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Chapter 1

Accidents don't happen

It was 11 March when my sister called; our mother had a broken ankle due to an accident with the hoist in her nursing home.

'Accidents happen,' my sister said.

'No, they don't!' I replied. 'Accidents don't happen. If you're using equipment, like the hoist, correctly then accidents do *not* happen.'

Mum's leg and ankle had been put in plaster and she had been returned from the hospital to the nursing home. Our brother, Keith, would be able to visit today, but Ann, my sister, couldn't get time off work. I told her I would sort my work out, take a few days off and go down to see Mum. I didn't tell her about the serious concerns that I, in my professional role as a trainer, had been having about services in the past few weeks. She didn't need to know that.

I was able to go down to the West Country the following week – a seven-hour journey from my home on the east coast on five different trains. But I couldn't rearrange the current week's workload; it was too short notice and I didn't want to let people down; I knew how difficult it was for managers to take staff off the rota to attend training and back-fill it with other staff, or even agency staff. This was a personal and professional dilemma for me as I did not want to let my mother down either, but I knew that my brother and the staff from the nursing home would look

after her. Mum had had a back injury when she was younger and as the years had gone on the problems with her spine had worsened, causing difficulty with walking; she needed help with manoeuvring and personal care. Now she could not bear any weight on her legs and had to be moved using a hoist. In her 40s Mum had been diagnosed with type 2 diabetes which was controlled by a healthy diet and tablets. In all other respects she was in reasonable health, or had been until this accident.

Putting worries about Mum to one side, I kept my appointment with the manager of a service (the general term we use for care homes and other services) to discuss what training she wanted. I was surprised at how warm and homely the service was and how friendly, welcoming and happy the staff seemed, despite being very busy wheeling people in wheelchairs or hoisting them or supporting their arms whilst they walked to the dining room. They conversed with the individuals they were helping, but it was 'talk as we go'; there was little time to sit and chat. I noted some staff calling the individuals 'love' or 'darling'; I regard this as disrespectful because it implies it is too much trouble to remember names. I hoped these staff members would be on the training course so I could address such issues with them. I was told the morning shifts were the busiest and, as I left the service, I hoped the afternoon shift would be quieter and more relaxing, allowing the staff to spend quality time with the individuals they were caring for.

'Wheelchairs are only for transferring,' I heard the manager tell a staff member as we walked through the service, 'Not for sitting in for long periods of time, as that can cause pressure sores.'

I held the training session on Dignity in Care for Older People and we worked through what are called the 'person-centred values', a set of principles that all staff should adhere to. They are

Privacy, Choice, Respect, Independence, Individuality, Identity, Dignity and Rights. I asked for examples from the staff on how they promoted these values. Some of the values they found easy to tackle. For example, for Privacy, they came up with 'Close the toilet door; put a towel over the lap whilst the individual is on the toilet; close the bedroom door; knock on the door and wait for a response.' I added: 'It's important not to go into the bedroom if the individual isn't in there and hasn't given you permission to go inside – privacy is a basic human need and everyone has a right to it.'

When it came to Respect they got a little stuck. I gave them a hand-out to go through and this gave me the opportunity to say 'You need to call the people you support by their preferred name. If there is a new individual in the service and his records say "Mr Terry Smith", don't automatically call him Terry. Ask him what he likes to be called. He may say he likes to be called Mr Smith; if he does, make a note of this so all staff will call him that.' Some of the staff looked a bit sheepish. 'Many of the people you support won't like you calling them "darling", "love" and "lovey". Why do you use these terms?' In response I heard mumbling of 'it's easier'. We talked through this and staff could see how patronising or disrespectful this can be.

Then we came to the issue of respecting individuals' faiths. They stared at me as though I had said something wrong or something they have never heard of before.

'Are there people living at the home with different religions?' I asked.

'Some,' came the reply.

'Are the individuals in the service offered the opportunity to go to church – or another place of worship – if they want to?'

'Some are.'

'Why only some?' I probed.

'We haven't got enough staff for all of them who want to go to church.'

'I know it can be difficult because there are a lot of people living in the home and some need a lot of support. Have you thought of how they can attend church without taking the staff from the home?' I asked. They gave me a blank stare.

'You could discuss with your manager about using volunteers, or people from the church who are willing to pick one or two up in their cars and take them. How many people used to go to church independently before they moved into the home?'

The staff went through the individuals and found quite a few who used to go independently. I then questioned how many of these people were still able to go to church independently or would be if a lift was available. The staff were amazed when they realised that this was possible for quite a few. I advised them to discuss it with their manager, who might need to devise a risk assessment to ensure their safety.

As always when I do these sessions, Dignity prompted some interesting responses. I told them, 'Some organisations have a policy to say that only same-sex staff will support individuals with their personal care. What about,' I asked 'the preferences of British white females?' As I expected, this was greeted by a lot of blank stares. Someone said, 'White females don't have any culture so they don't have any preferences'. This answer is no longer the shock to me it once was. Other trainers make culture an issue, but forget that the 'default' white British person also has a culture, just not a minority one. I told them, 'White women have preferences too and you must ask them who they want to support them with their personal care.'

Then I asked, 'How about making sure personal care is carried out discreetly to avoid humiliation and embarrassment? That means, for instance, not shouting out to colleagues that you're now going to take Mrs Smith to the toilet.'

'Oh dear! We do that sometimes,' said one staff member and others smirked. 'Okay, let's do a simulation exercise,' I told them. 'Split into groups of three: one is a resident and two are staff.

One "member of staff" stand some distance apart from the two. The "staff member" with the "resident", shout to the second "member of staff" that you're taking the "resident" to the toilet. Take it in turns for you all to be the individual receiving support. And then come back to here and tell us how it felt.'

And they did.

'I felt so small.'

'I was embarrassed.'

'I didn't like it.'

'No one needs to know that I'm being taken to the toilet.'

'The staff need to know so they don't ask that individual again, but they can see with their eyes that a staff member is taking someone to the toilet,' I told them. 'Was that a useful exercise?' I got a big 'Yes!' in response.

When we came to Choice and Rights we had another interesting discussion.

'What would you do if an individual who is a wheelchair user wanted to go swimming?' I asked them.

'They wouldn't be able to go if they're in a wheelchair, would they?'

I raised my eyebrows and looked at their faces, indicating that I was waiting for someone to respond to what had just been said, but an answer did not come.

'Why not?' I asked.

'How would we get the chair to the swimming pool, and how would the individual get in the pool?' one asked, with attitude.

'Black cabs take wheelchairs as do some other taxi firms. So the individual can get to the pool. How does he or she get into the pool?' I asked.

'The individual can't because they can't walk,' said a staff member slumped in a chair.

'What you could do is find a pool that has facilities to help people get into the pool. For example, pools have hoists and slings. You may need to ring in advance for them to get the

equipment out. What do you do if you ring a sports centre and they haven't got a hoist?'

'Ring another one,' said the staff member, who was no longer slumped in her chair.

'Yes, that's right. You also need to encourage the individuals to inform the pool that they're discriminating if they have no facilities for wheelchair users to get into the pool. If the resident can't or doesn't feel comfortable doing this, you can do this on their behalf.'

I went onto the subject of beliefs and asked for examples; the room fell silent. I told them that many of our beliefs come from our past – from family, friends, TV, colleagues, the way we were brought up, religious experiences, education and life experiences. I split them into small groups to discuss how their parents' and grandparents' lives had differed from theirs. They appeared to enjoy this and I asked them how their discussions related to the older people they supported.

'My granddad says I should be grateful to have a lovely bath in the bathroom as he had to have a bath in a steel tub in front of the fire,' said one staff member.

'Yeah, my mum only had a bath once a week when she was younger.'

'My granddad changes his underwear every day but still only changes his shirt and trousers once a week,' added another.

We talked about how they themselves showered once or twice a day, but how this might be a very different habit from those that the individuals they support might be used to.

'Some of the individuals don't like having showers,' said one staff member and others agreed.

'If they clearly show they don't like having a shower, why can't they have a bath instead?' I asked.

'Takes too long,' came a reply.

'How must that feel for the individual, who more than likely has never had a shower, but now has to have them?' I looked at

their faces and they silently agreed with me that this was wrong. I told them I would discuss it with the manager afterwards.

At tea break I could hear staff talking about what they had learnt and it confirmed to me that this was a worthwhile course for them. They talked about how they provided privacy and choice for some individuals and how they would now offer choice and independence to others. They were buzzing with ideas.

After the break we did some practical exercises. They were embarrassed at first, but then enjoyed learning from the tasks of feeding someone and changing an incontinence pad. They did these tasks with each other, asked for feedback from the person they had fed and changed and then swapped roles. Feedback included that they didn't like yogurt dribbling onto their chin and they felt like a baby when the staff used the spoon to scoop it up and attempt to put it back into their mouth.

'What could you have done?' I asked. There was silence.

'Use a napkin,' I told them.

I wondered if the staff at my mother's home were like these staff and, if so, did they have access to this type of training? I shuddered at the thought that they might not. Fortunately my mother did not need help with eating, but she did need help with going to the toilet.

'I really didn't know how embarrassing it was to have people in between your legs and putting a pad on,' said one staff member.

'I didn't mind being fed, but I didn't like how the staff put the spoon to my mouth expecting me to open it without being asked. She didn't even ask if I wanted another mouthful. How bad is that?' asked another.

'Remember, this is only role play today, but it's good that you've experienced these things and know how it feels for the people you support,' I told them.

At the end of the session I heard a difference in the staff, a

more upbeat confidence as to what is right and what is wrong. Feeling good about how the day had gone I turned on my mobile phone and found a text from a number I didn't recognise.

'Sorry to bother you. I've been given your number to ask for some advice. I want to do some activities with a resident with dementia but the manager says "she is too far gone" – her words not mine. Please help. I don't know what to do.'

My thoughts went to my mother, hoping that she had not been written off like this in her nursing home, not that she had any mental problems. I gave some advice and told the staff member to get back to me if she needed any more. I was pleased for her that she didn't.

Later that evening I was about to jump in the bath when my mobile rang. I looked at the caller display, hoping it was someone who wouldn't mind me calling them back later, but it was a number I didn't recognise, so I answered it. It was a staff member from my training course.

'I didn't want to say in the class but we have a resident with serious dementia, and when it gets really bad she is very distraught and she shouts that she wants to die.'

'I'm really sorry to hear that,' I said and continued, after a silence at the other end. 'It must be very difficult for the individuals in the service, and for you.'

'And for her husband who comes to visit her. She doesn't recognise him. I don't understand dementia so I can't help her. It's all so sad.'

'Dementia can bring two losses to loved ones,' I told her. 'One loss is the person to dementia and the second loss is the person who has dementia to...' and before I could carry on, the staff member said, 'Death'.

'Have you been in post long?' I asked. 'Is your name down on the training list to attend a course on dementia?'

She answered 'No' to both questions and I advised her

to discuss it with her manager and ask to be put on a course because it is very important for staff to be trained in the subject before working with people with dementia. It's a specialist area and needs staff with the right attitude, as do all care jobs.

I was often asked for advice and if it was not possible to talk, I would suggest what to do by text, including reporting concerns to the manager or, if the manager was involved, to the Care Quality Commission. The following afternoon I rang a service to speak to one of my NVQ candidates. Another of my candidates, Layla, answered. Layla was about to come off shift, then take an individual into town in her own time – something that some staff do as there is not enough time available while on shift to do it. I hoped the manager was offering my candidate some time off in lieu, but from her response that didn't sound very likely.

Debbie, the candidate I had rung for, was off sick with stress. I was told she had accidentally hurt an individual she was supporting with her newly applied false nails – something many services have a policy about. This was not good news. In the background, though, I heard a discussion about giving an individual a manicure and facial. I couldn't help feeling cheered that someone was offering good care.

The standard of care you should be able to expect

If you, or a relative or friend is receiving care in a nursing or care home, you are entitled to care that is consistent with the following 'Person-Centred Values' and to raise concerns if these are not being delivered:

- Privacy – for example, the professional staff member should knock on the door and wait for a response before opening the door.

- Choice – individuals receiving the service should, for example, be able to choose what they want to eat, or wear, or the time they get up and go to bed, how to decorate their personal space etc.
- Respect – staff should treat everyone as they would like to be treated themselves.
- Dignity – individuals should be able to choose who they would like to support them with their personal care. The individual's background or culture might demand, for example, that it has to be someone of the same sex as them.
- Independence – staff should enable and support individuals to do as much as they can for themselves, even if it is more efficient to do things for them.
- Individuality and identity – this means enabling individuals to express their personal tastes and preferences, such as dressing the way they want to, or decorating their bedrooms in the way they want.
- Rights – everyone has the right to education and freedom of thought, conscience and religion, freedom of expression, freedom of assembly and freedom from discrimination. Also not to be subjected to torture, inhuman or degrading treatment, to be given a fair trial, and the right to respect for private and family life, home and correspondence.
- Partnership – staff should work in partnership with the individuals they support to get the individuals' needs met.

Chapter 2

Mum is admitted to hospital with fractures

I awoke after a largely sleepless night, and found I couldn't finish my breakfast. I was just about to sit down in my study when the room began spinning. I was falling; I knew I was falling, but nothing was telling my brain to stop it. Something did, at least, tell me to curl up in the fetal position as my body knocked against the filing cabinet, bounced against the bookcase and hit the floor.

When I came to I didn't think I had been out for long and crawled along the floor into my bedroom. I knew I had fainted and guessed it was probably due to stress – the stress of knowing about poor practice in some of the services I was working with, mixed with my worry about my mother being hurt in her own nursing home. It took a few days in bed, mostly sleeping, before I got back my strength and the confidence to get up without feeling wobbly or passing out.

On 20 March, I got out of bed and turned my mobile on. A voicemail from the manager of my mother's nursing home told me that Mum's other leg had 'spontaneously broken'.

When I rang the manager she repeated that Mum's other leg had broken; there had been no accident; it just broke spontaneously because my mother was old. Mum was in hospital. Could this be true, I asked myself. Can bones just break like that? If bones are no longer load-bearing, I knew that osteoporosis was

a risk, but... Could this new break be from the first accident with the hoist and just not been noticed, or reported, before? Or could there have been a new accident?

I rang the hospital to ask how Mum was. The staff nurse replied, 'She has a broken ankle on one leg and a fractured femur on the other leg.'

'Thank you for confirming that,' I said. 'Are you going to make this a Safeguarding issue?'

'Why?' asked the staff nurse.

'My mother is an older person who lives in a nursing home and has come into your hospital with not one, but two fractures. Don't you think that's a bit strange? It should be classed as a Safeguarding issue and investigated, surely?' The nurse agreed and said she would look into it.

I was not well enough to travel across London and down to the west coast by train to see Mum. Fortunately, my sister, Ann, was able to take us in the car and, although I didn't feel right, I needed to see Mum and find out what had happened.

I had caught the train down many times and usually stayed a few days. I enjoyed taking Mum out in a taxi to a café. The last time Mum and I had been to that café was with my brother, Keith, and we had had a cup of tea and chips. Keith had pushed Mum's wheelchair and Mum had enjoyed the fresh air. We had had photos taken, first of Mum and me and then of me and Keith. That had been a good day. We had taken Mum back to the home and I had returned to the east coast, my brother to his home. The seven-hour train journey hadn't seemed so bad as the beautiful day had kept going around in my head.

I asked my Aunty Ann if she would like to come with us as she usually did when we were going down by car to see Mum. We'd had good times going down all together. The last time the three of us had been to see Mum we had gone into the town and done some shopping: Mum, Aunty Ann, my sister Ann and me. Four sisters, I had said, as we sat munching cake in a restaurant,

mentally photographing the moment. When we went to see Mum it also gave my sister and me time together. We didn't live far from each other, but with busy lives we didn't often meet up. After buying things for Mum and her bedroom, we had headed towards the taxi rank where we had arranged for a black cab (as we had a wheelchair) to pick us up. It was only a little way up the road, but pushing a wheelchair was hard work and there were some really steep hills. Back at the nursing home, we had settled Mum with her magazines and taken the other purchases to her room. When we'd got back down to the lounge we saw Mum and Aunty Ann sitting together, chatting and reading magazines. I had quickly taken a photograph. We'd laughed and joked, despite knowing that before long the three of us would have to leave Mum and drive back home. It had not been easy, but we'd kept our emotions under control and left, knowing that we'd be down again the following month.

Now that we were driving down again, Aunty Ann was unable to come down to the hospital with us as she was not feeling up to it.

'If there is anything wrong, our Suey, I expect you to sort it out,' she told me as she gave me the chocolate she had bought for Mum. I knew they were all relying on me because of my work.

So four days after I'd had the first message about the 'spontaneous' second broken leg, my sister and I drove to the hospital. We stopped at the same service station as we always did – but it was different without Aunty Ann there.

'Accidents happen,' my sister said again. Did she want to believe that? I didn't answer her as I knew we would need to discuss it in detail later.

As we walked through the large entrance of the service station, my heart was heavy. I missed Aunty Ann being with us and was worried about her feeling unwell. I looked at the carpet and wanted to stamp my feet and scream like a child, 'I can't do this!' knowing how they were all expecting me to put things right. I

took a deep breath and followed my sister to the toilets and then to get a cup of tea. Perhaps she was feeling the same because we both sat at the table quietly, not saying anything, and not doing anything until Ann said, 'Ready?' Then like robots we got up and walked out, across the car park to the car.

We didn't talk much as we drove. We dropped our stuff off at our usual B&B and drove to the hospital. Leaving the car in the hospital car park, we passed a pond with two mallard ducks waddling around it. We followed the signs for the wards and pressed the container on the wall to dispense some alcohol gel onto our hands before walking through the door. We looked around, and saw lots of different bays with beds in them and staff rushing about, before we explained to a staff nurse that we had come to see our mother.

'Have you found out how her injuries occurred?' I asked.

'No, not yet,' the nurse replied. 'But I do remember us speaking on the telephone a few days ago.'

I wanted to shake her; it was four days since she had said she would contact the home and find out.

'Don't you think it's strange that an older person from a nursing home comes in with a fractured ankle on one side and a fractured femur on the other side?' I asked her.

'Yes, it is. I'll ring through this evening.'

'I would have thought someone would have raised this as a Safeguarding issue by now. Can you do it whilst we're here, please?' I asked.

'Yes, of course.'

'We'll stay here whilst you do the call. *Now*,' I demanded, with as much steel as I could muster.

The staff nurse made the call and told us what the nurse at the home was saying as she spoke. The nurse at the home said that as Mum was being hoisted she fell through the hoist, landing on the floor with one leg beneath her. I felt ill. So much for spontaneous fractures!

We were directed to where Mum was. Before we reached her bed, my sister asked, 'What is "Safeguarding"?'

'In the profession we have a duty of care to keep vulnerable people safe,' I told her. 'Vulnerable people are people like Mum who are dependent on care in a home, or a hospital or in their own home. We, as paid professionals, have a responsibility to keep people safe and protect them from poor practices, harm, neglect or abuse.'

'Oh,' she replied.

'Older people and people with disabilities are likely to need Safeguarding,' I added.

Mum was propped up in bed and happy to see us. All my worry drained from me as I saw she was okay in herself. I told myself I shouldn't have worried so much. I had dreaded the worst, but I should have remembered that Mum had a high pain threshold. If I stubbed a toe, I would dance around complaining whereas Mum would say 'ouch' and get on with whatever she was doing.

My sister gave Mum the chocolates that Aunty Ann had asked us to take down.

'Can I have some now?' Mum wanted to know and I wondered why she would ask this.

We tried to talk about what had happened and Mum said, 'I'm not going back there.' When we asked why she just said, 'Can't say.' We tried to prompt her and she said that the staff shouted at her. We asked how the accident had happened and Mum clearly did not want to say. I wondered if it was fright from the accident, or fear of reprisals if she told someone what had happened. This made Ann and me feel useless, but we didn't pressurise Mum that evening. And there were more immediate things to concern us.

I noted that the contents of Mum's catheter bag were deep brown in colour. It didn't take specialist knowledge to understand that Mum must be dehydrated.

With one leg in plastic and the other ankle in plaster it was difficult for Mum to turn on her side. She could not reach her drink and we needed to help her. We told the nurses that she could not move and asked them to keep an eye on her and give her fluids. We also told the nurse of the colour of her urine in the catheter bag.

Ann and I went for something to eat. We discussed the visit and tried to work out what Mum was not telling us, but hadn't come to a conclusion before we went back to the B&B.

The following morning I rang Mum's nursing home to speak to the Manager and ask if my sister and I could visit to discuss how Mum had had her accident. The Manager was off duty, but the nurse said we could come. We agreed it would be later that morning as any earlier could interfere with the running of the home. My sister and I decided that I would do the talking.

So, after we had spent a short time with Mum at the hospital, we drove to the nursing home. My stomach flipped as we drew up. Ann rang the bell and we were let in. To our surprise, the Associate Director of the company that co-owned the nursing home was there, and he, the nurse we had spoken to on the telephone, Ann and I went into the office and discussed what had happened. Half-way through the meeting the Manager arrived.

The Associate Director said that Mum 'was slipping in the hoist and staff lowered her to the floor'.

I asked, 'Why was Mum slipping?'

'Staff had not crossed the hoist at the back. I hold my hands up; it is our fault,' he said, raising his arms in the air.

'The hospital said that Mum had been dropped and landed on her leg.'

He said, 'That did not happen.'

'He's lying,' I thought to myself.

'When are you going to investigate what happened?' I asked.

'I've already done an investigation. It's now complete. All staff

will receive more frequent training on moving and handling. I'm the trainer.'

'I don't think your investigation can be complete as there's a discrepancy in reports of what happened,' I told him.

'The investigation is complete,' he repeated, but would not give me eye contact.

'Has this been raised in staff supervision sessions?' I asked.

He looked quite shocked when I mentioned the word 'supervision', and answered by saying, 'Staff will receive more training on moving and handling.'

'Yes, but has it been discussed in their supervision session so they can reflect on what happened? And something needs to be written in their files.'

'They've been told that they should have called the ambulance straight away.'

'W-hat?'

'They did not follow company policy and call the ambulance straight away. The Manager did it when she came into work – the following morning,' he told us.

I was appalled – and furious!

'When your mother comes back we'll ensure nothing like this happens again,' the Associate Director assured us.

'You should have ensured that before,' I told him. 'Besides, Mum said last night that she doesn't want to come back here.'

When he promised they would take care of her, I had to try to stop my facial expression saying what I was thinking. There was silence in the room and I knew it was time to leave.

In the car, Ann and I dissected the meeting and were both very angry. We both independently had thought we were not being told the whole story.

We called into a supermarket to get some food and fill the car up with petrol; then spent a few hours with Mum in hospital before heading home to the east coast. We got stuck on the M25

and to make sure this didn't feed our anger we tried to do a crossword; we were both hopeless and it made us laugh… just what we needed.

What you need to know if you are in this situation

Staff working in the Social Care and Health sectors have a duty of care:

- This means that they have a paid duty to keep vulnerable people safe, and
- A responsibility to protect them from any poor practices, harm, neglect or abuse.

Vulnerable people are those over the age of 18 who are unable to take care of themselves and/or unable to protect themselves from harm and abuse.

If you receive poor care:

- Contact a relative or friend and tell them what has happened if you're not confident about addressing the problem by yourself.
- Ask them to go with you to the manager to discuss what happened with you.
- Keep a diary of the incident and all meetings and discussions.
- If you feel comfortable, ask for a copy of the organisation's complaints procedure or you may be able to get it from the internet, if you have access to the internet. Alternatively, you can follow the complaints procedure as described in the appendix at the back of this book.

If you are concerned about the care a relative, friend, or someone you know is receiving:

- Get the facts.
- Ask for a meeting with the manager of the care/nursing home.
- Ask what they will put in place so it doesn't happen again.
- Ask the individual who has been affected what s/he wants to happen. (it may be best to ask them away from the manager/staff so they can give an objective view and not feel that they have to say what they feel the manager/staff would want them to say).
- Ask for a copy of the complaints procedure or you may be able to access it from the internet. Alternatively, you can follow the complaints procedure described in the appendix at the back of this book.