Independent Whole Systems Review into Safeguarding and Care at Dunmurry Manor Care Home

Overview Report

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Background

Introduction

1. The Commissioner for Older People for Northern Ireland's ("COPNI") report *Home Truths*[1] reported concerns and identified failures in the care being provided to older people living in the Dunmurry Manor Care Home[2] ("DMCH") from April 2014 until April 2017. DMCH was owned and operated by its owners, Runwood Homes Limited[3]. The Commissioner's report identified significant concerns about safeguarding and care of residents in the home which amounted to a failure of the care home system. In response, The Department of Health ("DH") commissioned an Independent Review Team ("IRT") from CPEA Ltd to undertake a whole system review as to the care, support and protection of older people living in DMCH.
2. Several of the DMCH residents' families had raised concerns, including about risks of harm and neglect, as well as about the standards of care and the quality, safety and dignity of care their relatives received in the home. Families reported that they felt their concerns had not been listened to by the Health and Social Care ("HSC") professionals, HSC Trusts ("HSCTs") and regulatory bodies. As a result, families felt unsupported and disempowered by a care system that appeared unresponsive and seemed unaccountable. The families formed a campaign group[4] to support each other to collectively raise their concerns and the group arranged a first meeting on 20 December 2016. This meeting was attended by the families, representatives from the HSCTs, as well as personnel from the office of COPNI and local and national political representatives.
3. Responding to the level and seriousness of the concerns the families raised, the Commissioner for Older People took the significant and notable step to act by using his powers of investigation. The relevant HSCTs and HSC organisations were required to cooperate with this investigation and to submit information to the Commissioner. An expert panel was engaged by COPNI to assist in the investigation, draw conclusions and make recommendations. The identified concerns and the outcomes of the commissioners' investigation and recommendations were reported on in the *Home Truths* Report.

Home Truths report

4. The publication of the report was widely reported on in the media in Northern Ireland. Investigative media made a major contribution in challenging the wide discrepancy between the rights of older people, and a health and care system in which older people had experienced harm and neglect and which had failed to respond to concerns raised by older

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[1] *Home Truths*: A Report on the Commissioner's Investigation into Dunmurry Manor Care Home was published on 13 June 2018.

[2] It was renamed Oak Tree Manor by Runwood Homes Ltd. For the purposes of the whole systems review, the name DMCH has been retained.

[3] Kathryn Homes (NI) Ltd was incorporated in December 2020 and became the registered care provider for the Runwood care homes in Northern Ireland. The two companies are related.

[4] The campaign group evolved to embrace all care homes as Care Home Advice and Support NI ("CHASNI") until 2022. Whilst the group has now changed, campaigning continues in support of families and relevant causes.

people and families. Politicians asked pertinent questions about the fitness of the system of care for older people in Northern Ireland. The report held up a mirror to the Health and Social care system and professionals which confirmed the legitimate concerns and complaints previously raised by families to the relevant HSCT bodies and the regulatory authorities and which had not been appropriately or accountably acted upon or responded to.

5. The *Home Truths* report identified concerningly poor and inadequate standards of care in DMCH. These included inadequate, substandard management of fundamental and basic aspects of care including inadequate management of older people's skin care, management of pressure sores, continence, nutrition, pain, and falls. The report also identified risks in the management of anticipatory care needs of older people in DMCH.

Home Truths report impact

6. It became clear from the number of families contacting the support group that the concerns of families about the care of older people were wider than just DMCH and Runwood. It was evident the five local HSCTs each operated the HSC regional policies, procedures, guidance and standards in different ways. This had led to duplication, variation, and misunderstanding across the system about the expected standards, processes, and procedures including confusion about core HSC professional function and practice in relation to assessment, care planning, handling complaints, incident reporting and safeguarding, This was fundamentally undermining of the governance of the social care system in which DMCH operated. Care home providers, who were supporting older people from across regional HSCTs, especially bore the brunt of duplication, a lack of rigour, standardisation and consistency in the implementation of regional policies and procedures Care home providers were burdened by duplication and inconsistencies in practice across the HSCTs and as a consequence were confused and unclear about the requirements and responsibilities placed upon them in relation to care management, assessment, care planning, and safeguarding older people.
7. Concerning questions were asked about the role of the Regulation and Quality Improvement Authority ("RQIA") in maintaining public trust and confidence in the quality and safety of care for older people. Specifically, as to RQIA's regulatory role in identifying and preventing poor care practice, in responding to concerns and complaints, in making quality improvements to the care of older people and in taking appropriate regulatory actions to assure and enforce regulations and standards of care.

Methodology

8. The IRT was commissioned by the DH NI to conduct an *Independent Whole Systems Review into Safeguarding and Care at Dunmurry Manor Care Home*[5]. In carrying out the review the IRT was supported by the DH's Care Home Unit. Through the DH's Director of Older People and Disability, the IRT was accountable to the Department of Health's Deputy Secretary for the Social Services Policy Group. Regular meetings were held with these key Department officials to update them on the progress of the review.

[5]

Involvement of Older People and Families

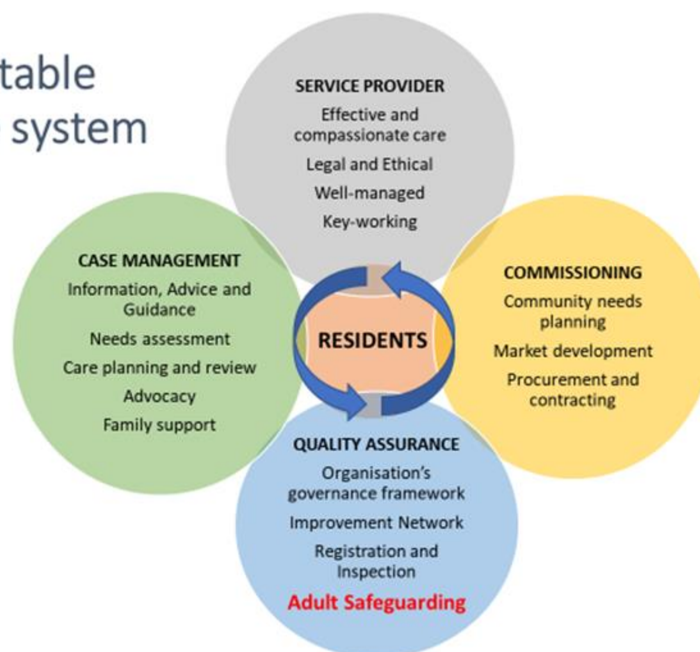
9. In developing the methodology, it was apparent that a central focus of the work had to coproduce learning with older people and families, describing their experiences of moving into and living in a care home. The IRT wanted to know how the individual needs of older people were assessed, planned, personalised, managed and provided. To review how older people and families were supported and involved by HSC professionals through this process, how their rights, choices and wishes were considered and fulfilled and how opportunities for older people to live a dignified and fulfilling life in a care home were considered, offered, provided and upheld. The methodology prioritised meeting older people and families face-to-face providing opportunities to listen and learn from their experiences and make suggestions for change.

Review Reference Group

10. The IRT requested the DH set up a reference group with representatives from all relevant HSC organisations and including family representatives. In doing so the IRT's message was one of whole system improvement and change. The focus was on reviewing how well the care home system served older people, families and the community rather than on investigating specific incidents and concerns which were matters for the Police Service of Northern Ireland ("PSNI"), various regulators, the HSCTs and the DH. The IRT placed greater weight on building and coproducing incremental, concurrent learning and improvement across the lifespan of the review than on the impact of final reports. This provided a real-time formative review of the whole system, reporting and providing opportunities for learning and system improvement to DH throughout the review process rather than a summative investigation.

Whole System Approach

11. The approach adopted was inclusive whilst making clear the experiences and understanding of the systems by families would shape findings. A wide invitation to make contributions was made (asking: "Tell us your experience of the system") and what was heard was fed back (asking: "Is it true for you?"). Emergent findings were shared at every stage before formal reporting upholding the principle of "No Surprises". The evidence older people and families provided to the IRT corroborated information about their personal experiences, which told a story of serious concerns and identified practical issues about how older people and families were treated by the care system in Northern Ireland. The IRT used the graphic below to describe what it meant by the "Whole System".



12. The IRT tailored its work programme accordingly over the 2 years of fieldwork and undertook a substantial review of documentation, policies, procedures and research materials local, regional and, where relevant, UK-wide. The consideration of this and the learning derived is referred to throughout the IRT's six Evidence Papers.

Fieldwork

13. The fieldwork involved:
    - Face-to-face meetings with individual families and group sessions with families along with extensive phone conversations.
    - Meetings with representatives from the HSCTs, RQIA and other statutory and voluntary organisations, with provider organisations and the Ombudsman, COPNI[6], PSNI and politicians. The IRT met with a range of DH staff who were responsible in various roles to provide policy, legislation, as well as professional advice and guidance about the health and social care of older people.
    - Meetings were held with regional care home managers and were facilitated by the *My Home Life* Team at Ulster University and the Royal College of Nursing.
    - The IRT visited DMCH several times to meet residents and staff. During visits information such as lists of care reviews held, policies, rotas and care and support plans were reviewed.
    - All the Runwood care homes were visited by the IRT as were several other local care homes.
    - The IRT met the Northern Ireland Social Care Council ("NISCC") as the social care workforce regulators on several occasions. The NISCC provided information and invited

[6] COPNI was met many times as the IRT was asked by DH to provide advice on the response to the recommendations in Home Truths

the IRT to present at conferences for care home managers and social care workers. The IRT held discussions with NISCC regarding the potential to introduce a qualification-based approach to workforce registration in Northern Ireland, and to how the NISCC could improve workforce data and support the development of skills for care home workers.

- Working group sessions were held by the IRT with stakeholders across the system providers, professional bodies, HSCT senior managers and regulators to share findings as they emerged.
- All requests to meet or visit were responded to including conferences and presentations.

14. The IRT commenced work in September 2018. The pandemic brought fieldwork to an end in March 2020. Outstanding meetings were conducted remotely including weekly sessions with the DH Care Home Unit. However, the IRT was still being contacted by families sharing information on their experiences of relatives living in the care homes and which was made more difficult by the restrictions. During 2020, families were experiencing great distress, felt not listened to, not being actively engaged regarding the care of their relatives and seeing their relatives isolated and deteriorating.

Reporting

15. The approach adopted by the IRT was a response to families of older care home residents not being convinced or assured that the publication of reports leads to change. For families and older people, restoration of trust appeared to rest in a perceptible behavioural change from the authorities including from the DH as to how they were actively involved in shaping the necessary improvements.
16. It was determined, in consultation with DH, that reporting should be through six thematic Evidence Papers. The entirety would be the subject of an Overview Report. The six Evidence Papers provided a tool to inform and advise the system and the responsible agencies and professionals within it as to the changes required. Through the provision of evidence and learning guidance, they could formulate action and implement change.
17. Each Evidence Paper[7] included a *Learning and Change* briefing. These summarised the evidence and set out proposals for improvement and change. The papers covered:
    i) Adult Safeguarding
    ii) Complaints
    iii) Regulation and Inspection
    iv) Assessment and Care Management
    v) Care Home Providers
    vi) The Care Home Market
18. Three of the Papers (Adult Safeguarding, Complaints and Regulation and Inspection) are correlated to the Quality Assurance domain in the graphic above. The other three domains

[7] The terms of reference, methodology and all six Evidence Papers are published at https://www.health-ni.gov.uk/publications/independent-review-safeguarding-and-care-dunmurry-manor-care-home

(Assessment and Care Management, Care Provider and Care Home Market) are each the topic of a Paper. In this way, the IRT identified matters related to the specific issue as well as the whole system linkages.

19. Critically the IRT provided draft of each paper to the DH Reference Group to provide an early and formative indication of matters that required attention. This provided the system and those in positions of authority and responsibility the opportunity to make improvements on an ongoing basis rather than delaying change until the DH's publication of the IRT's finalised papers.[8]

Evidence Paper 1: Adult Safeguarding

20. The Paper and Briefing concerned the protection of older adults from abuse, neglect, harm, and poor care practices in residential care and nursing homes. DH requested that the Paper be prioritised, firstly to minimise risks of harm and secondly to inform and advise those responsible for formulating policy, drafting legislation, undertaking consultations and implementing change. It expanded on the COPNI's findings concerning the experience of older people at DMCH as published in *Home Truths*. The topic covered the whole adult safeguarding system around care homes and considered the interfaces of adult safeguarding with assessment and care planning, governance, complaints, care home contracts, and regulations.[9]
21. The actions proposed[10] were addressed to leaders across the system and intended to assist create the environment for change. They included.
    i) a strong commitment to older people's human rights and freedoms.
    ii) the use of readily understandable language.
    iii) the development of all training within a human rights-based framework.
    iv) modelling of behaviour that is true to human rights and doing so in ways that sustain people's dignity and respects their humanity.
22. They were drafted to help prepare the ground for an Adult Protection Bill. The Paper showed that governance could be strengthened and a pragmatic and data-led approach to leadership, management, and practice of the safeguarding system in care homes could be demonstrated in advance of new legislation.
23. The Paper stressed the importance of a single regional policy being consistently implemented across all HSCTs. It expected the active involvement of the older person and their family and/or representative. The IRT found concerning and confusing differences in the HSCT thresholds for adult protection in a system of muddled and unsure professional judgement and therefore unsafe practice.
24. The IRT heard of alleged adult protection situations where care staff had been suspended at the behest of the HSCT. Some care providers told the IRT they were not involved by HSCTS in

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[8] Each of the six published Evidence Papers includes an Appendix which has a schedule of meetings held.
[9] An Appendix to the Paper records the sources and footnotes include references.
[10] A schedule of proposed actions from all six Evidence Papers can be found at Appendix A

a thorough investigation of allegations about their staff, and then later were told the staff member could return to work. The IRT found inconsistent and ill-considered approaches by HSCTS when care home staff were alleged to have caused harm or were negligent. The adult safeguarding system was a cause of stress, blame and worry for care home staff and resulted in people leaving their jobs. The workforce in care homes appeared to be often regarded by the HSCTS primarily as a risk to resident wellbeing rather than being viewed as regulated skilled workers and equal partners. The IRT recorded comments about care staff *being undervalued, not recognised for the work, not seen as professionals.* One manager reported; *the Trusts think they run and manage care homes, and, on many occasions, they visit and some call themselves inspectors. The confusion between RQIA and the HSCTs is a problem, how we are treated is one reason for staff leaving the sector.*

Evidence Paper 2: Complaints

Policy across all four UK nations has emphasised the need for older people to have voice, choice, and control over their lives. Yet there remains a lack of real understanding as to how to make this happen in care homes (Owen and Meyer 2012).

25. When residents' families and former staff members of DMCH approached the COPNI to express their misgivings about the standards of care they said that they had nowhere else to go. The various relevant authorities had not addressed their complaints.
26. The COPNI's report, *Home Truths*, was critical of the families' experience of complaints handling. The Commissioner's recommendations stated that: the intelligence deriving from complaints should inform the interventions of the RQIA and the Trusts; the RQIA should have a statutory role in ensuring that complaints are effectively actioned by care providers; unresolved complaints should be handled by the commissioning Trust or the RQIA; "complaints statistics" including the types and numbers of complaints should be reported annually; the RQIA should access and track all complaints made to a home; there must be "meaningful learning" from complaints; there should be scope for alternative dispute resolution in the event of an unresolved, serious complaint; and that DMCH/ Runwood Homes must have a transparent complaints management system which welcomes the involvement of families.
27. The Evidence Paper concurs with the spirit of the recommendations cited in *Home Truths*, it builds on the findings and develops the recommendations. There are eight proposed actions, and it was considered important to align any changes with the Public Services Ombudsman's remit and powers. At the same time, it was said that all care homes should improve their responses to the handling of complaints as complaints managed at source often resolve the issues quickly to the benefit of residents and families.
28. During the review, the IRT identified an opportunity to change and improve the complaints processes because the active and willing families' group was a ready-made catalyst for this change to happen. Further, the Northern Ireland Public Services Ombudsman was resourced and supported to take a lead role in setting up a representative working group to create a culture for learning.

Evidence Paper 3: Regulation and Inspection

29. This Evidence Paper was about how the core activities of regulation including registration, inspection and enforcement of care homes were undertaken by RQIA. The IRT considered the accounts of (i) family members and carers of residents at DMCH, (ii) the provider, Runwood Homes, (iii) care home managers and employees at other homes at the relevant time and (iv) the Department of Health, HSCTs, RQIA and other public agencies. A picture of events emerged which was set in a wider regulatory context.
30. The expectation that care homes are fully compliant with regulations and standards was given. The regulation of care homes, the standards, the fitness of those who own and manage them and the protection of older adults from neglect, harm and poor care was and remains the legitimate terrain of RQIA. The findings of the IRT were extensive and wide-ranging.
31. The Evidence Paper recognised that RQIA was taking steps to modernise its inspection methodology, enhance its IT functionality and establish the role of technology in ensuring regulatory excellence. However, it questioned:
    - Why a new home was allowed to open without the manager being registered by RQIA.
    - The prompts that caused the way registration categories were applied to change.
    - What prevented RQIA from taking enforcement action sooner?
32. The Paper opened with the perspectives of families, care home proprietors, managers and staff concerning RQIA and DH. Next, there was a consideration of the function of RQIA as the care homes' regulator; and of the registration and inspection of DMCH. A detailed narrative followed concerning RQIA's inspection and enforcement activities and the contract and quality monitoring undertaken by the HSCTs. This led into an overview of how RQIA worked and operated.
33. Summaries of critiques of RQIA since 2010, including *Home Truths*, were presented and led to an overview of governance arrangements and accountability. The final sections considered the changing context of RQIA's operations and made the case for a renewed focus on the core activities of regulation – registration, inspection, enforcement and improvement.
34. *Home Truths* was a response to family complainants – which it did well – and, in so doing, it set out the performance of the statutory agencies. In highlighting these failings, it did not examine causation. The overview of DMCH was based on complaints and the experience of residents and informed by RQIA's inspections, Notifications, and Trusts' reports. Inspection reports about DMCH did not draw on existing information or comment on the home's repeated transgressions. Yet it was the experience of DMCH residents and their families and *Home Truths* that challenged RQIA's approach. The families' experiences cried out for acknowledgement, debate, action and change and they were stunned that far-reaching criticism barely impinged on the identified failings and flaws of regulation and inspections.
35. The Evidence Paper included eight high-level proposals for action. They were derived from considering the perspectives of families, of leading professionals – including proprietors and managers of care homes – and of the relevant authorities and related agencies. The Paper considered the regulatory context and the associated processes. It reflected on how policy was developed – complaints and registrations categories for example – and how they

impacted on people whose home is a care home. Necessarily the registration, inspection and enforcement activities regarding DMCH were examined in some detail, however, the Paper primarily concerned the system of regulatory policy, procedure and practice. It was found that a host of reviews concerning or implicating RQIA had been undertaken, yet it was not clear that the learning offered had led to change. The IRT proposals were about the safety of people who live in care homes and intended to create a regulatory environment where people can enjoy being at home.

36. The IRT has concluded that older people and families were right to challenge the adequacy of RQIA's responses to DMCH, and the care system in NI should recognise and value the part these families played in signaling alarm and in summoning the care system to respond and provide help to older people in the home. The RQIA had all the essential legal powers to be an effective regulator, and yet some residents sustained harm. Since the publication of *Home Truths*, report families have continued to want to know and be informed if the corrections or improvements to any home's practices are genuine, active and promising of permanent change. Regrettably, this is not something the IRT could answer.

Evidence Paper 4: Assessment and Care Management

37. Social work and health care processes begin with an assessment. A detailed assessment of presenting problems, issues and strengths, and the individual contexts which may exacerbate or mitigate these should be central to discussions with older people and their families. Older People want (i) effective "history-taking" which encourages professionals to use reflection and to respond to individuals' personal circumstances with compassion and empathy (ii) account taken of other, relevant assessments (iii) and an expectation to be met of their willingness, and that of their relatives, to participate fully.
38. Families with relatives at DMCH and other homes in Northern Ireland were unsparing in their descriptions of the poor assessment and care management processes and how they perceived the actions and behaviours of HSCTs professional and managers. Most typically older people and families described feelings and experiences of powerlessness at the hands of professionals and the system. This paper set out their experience and perceptions and those of professionals in the five regional HSCTs, in care homes and other organisations.
39. The older people and families who sought to share their experiences as part of the Review were not advantaged by the inter-professional collaboration and best practice expected of professionals operating integrated HSCTs. Integrated health and social care services should improve a person's experience of services. Yet families highlighted insensitivity, harm and neglect as impacts of their relatives not receiving adequate, timely or compassionate care and which was not founded upon holistic assessment and care planning. Families' experiential knowledge of the needs of their relative appeared to be set aside in favour of professional opinion and custom and practice.
40. Although the assessment of individual needs is a common process across all professions and agencies, to be most effective it requires information about the procedures to be freely and easily shared and the individual and families more actively involved. Many families reported:

little involvement with the systems, they were often told that people would be moving from the hospital to a care home with no/little opportunity to visit the home, serious delays in financial assessments leading to people receiving large bills after months. Care home staff reported that it was common not to have even met the person before they were admitted from the hospital. Care home managers said they visited the hospital ward and were told that they could not see the care plan. At the hospital social worker meeting it was said all the concerns were about clearing beds and said they had no time to conduct full assessments. They did not always meet families but had to attend bed meetings at the hospital sometimes three times a day.

41. Studies[11] recognise the negative impact on older people when they are moved from a hospital to a care home without ever going to their previous home again and where no choices were offered. It is a major life transition and yet there was no information provided to the IRT that acknowledged it. The system of quick discharges did not allow for social workers to perform their proper function, for families to be part of the process, for people to make considered decisions or for care homes to plan admission.
42. The IRT did not take that the views they encountered necessarily typified the experiences of all families with relatives in care homes in Northern Ireland. It met the staff of care homes that welcomed family contact; who routinely promoted shared sessions with nursery and primary school children; and homes from which the staff provided care and support to older people in their immediate neighbourhoods, for example. It is possible that the families with relatives in such care homes did not make themselves known to the IRT because their experiences were quite unlike those of the DMCH families whose stories received a great deal of media publicity in the wake of *Home Truths*' publication.
43. The systems and practices described to the IRT, particularly relating to discharges from hospitals, were creating major problems for older people. The emotional difficulties, common in the transition to becoming a care home resident, were being exacerbated rather than alleviated by best social care practice. People's rights were not promoted or recognised. Older people are entitled to better service starting with improved assessments that are about listening to the person and family. The actions proposed by the IRT are shaped to address the system problems identified. The need for freeing hospital beds was self-fulfilling and dictated the way the system worked, rather than the system working to meet older people's needs. As a result, it was thought likely that the system created further demand because of its failings.

Evidence Paper 5: Care Home Providers

44. This Evidence Paper considered the picture of residential and nursing care homes in Northern Ireland. In so doing it set the context for aspects of the Review that examined the whole

[11] Grounded Theory Studies undertaken by the Institute of Nursing and Health Research, Ulster University led by Professor A Ryan ('Waiting and Wanting' older people's initial experiences of adapting to life in a care home) carried out in homes in NI 2020. Nineteen people were involved in the study, out of these fifteen people did not visit the care home prior to admission, three were arranged by GP and social worker.

system around care homes generally as well as Runwood and DMCH specifically. The IRT recognised that Runwood had apologised for what happened at DMCH and that the company responded to the recommendations in *Home Truths*.

45. The IRT asked questions about:
    - The purpose of a care home
    - The model of care and the way homes are run.
    - How the systems work around care homes
    - The workforce
    - Family engagement
46. The Paper should be read alongside those on Assessment and Care Management as well as those on Adult Safeguarding, Complaints and Regulation. The reader may conclude that the operating environment for a care home provider is highly prescribed with aspects duplicated and/or contradictory. The Paper closed with proposals for action that sought to create systems that improve the quality of home life in residential and nursing care settings, advocated a rights-based, relationship and personalised approach, acknowledged the importance of family relationships, prevented abuse and neglect of care home residents and raised the profile of the care home sector. It urged policymakers to give and prescribe "primacy of home" in law, regulation and guidance. Families drew attention to the policy that categorised homes as residential care or nursing because it required people to move from one category of care home to another category of care home when their individual needs changed. The IRT heard when families stated, how *cruel is this policy, they have friends in this home and know the staff well and they now must leave and start again.* This was one example of whole care home system encountered by the IRT that was far removed from the concepts of providing a caring and supportive home for older people with all the associated rights and entitlements, it was a sclerotic and disabling bureaucracy.
47. Therefore, the IRT analysis of the care home system placed "primacy of home" as its starting point because it raised expectations of service standards. Considerable learning and improvement were identified related to a range of issues. These included the workforce, the role of the provider and the nature of the care home experience.
48. The system prior to, during and after admission from both hospitals and people's own home required urgent attention. The shortcomings in assessment, care planning and review demanded a joint venture between the community and care home professionals. Vitally the IRT deemed it important that older people and families engage in all areas of the process to support the transition that reflects people's choices and rights. There needed to be a greater emphasis on helping people to regain skills and independence supported by involvement in care and support planning.

Evidence Paper 6: Care Home Market

49. As an Evidence Paper about the care home market and commissioning the focus was on the planning of demand and supply as well as the practical arrangements to ensure services were available to those assessed as needing or choosing them. Whilst there were extensive policies

and contracts none of these were based on the rights of older people to make choices. Common with most forms of support and care there were few opportunities to choose care workers. Residents and families did not consider themselves as “customers” of a care home. Whilst there were channels to express dissatisfaction, overall people did not have satisfactory outcomes if they raised issues.

50. The Paper drew attention to concerns with the language used when older people need help and support and sometimes moved too quickly into a care home. Many commentators regarded “the market” as a pejorative term because the language of consumerism did not sit easily, for them, with the provision of care and support to older people. It was seen as a world of purchasers and suppliers and of transactions. In this world, a “bed” was purchased and personal and/or nursing care services were part of the “package.” Whereas the ethos of social care was built on human rights, a social model of disability and personalised support. The relationships between people – residents, relatives, staff – took precedence rather than tasks and processes.
51. In talking with and listening to people the IRT always sought to understand how the system used terminology as commissioning often meant different things to different people in differing parts of the system. The IRT considered the validity of the consumerist and transactional approach - consumers have rights such as to complain - however, the care home business does not lend itself to trading features, common in some service industries - holidays, leisure, and hospitality.
52. Challenge was suggested to the fact that the regional policy was to contract with care providers but not with individuals. Unlike other types of home living there were no rights of tenure. Increasingly older people were subjects of eviction from their care homes and had no formal redress or challenge to this. Funding was available for people related to their personal finances and the funding thresholds were in the policies. However, all people who qualified for funding contributed their state pension towards the care home fees. A small amount of money £28.01 was set aside for a Personal Expenses Allowance (money to spend). The challenge asks why residents have no rights over their placement when they are paying.
53. The IRT suggested that by taking the best of transactional approaches – customer care, value for money, choice – and layering that with citizens’ rights – security of tenure, right to family life, dignity - models of accommodation with personal and nursing support and care could be developed in the type of transformational change envisaged in *Power to People*[12].
54. The Paper provided feedback on how well contributors to the Review considered regional policies, procedures, contracts and agreements were working in respect of residents’ health, well-being and upholding of rights. It described how the systems and practices involved in commissioning and procurement influenced both the care home and labour markets. Proposed actions were suggested.

[12] Kelly, D. and Kennedy, J. (2017) Power to People: Proposals to re-boot adult care and support in NI – Expert Advisory Panel on Adult Care and Support

Towards an accountable care home system

55. The six Evidence Papers that comprised the work of the IRT in reviewing the whole care home system were prepared both standalone as well as collectively to examine the interactions between the parts. Through reflection, the Overview Paper is intended to assist implementation and prioritisation. The IRT has considered the lessons and proposals in each Paper and has identified common and significant themes in four clusters – *a good life, families, workforce planning and quality assurance.*

A Good Life – the primacy of home

56. The review found that many older people and families were disempowered by the systems and processes including the language used by professionals. Older people's needs were not at the forefront of the care system, care homes establishments were not viewed or treated as being the home of individual older people and the values in the practices and behaviours did not reflect the true values of social care.
57. The senses framework[13] and values-based variants have been available as underpinning theories to good social care practice for over 25 years. Having a sense of security, continuity, belonging, purpose, fulfilment and significance is vital to a good home life whoever you are wherever you live. For people to have a good life in a care home, then first and foremost it must be home and feed the six senses. Hence "primacy of home" emerged as grounding for adult social care reform that was endorsed by older people, families, owners and workers in care homes and most professionals.
58. It is important that people know what a good life looks like in a care home, what and how much this means for older people and families. Statements of purpose should focus on a good care home life, commissioning be for home, rights of residents to home life, as consumers and citizens, be upheld through regulation, tenure agreements and contract law. People's rights should not be diminished when they move into a care home.
59. The review set out and highlighted older people and families' experiences and perceptions from the onset of requests for help and support. The resultant proposal was to study the transition into residential and nursing homes. The stages of gathering information, securing advice, being assessed, admission, care planning and review were experienced by people as ones where they had little power or influence. The IRT concluded that if people are to enjoy a good care home life, then they and their families must have agency each step of the way. Otherwise, the process is about conveniently packaging people into an establishment rather than choosing to move home to better meet needs.
60. A theme that emerged throughout the review related to the healthcare needs of older people and how these could be met with a recovery model and support for older people to regain skills, instead of a maintenance model. The importance of meeting healthcare needs was recognised but families required that their relative be more than a medical diagnosis. At home, they had routines, spiritual, social and emotional needs and relationships. A good care home life must be holistic and actively seek older people's and families' views on how they

[13] See https://shura.shu.ac.uk/280/1/PDF%20Senses%20Framework_Report.pdf

choose to live their lives in a meaningful way. Standards for assessment, care planning and review were found wanting in this respect.

Families

61. For many families, consideration of their older relative's social care needs was their first time being engaged with an HSCT. They had no knowledge, information or experience of the systems.
62. Although the assessment of individual needs was a common process across all professions and agencies, to be most effective it required understandable and readily available information about the procedures to be shared with the individual and families. Families should have been more actively involved than was reported to the IRT. The current system and remit of individual professionals were not working for older people and a regionally consistent approach was proposed.
63. Change and improvement must include the dynamics and culture adopted by the statutory agencies in how they relate to older people and families. Examples were initial meetings with families and older people where the role and responsibilities of the worker were not explained, lack of information about how the process and decision-making worked and delays in addressing the financial aspects of assessment. The IRT heard that some serious delays on the latter led to people receiving large, unexpected bills after several months.
64. Family members expressed that older people's human rights were not being fully respected or even considered. All in all, older people and families were inadequately informed and insufficiently included in the processes of assessment and care management. Therefore, they were ill-equipped to consider options, make choices and take decisions.
65. A similar scenario was evident in the adult safeguarding and complaints elements of the system. Family members seeking to address perceived and actual harmful situations were left bemused and angry by unresponsive procedures and practices.
66. It was reported to the IRT, by families and some professionals, that they found the care standards, as set out by the RQIA, confusing. The language and terms used by health and care management, staff, older people and families did not clearly understand care regulators and other professionals. Many older people depended on others to live their lives safely, in comfort and have some control over their daily routines and choices. Without good information, this will not happen as people living in care homes felt they had to do as the staff says and comply.
67. Thus, when implementing *Home Truths* and the proposals in the Evidence Papers it was stressed that all actions should be set in a human rights framework with a focus on the primacy of home. Families agreed that they wanted to grasp what standards meant in practice and how they could check and challenge the care offered to their relatives.

Workforce Planning

68. Findings and proposals around the roles and responsibilities of the various workforces that contribute to the care home system feature in all the Evidence Papers. An appealing simple

overview suggestion would be to develop an overarching workforce strategy as a priority task for the adult social care reform group.

69. However, the tasks are not simple and are ones that care systems across the world are wrestling with. The IRT Papers have put forward proposals on data, training, leadership and workforce planning which should be explored in greater depth by the DH's wider reforms to adult social care. In so doing the DH is an asked to:
    - Take actions that recognise a distinction between workforce strategy and workforce planning. The former is about enabling change and improvement across the whole social care workforce by creating collective incentives, removing barriers and preventing undesired outcomes. Whereas the latter is the responsibility of employers.
    - Enhance the remit of NISCC to provide support to care home employers in workforce planning. As a first step better workforce data systems should be developed.
    - Maintain the investment in *My Home Life* as it is registered managers who are the leaders of practice standards and improvement in every care home. By creating this environment, the adult social care reform group is investing in long-term culture change. Consider extending the programme to care managers/social workers and inspectors as suggested in the Papers.
    - Listen to and act on the views of families about the knowledge, skills and experience required of workers. For example, the IRT found that whilst people welcomed the reassurance of clinical and nursing expertise in the system, families preferred a holistic and integrated approach to meeting the needs of older people and to collaborative and interdisciplinary leadership of approaches.

Quality Assurance

70. Systems have a purpose, a way of working and a way of checking that the purpose is being met. The diagram in paragraph 11 above shows the features of the system to provide care for residents of care homes. Whilst *Home Truths* and the IRT found shortcomings in all the features of the system it was in that related to Quality Assurance where deficiencies were particularly significant. The Evidence Papers on Adult Safeguarding, Complaints and Regulation and Inspection highlight that the checks designed to keep the system focused on its purpose were not working.
71. It was because of weaknesses in Quality Assurance across the relevant authorities that the system was not able to identify and correct failings at DMCH or more broadly across all care homes. By the same token, it was unaware of what was working well and unable to replicate good practice. Families repeatedly asked how the various authorities knew that they were getting it right. The management of care reviews offered little reassurance. Frustration was expressed about the lack of responses to complaints. They told of how difficult it was for them to raise suggestions for improvements. The absence of attention to people's rights – such as with enforced changes to accommodation and evictions for example – and without any route of a challenge was not only abusive but a source of ire amongst families.
72. Older people and families are citizens and customers with the rights of both. Their rights as citizens cannot be lessened by dint of residence in a care home. As financially contributing

customers the commissioning HSCT should have ensured residents and families have a voice in how and whether needs are met. Services that work well provide both value for money and ways of finding out if customers are satisfied and/or dissatisfied. There appeared to be no rigour in checking if needs were being met in a satisfactory way for the older person and family.

73. Taking an overview of the proposed actions in the six Evidence Papers the DH Adult Social Care Reform group could make progress with implementation by coproducing a care home Quality Assurance Framework. Specifically, such a framework would meet the proposals to "learn, change and improve through data and information" which is relevant to all the Papers.

74. An illustration of what a Quality Assurance framework could include follows:

Conclusion

75. The purpose of the review of the whole system was to learn, change and improve. The Evidence Papers were a way of seeking comments to inform and advise those responsible for formulating and implementing change. The Learning and Change Briefing Papers clearly identified the improvement needed based on the evidence gathered during the review. They are summarised in Appendix A.

76. The Overview Paper is a retrospective and reflective contribution from the IRT to the work of implementation embarked on by the DH's Reform of Adult Social Policy unit. This project is faced with the unenviable task of bringing together *Power to People*, *Home Truths* and this independent review.
77. In so doing the IRT requests that the Department of Health must ensure that within its Reform of Adult Social Care that it will,
    - Ground the DH's reforms to adult social care in providing an accountable and compassionate and dignified system for older people. This means a system that manifestly respects older people's rights to choose where they live, to choose how and where their care and support will be provided, and to be supported by a care system that upholds their rights to live with dignity and fulfillment in their home wherever they choose to live.
    - Involve and coproduce change and improvement with older people and their families.
    - Support social care employers to collectively recruit, train and retain the workers to provide the whole care home service.
    - Design a quality assurance framework for the care home system that self-checks and prevents the type of circumstances that caused harm at Dunmurry Manor Care Home.

Appendix A: Summary of Proposals

Adult Safeguarding, Evidence Paper: 1

a) Establish an Adult Safeguarding/Adult Protection Change Programme
b) Assert adult safeguarding/adult protection principles.
c) Set out a Human Rights Based Framework
d) Draft and consult on an Adult Safeguarding/Protection Bill
e) Identify and publicise what organisations have the legal powers to do.
f) Practice collective and pragmatic leadership
g) Introduce action learning, research and training renewal.
h) Detect what matters and use data and information to make a difference.

Complaints, Evidence Paper: 2

a) A Complaints Change Programme led by the Ombudsman.
b) Adopt a complainant-centred approach - listening and responding decisively.
c) Create an Expectation of Candour
d) Make straightforward information readily available.
e) Ensure a regionally consistent approach to procedures, forms and training.
f) Reformulate the remit and functions of the Patient and Client Council (PCC)
g) Redefine the remit of RQIA in respect of care home complaints.
h) Learn, change and improve through data and information.

Regulation and Inspection, Evidence Paper: 3

a) Begin the delayed quinquennial review of regulation and inspection.
b) Publish an RQIA engagement and communication strategy.
c) Learn, change and improve through data and information.
d) Attend to the governance of RQIA.
e) Implement the *Home Truths* recommendations.
f) RQIA should lead when a care home is failing.
g) Redefine the remit of RQIA in respect of care home complaints.

Assessment and Care Management, Evidence Paper: 4

a) Make an explicit investment in intermediate care services.
b) Ensure a regionally consistent approach to assessment and care management.
c) Prepare anonymised case studies.
d) Introduce a 'tenure agreement'.
e) Set standards for assessment, care planning and reviews.
f) Promote a Nursing Strategy for Care Homes
g) Define the remits for care home quality of HSCTs, RQIA and care home providers.

Care Home Providers, Evidence Paper: 5

a) Prioritise "primacy of home" in the reform of adult social care.

b) Focus on the Statement of Purpose
c) Study the transition into Residential and Nursing Homes – and follow through.
d) Set out the remits for monitoring quality in care home services.
e) Support care home employers to workforce plan
f) Reassess the use of procedures and guidance.
g) Strengthen the regional oversight of providers with a group of care homes.
h) Introduce an annual accountability event with care homes.
i) Improve care homes.

Commissioning – the Care Home Market, Evidence Paper: 6

a) Publicise an across-government initiative.
b) Encourage transparency.
c) Commission for home
d) Pilot accommodation with support hubs
e) Commission and regulate to policy.
f) Introduce a ‘tenure agreement’.
g) Practice collective and pragmatic leadership
h) Learn, change and improve through data and information.