping or section contains a number of statements, or early indicators, patterns or clusters of which may suggest that residents are at increased risk of abuse, harm and neglect. These early indicators are based on evidence gathered from accounts of abuse which practitioners shared with the researchers.

It is important to remember that these indicators suggest that residents are at risk of abuse. The presence of these indicators does not however mean that residents are definitely being abused or that they have been abused. The purpose of this document is to highlight the presence of risks and concerns at an early stage to help practitioners to make decisions about proactive actions.

Dave Marsland
Peter Oakes
Caroline White

Centre for Applied Research and Evaluation
University of Hull

---


[http://www.panicoa.org.uk/sites/assets/how_can_i_tell_you_whats_going_on_here.pdf](http://www.panicoa.org.uk/sites/assets/how_can_i_tell_you_whats_going_on_here.pdf)
The Early Indicators

There are 6 main areas to think about:

1. **Concerns about management and leadership**
The people who manage the home and other managers in the organisation. What are they doing, or not doing that might put people at risk of abuse?

2. **Concerns about staff skills, knowledge and practice**
The people who work in the home. What are their skills and practice like? What are they doing that might put people at the risk of abuse? Remember this is not just people who work as care workers or nursing staff. For example, this section also includes the practice of managers and other non-care staff who work in the service.

3. **Concerns about residents’ behaviours and wellbeing**
The people who live in the home or service. How are they? Are they behaving in ways which suggest they may be at risk of abuse?

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

Is there evidence that:

- There is a lack of leadership by managers, for example managers do not make decisions and set priorities
- The service/home 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:
- On holiday
- Covering other services

Arrangements to cover the service while the manager is away are not working well

The services’ resources are not being deployed effectively to meet the needs of the residents. For example:
- There is a high turnover of staff
- Staff are working long hours
- Staff are working when they are ill
- There is poor staff morale
2. Concerns about staff skills, knowledge and practice

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:
  - Send residents to their rooms
  - Use medication inappropriately or as a first resort
  - 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 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/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 home
- Staff informally complain about the managers to visiting professionals
- Staff lack training in how to use equipment
3. Concerns about residents’ behaviours and wellbeing

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**

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 reviews

- 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

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

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

Guidance for Practitioners
Introduction

This guide has been developed following detailed research into known cases where abuse took place in residential services and nursing homes for older people. Detailed analysis of these examples produced a series of indicators. When there is a pattern or cluster of these indicators in a service it can be said that the people receiving this service are at risk of abuse.

The indicators are organised into 6 themes. This guide gives the themes and examples of the themes. There is then a further sheet that can be used to collect information and reflect on the risks that might be present in a service. It is stressed that risk of abuse occurs particularly where there is a pattern of concern across the different themes. A pattern or cluster of concerns across different themes is much more significant than concerns in one theme.

The indicators can be used in one of three ways. An individual can use the sheets to record and structure concerns. A group of people, including families and professionals can use the sheets to collect concerns about a service from different sources. A team from a service can use the sheets to review and reflect on their own service. There is a simple but essential process

Record - Reflect - Talk to Someone - ACT

There are two other important notes:

1. A pattern of concerns is not proof of abuse and abuse can happen when indicators of concerns aren’t apparent. This is a guide to help people to record, reflect, talk to someone and ACT. It is based on evidence and experience from many examples where abuse did occur and these indicators were present but not acted upon.

2. The use of this 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.

Neither the University of Hull, the authors nor any contributors to this guide can accept any responsibility for any use or misuse of this guide or for any reliance placed on the information or resources contained in it, nor can they accept liability for any loss, damage or expense caused by any action or lack of action that a user of this guide might take or fail to take as a result of this guide. Responsibility for such action or lack of action remains entirely with the user.
### Early Indicators of Concern – Older People’s Services

<table>
<thead>
<tr>
<th>Examples from the Research</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Concerns about management and leadership</strong></td>
</tr>
<tr>
<td>- There is a lack of leadership by managers, for example managers do not make decisions or set priorities</td>
</tr>
<tr>
<td>- The service/home is not being managed in a planned way, but reacts to problems or crises</td>
</tr>
<tr>
<td>- Managers appear unaware of serious problems in the service</td>
</tr>
<tr>
<td>- The manager is new and doesn’t appear to understand what the service is set up to do</td>
</tr>
<tr>
<td>- A responsible manager is not apparent or available within the service.</td>
</tr>
</tbody>
</table>

| **2. Concerns about staff skills, knowledge and practice** |
| - Staff appear to lack the information, skills and knowledge to support older people/people with dementia |
| - Staff appear challenged by some residents’ behaviours and do not know how to support them effectively |
| - Members of staff are controlling of residents |
| - Members of staff use negative or judgemental language when talking about residents |
| - Record keeping by staff is poor |

| **3. Concerns about residents’ behaviours and wellbeing** |
| - One or more of the residents |
| - Show signs of injury through lack of care or attention |
| - Appear frightened or show signs of fear |
| - Behaviours have changed |
| - Moods or psychological presentation have changed |

| **4. Concerns about the service resisting the involvement of external people and isolating individuals** |
| - Managers/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 |
| - Staff or managers appear defensive or hostile when questions or problems are raised by external professionals or families |

| **5. Concerns about the way services are planned and delivered** |
| - There is a lack of clarity about the purpose and nature of the service |
| - The service is accepting residents whose needs they appear unable to meet |
| - Residents’ needs as identified in assessments, care plans or risk assessments are not being met |
| - 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** |
| - The service is not providing a safe environment |
| - There are a lack of activities or social opportunities for residents |
| - Residents do not have as much money as would be expected |
| - Equipment is not being used or is not being used correctly |
| - The home is dirty and shows signs of poor hygiene |
## Indicators of Concern

<table>
<thead>
<tr>
<th>Name of Service ........................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Concerns about management and leadership</td>
</tr>
<tr>
<td>2. Concerns about staff skills, knowledge and practice</td>
</tr>
<tr>
<td>3. Concerns about residents’ behaviours and wellbeing</td>
</tr>
<tr>
<td>4. Concerns about the service resisting the involvement of external people and isolating individuals</td>
</tr>
<tr>
<td>5. Concerns about the way services are planned and delivered</td>
</tr>
<tr>
<td>6. Concerns about the quality of basic care and the environment</td>
</tr>
</tbody>
</table>