Care Campaign for the Vulnerable

I founded Care Campaign for the Vulnerable some five years ago after witnessing much of my own mother’s negative personal experience in a care home. I was often left saddened and upset back then to find that care delivery was at best mediocre and at worse neglectful. It seemed to me that she and many other older vulnerable people often with no capacity, experienced little tenderness in a place that was referred to as a ‘care home’. But it was clear most carers wanted to care.

The purpose of CCFTV was to draw attention to the plight of so many people often without an advocate to speak out for them and to call for much closer scrutiny of the care they received every day. Issues my mother faced I witnessed first hand, meaning I often had to step in and address shortcomings.

However, it slowly dawned on me that many other older people didn’t have a family member or friend that visited very regularly and therefore effectively they were voiceless. I also use to be cofided to by care staff complaining they were rarely supported and often understaffed with fingers of blame from families pointed directly at them if accidents happened while caring for their loved one. As a result, Care Campaign For The Vulnerable was born and our first campaign (via change.org) to raise a petition to call for safety monitoring in all communal areas of care homes. That petition raised over 10,000 signatures and the matter was then raised in Westminster. Today I go would go further and press for all areas of a care home to be monitored if the correct consents are provided.

CCFTV really got some traction after that petition process and as a result we soon found we were overwhelmed by families and care staff who were raising concerns about care. Families sent us horrific photos of loved ones injuries sustained in care and telling us when queried and wanting more details as to what happened, Care Provider responses were remarkably similar to my own experiences. Families were having to accept responses of “we don’t know how it happened”, she must have fallen, no witnesses exist, no one could be held to account because of lack of evidence and therefore no idea if said injuries could have been prevented or indeed if they were wilfully inflicted. The anxiety, anger and fear that those responses elicited from families was palpable. No family could really understand why when an older vulnerable person with serious injuries, cuts, bruises, fractures, pressure sores, no evidence hardly ever existed to explain such. The natural concern always related to the possibility of abuse and yet providers often seemed unfazed by what was a terrible trauma for the family, the resident and in many cases the care staff.

It was clear to me that overt camera safety monitoring (ideally by a third party) was the obvious sensible solution for all parties concerned. Visual data would ensure families had a full and honest explanation, staff could be vindicated if incorrect allegations were made, care staff could see the accident/incident and then treat in a more focussed way, safeguarding regulators could assess whether any other cause and effect created the risk and training could be more focussed for staff if an incident was simply down to ignorance. Visual monitoring would simply improve the relationship between a provider and families given the system would provide irrefutable evidence of any event details.

Some providers had thankfully already taken the initiative and it was to those care homes I first looked to get feedback as to system benefits. It was clear there were very many. Most providers using safety monitoring had communal area use only however a handful had widespread use including bedrooms. They were finding a significant reduction in safeguarding events, fewer red flag incidents, an early improvement then sustained performance in care delivery as a result of targeted staff training. One provider had gone as far as acquiring a system that included every single day monitoring for up to two hours per day undertaken by an independent team of professional reviewers, who logged on to the system and observed care practices at different points in the day.

Whilst that is possibly the ‘Rolls Royce’ version, it nevertheless should be the ultimate benchmark. Independent monitoring by experienced nurses and social workers every day, culminating in a monthly report that can be made available to families is a huge step forward for the care provider/family relationship.

Right now however, our goal is to have providers commit to safety monitoring systems in the first instance. For those that go further and proactively use systems for every day quality audit purposes, - fantastic. Today a good first step would be safety monitoring systems in place to ensure visual data is available to explain any untoward event.

Over the last three decades, the incidences of poor care and abuses have become more frequent. Indeed, recently a Daily Express article confirmed that after Freedom of Information requests from many UK police forces, results confirmed that violent crimes against elderly people had increased by 260% over the last ten years.

Accepting that circa 20% of all abuses occur in Care Homes, means that the mandatory use of CCTV safety and monitoring systems should be beyond discussion. We have had the commitments for over thirty years of better training, improved recruitment and selection, more focussed regulation and inspection and a number of whistleblowing initiatives. Whilst some of those initiatives have indeed been delivered, they have made little or no difference to the incidences of poor care

Many arguments have been made about privacy and dignity and therefore the intrusive nature of camera use. The reality is very different as systems today are much more sophisticated and often only record when triggered by an ‘event’. However, overt systems in bedrooms require consent so the issue or Privacy/Dignity is addressed by the asking for and the receiving of, consent. Those resisting camera technology use, often cite articles 5 and 8 of the human rights act. They of course seek to ignore article 3 which clearly states that ‘no one shall be subjected to torture or to inhumane or degrading treatment or punishment. That’s exactly what happened to the residents of Winterbourne View in 2011 and it was only covert camera use that ended their misery.

I have walked in the shoes of the family member who has had to look upon an elderly loved one with serious injuries sustained in a care environment. I have been asked to accept the ‘we don’t know what happened as it wasn’t witnessed’ response. In this modern day age of technology and a ever increasing ageing population, that really isn’t good enough.