Speech for Westminster Hall debate on CCTV in Care Homes

Mr Chairman,

It is great pleasure to be able to move this debate under your Chairmanship. I was very pleased to be successful in the ballot in getting it. It provides me with an opportunity to raise with the House and the Minister my concerns that more could be done to improve safety and security in our Care Homes.

There will be no MPs, I suspect who do not have Care Homes for the elderly in their constituencies and in many cases there will also be other residential homes for vulnerable and disabled adults and children. The latest statistics available show that there are over 400,000 registered care home beds in the UK and with an ageing population the number is growing. Increasingly those in care homes for the elderly are suffering from complex forms of physical and mental disability particularly dementia. Some will exhibit challenging and distressing forms of behaviour and looking after them properly is demanding of emotional skills that are not necessarily inherent in all of us. It is estimated that there will be 1 million people with dementia in the UK by 2021. But care homes are not hospitals and as the Minister and her department will be very much aware, staffing will range from the medically qualified through individuals unqualified but with all the right life skills to those for whom there is little or no vocational interest in the work which can involve long hours at relatively low pay.

We should not be surprised therefore that the expansion in the number of care homes has been accompanied by a constant pattern of stories concerning instances of neglect and abuse. Such incidences may be a relatively small percentage of the overall population but they are not in any way insignificant. They are also undermining of public trust. A 2016 poll of a public sample group showed that 52% believed that abuse of residents was “a regular event” in care homes.

If this level of anxiety may be excessive it is not unreasonable when one looks at the evidence from the Care Quality Commission itself. In October 2017 it reported that more than 100 vulnerable and elderly people were suffering serious injuries in care homes every day and that reports of serious injuries show a rise of 40% over 5 years. Serious injury notifications rose from 26779 in 2012 to 38676 in 2016. The CQC’s chief inspector of adult care has said that “People living in care homes and their families wish to be reassured that those in charge of care homes are doing everything they can to support their health and wellbeing, including making sure their services are as safe as possible”.

 It is of course in furtherance of this that the CQC requires notification of serious injuries and learn from and minimise the risk of such injuries so that the quality of care can be constantly improved. It may also in bad cases bring prosecutions with the sanction of very substantial fines where negligent actions are found to have occurred.

But the Minister and her department need to ask themselves if this is all sufficient to meet these problems. In particular she will I hope have seen the recent academic research conducted under the aegis of University College London’s Department of Old Age Psychiatry and led by Claudia Cooper. This consisted in an extensive care home survey of 1544 staff in 92 care homes.

The results make quite troubling reading. While most staff reported positive care behaviours, there were also some that were not. Over 50% reported carrying out or observing potentially abusive or neglectful behaviours at least sometimes in the previous 3 months. Some abuse of residents was reported as happening sometimes in 91 out of 92 of the care homes that were surveyed. Neglect was most frequently reported -making a resident wait for care 26%, avoiding a resident with challenging behaviours 25%, giving residents insufficient time for food 19% ,taking insufficient care when moving a resident 11%, physical and verbal abuse 54% Perhaps not surprisingly the was a clear correlation between abusive and neglectful behaviour and within homes with higher rates of staff turnover and poor morale. A long series of studies have shown that Carer stress likely to lead to neglect or abuse of residents is associated with low job satisfaction, long hours ,low pay, physical demands, staff shortages and minimal education and training.Interestingly and contrary to the hypothesis the research had started with, numbers or ratios of staff to residents, environmental quality and the neuropsychiatric symptom severity in residents were not associated with the risk of abuse. The picture that emerges is to me the common one of the risks being the product of poor management and low levels of training and motivation of staff.

And this brings me Mr Chairman to what more might be done about this and the greater use of CCTV in the common parts of care homes both as a deterrent to abuse but also as an aid to improving care performance.

I was first approached about this idea several years ago by a constituent Mrs Jayne Connery. Mrs Connery’s mother had been resident as a dementia sufferer in a care home just outside my constituency where she suffered abuse through rough handling which came to light when a whistleblower amongst the staff informed her of what had occurred. Subsequent inquiry before she moved her mother elsewhere, suggested that the lack of proper systems at the home was allowing unauthorised strangers to be invited into the home late at night by staff. When she raised this concern with the management she was told there was no proof of this having happened. It was the fact that both the abuse and any illicit visits by strangers into the home took place in communal areas which persuaded mrs Connery of the desirability of making monitoring of common parts of care homes obligatory. She was also influenced by the fact that many cases of abuse which have been proved have come about as a result of relatives setting up hidden cameras when they have had strong suspicions that abuse was taking place. It has since led her to set up an organisation Care campaign for the vulnerable with the mission of bringing in CCTV in the common parts of care homes to promote it.

Mr Chairman, when Mrs Connery first contacted me I was impressed by her determination and her motivation. But I have to admit that I was not then certain in my mind that her proposal was necessarily the best way to tackle this problem and I had concerns as lawyer about the extent to which any placing of CCTV cameras in care homes might infringe privacy. Several rounds of correspondence have followed with the Department of Health in which I pressed them to respond on the details of her campaign. It is right to say that this has shown the Department to be pretty non committal on the subject. In a letter to me written in July last year the then Secretary of State my Right Honourable friend the member for South West Surrey, stated -I shall quote from the relevant paragraphs:

“I appreciate Miss Connery’s concerns,

We agree that poor care, abuse and neglect are completely unacceptable. Everyone should receive high quality care, delivered by well trained, properly managed and compassionate staff. We are committed to making this a reality.

The Department believes that they use of CCTV and other forms of covert surveillance should not be routine, but should be considered on a case by case basis. The Department does not object to the use of CCTV in individual care homes or by the families of residents, provided it is done in consultation with and with the permission of those residents and their families.

We want to make sure that people are held to account for the quality of care they provide, so we are introducing measures to ensure that company directors who consent or turn a blind eye to poor care will personally be liable for prosecution. In the future, they and provider organisations could face unlimited fines if found guilty.”

The Care Quality Commission is the independent regulator of all health and adult care providers in England. All providers of regulated activities, including the NHS and independent providers, must register with the CQC and meet a set of requirements governing the safety and quality of services. These requirements include areas such as cleanliness and infection control, the management of medicines, safety, the availability and suitability of equipment, respecting and involving service users and ensuring that there are sufficient numbers of suitably qualified, skilled and experienced people employed by providers.”

The rest of the letter dealt with trying to raise staffing standards through the provision of the Care Certificate for employees in the sector.

Mr Chairman, no one reading the letter would have any reason to disagree with its sentiments. But it misses the point that Ms Connery has been making that CCTV in common parts could be a really useful tool to achieving a number of important ends.

Firstly it offers a reassurance to residents and their families that any incidents that take place in communal areas can be recorded and that if something occurs in this setting it will be possible to ascertain the facts. It is worth bearing in mind that in the last 5 years there have been over 100,000 allegations of abuse or instances of negligence leading to safeguarding referrals at very significant cost in terms of manpower. In many cases the inevitable outcome is that the issues and the causes of an incident remain unresolved which is as unsatisfactory for the provision of care as it may be wholly unfair on the staff involved.

Second, the presence of CCTV in common parts will act as a deterrent to those who might enter the care home for an unlawful and unauthorised purpose. This is regrettably not unknown. I had in my own constituency some years ago an appalling case of a serious sexual assault on a resident by a stranger.

Third, the correct use of CCTV provides an opportunity for managers in care homes to keep problems under review and to help staff learn from errors in delivering care that may have occurred in the course of their work. This facilitates the very improvements that the CQC and the Secretary of State are seeking and which were set put in his letter to me of which I have read some extracts.

As a lawyer with a past area of practice in Health and Safety Law, I was particularly interested in examples of its use as it is the practical benefits of an innovatory change . And it is this I have to say Mr Chairman which swayed my own opinion as to its desirability as Ms Connery was able to provide me with ample evidence that responsible care homes are convinced of its usefulness.

In the time available I will give two examples:

Zest Care homes Ltd based at Yarm in Cleveland are a long established care home provider. They were concerned that despite best intentions and robust operational policies and auditing of services they were still getting poor performance issues. They concluded that the principle problem was that regardless of training and induction of staff there was a trend to take shortcuts when assisting residents.

They accordingly consulted with all relevant stakeholders and moved to an CCCTV overt consent based system which covered not only communal areas but bedrooms as well but all meeting ECHR standards of proportionality. Footage was viewed by professionally trained monitors from third party company with monthly reports based on two hours of sampling per day. The footage was not continuous but triggered “event” recording.

They have stated that after installation:

“We have noted a very material culture changes such as how staff now position themselves when talking to residents, the practise of using mobile phones when talking to residents, the presentation of food etc. To more major issues such as the delivery of personal care, management of incontinence and manual handling consistency. Very significant events such as resident on resident violence, staff attempting to sleep overnight at times, drug near misses as staff are distracted when administering medications, staff rudeness, family abuse of residents etc. All have have been noted because of the CP system and addressed immediately without any delay.

One real positive is the reduction of unexplained injury events and a reduction in unexplained safeguarded referrals. The CP system has assisted with preventing accidents as focussed training followed monitor notification of repetitive poor or casual practices.

Families are very positive about system use……..

It is our view that whilst the regulator operates under a very robust framework and has a challenging inspection regime, its findings are nevertheless a snapshot in time. We believe that daily monitoring is much more effective and focus on care practises and the actual delivery of care should have priority over the presentation of care documentation as to whether care quality at any site is of good enough standard.

Providers have an interest in knowing that information. CP (the system) acts as a critical friend,…..shortcomings are no longer “perceived” as images either confirm issues indeed are present, or they are not.”

The second provider ids Marbrook in Cambridgeshire which is a specialist provision in neurological care and rehabilitation. They stress an awareness that CCTV can have drawbacks as it could lead to staff watching screens rather than interacting with those for whom they care. But they see this outweighed by the benefits which I have already cited. They say “the senior management team can access it randomly to watch snapshots of life at the home. This probably amounts to less than an hour of live footage a week being seen. As part of our audit and quality procedures we do randomly select maybe three or four different shifts a month to look at retrospectively. We look at how our staff are interacting with residents and if staff at night fully awake and attentive?....It is also used without hesitation when we have a suspected incident, accident or complaint which needs further investigation.”

 I hope these examples will help the Minister understand why I think CCTV should be promoted. Beyond that I believe the government should be considering making it compulsory in the common parts to which residents access. This raise no privacy issues of any complexity and would already provide a powerful tool for preventing abuse. It is clear that it is technology that care homes with high standards are already adopting.

I am mindful that the Government will be concerned about imposing a new cost burden on care homes. Many, I know, operate on low profit margins particularly in high cost areas. But providing an adequate leas in time ought to allow for the costs of putting in CCTV to be absorbed without crisis. Good quality care of the elderly and vulnerable should not be inhibited by a failure to implement good practise.

I look forward to hearing inn due course my Honourable friend’s response. I very much hope that she can provide a positive message to those who are campaigning for this change.

Dominic Grieve