



Student name: Mihaela Ganchev

Student ID: 2013873

Module name: Introduction to Research

Module code: BMHP5005

Lecturer name: Dr. Eleni Koutsogeorgou

Table of contents

1. Introduction
2. Background
3. Methods
4. Results
5. Discussion
6. Conclusion
7. References

1. Introduction

Nursing home abuse is happening when the long-term care facility residents are being harmed by caregivers. Abuse can include both intended and unintended harm. It also has the potential to cause traumatic experience, medical crises, and even death to elders. Unfortunately, nursing home abuse is a very common problem in the health and social care, owing to concerns such as understaffing, inadequate training, and exhaustion. These variables can drive staff members to vent their frustrations on the patients they are supposed to care for and keep safe, or they can impede them from reacting to life-threatening circumstances such as falls or strokes. Fortunately, there are several actions a person can do if they see an elderly person that they are caring about has been abused at a nursing facility. According to the WHO one of three adults had been victims of abuse and two of three care home staff members have been abusive towards elderly people. There are different types of abuse within care homes. Some employees are intentionally using physical abuse, which can include hitting, kicking, and pushing of the residents. Through emotional abuse care workers can affect a person's psychological welfare. It can be anything like screaming, but also insulting and eventually isolation in terms of them being isolated from their friends and family. Neglecting is also type of abuse. It can lead to long waiting times for any needs of the elders, but also more serious problems might occur e.g., infections and malnutrition. Sexual abuse is as well not excluded from the category. According to the American television channel – CNN and their report in 2017, sexual abuse has been reported in more than 1000 care homes. In addition, residents might as well face financial abuse. (*Nursing home abuse, 2016*) The articles that had been chosen are all scientific literature, which were made between the years of 2013 and 2019. They all present different findings of abuse in care homes in the United Kingdom. The review aims to show how often elderly people experience abuse, discovering the reasons why other staff members don't report abuse and neglect. The secondary review will as well reveal the most common types of abuse and if person-centred care is being delivered. The literature discovers the abuse that is happening in private care homes, which the staff is trying to hide. Another detected it and raised awareness on it, since it is a major issue in health care. One of the articles even reveals positive actions and different abusive cases within three months. Through critical analyzation of the literature the problem will be stated. Elders facing abuse is a problem in health and social care and the evaluated results will show its importance.

2. Background

The context of the two scientific literatures done by Steve Moore, who is working independently, is to show the nature of abuse in care homes, its underreporting, and its hiding. The article „The road goes ever on: evidence of the continuing abuse of older people in care homes” from 2019 and is analysing the staffs' very recent encounters with different types of

abusive behaviours and practises. When paired with two prior studies that used the same or comparable technique, the research has demonstrated the pervasive and experience of abuse in nursing homes for old people. The findings are also showing, that current techniques of examination out of practice and inquiry of care facility procedures need to be revised. It gets the results from a postal questionnaire made by newly hired personnel in five different nursing homes for elders. (Moore, 2019) The other one from the year 2016 is looking at abuse in care homes within the private sector. For the research he S. Moore used interviews and anonymous questionnaires amongst 36 private elderly nursing homes. (Moore,2016)

Abuse in care homes is not always reported, and it is often purposefully being hidden. The data that has been published shows of the extent and form of resident abuse between the years of 2013 and 2019. The articles give more data from the, on abuse reports, but also focuses on person-centred care and positive insights. The findings imply that governments' safety measures should be modified such that all people working in nursing homes should be encouraged to report abuse and are not scared to do so. Mandatory reporting is a straightforward recognition that elderly abuse and neglect are common, serious, and frequently hidden. Its goal is to assist the early discovery of situations of elder abuse that would otherwise go unnoticed by appropriate authorities or aid organisations. It also reaffirms every adult citizen's moral role to care for and protect all inhabitants from abuse and damage, and it contributes to the creation of a society that is increasingly person-centred and less and less tolerant of abuse and neglect. (*Recognise and report elder abuse*, 2015)

3. Methods

From January 2018 to February 2019, the author, Steve Moore, knew of the five newly opened private sector care homes, which were in three distinct local authority regions in the UK, all of which were designed to take care of elderly people, including residents with dementia. Care managers of the selected five homes were contacted in order to receive all the information and aims of the research that they were going to go through and to look for participation. The care homes have addressed all consented to participate and were later visited to further explain the study to be conducted, after which a few questionnaires equal to the estimated number of care professionals employed has been provided. Every questionnaire as well contained information from the Department of Health, made in 2000, regarding policies created to protect the vulnerable residents, as well as implementations mentioned in the Care Act 2014. For the research, it has been used a postal questionnaire that was gaining both, qualitative and quantitative data. Roughly 90% of the whole personnel that the research was focused on have answered. From those 90 per cent who answered, 92% have as well

previously worked in care homes. Only 8.6% of all answered questionnaire have not seen abuse. (Moore, 2019)

In the previous research, made in 2016 by the same researched, who was by then working as a commissioner in Dudley, the group of care centres for which qualitative interviews were performed was taken from private institutions positioned among four distinct local council districts. Using the Obtaining Management Data Care homes within a six-mile radius outside the irregular boundaries of the "home" authority were located using a simple satellite mapping approach. There are 16 care homes in this region, in addition to the 58 care homes in the "home" authority area. A letter outlining the nature and goal of the research and soliciting expressions of interest in participation was addressed to each of these care homes. And so after the informing letter, 36 care home personnel have been chosen from which 20 care home through the satellite mapping approach and 4 in "home" are of the researcher. The study has reported its results in the paper collected data from people, that took part of it and who work in nursing homes, investigating their viewpoints and experiences using a semi-structured interview approach and an anonymously filled questionnaire. A unique aspect of this strategy was that the questionnaire has been constructed to be completed by newly hired care personnel in the period immediately preceding the start of active employment, or during induction with their new employer. Many of the newly hired care personnel have previously worked as care staff, and the questionnaire asked them about their experiences while working in the former nursing homes for elders. The confidentiality of participants also minimised the likelihood that disgruntled employees might complete the questionnaire with false or exaggerated comments in order to exact revenge on a former employer, boss, or colleague who they deemed unacceptable. Furthermore, the privacy of participants was meant to eliminate any concern which would otherwise appear among their managers, who were asked to promote the completion of questionnaires by their newly recruited care workers. The care managers who have agreed to the questionnaire were therefore guaranteed that no practise within their care home was being investigated. And so, none of the information will be reported. As other ethical considerations, the research has been as well used as benefit for others, but also for participants to have the option to report any seen abuse. (Moore, 2016)

The article that has focused on person-centred care and positive actions came to their conclusion through their results, that were gained by different methods. The methods that they have used were Modified Conflict Tactics Scale (MCTS) and the Maslach Burnout Inventory (MBI). These were focused on 1544 employees in 92 British care home. MCTS is collecting primary outcomes. It is a measure of helping and eventually harmful behaviour by staff that the researchers have designed and piloted with personnel. But also care staff that has been found to be acceptable and content relevant. It is based on a prior assessment, which was

applied among persons with dementia and family caregivers. The MBI is a scientifically proven measure that is used in many international studies. It can be applied for a person as an individual, but also for an organisation. (*How to measure burnout accurately and ethically, 2021*) There are 7 scale, from which the respondents can answer how often they have seen, or we part of any of the abusive behaviours. MBI was as well used for the positive behaviour and action that was taken from the respondents, such as involvement in care planning and providing proper care. (*Cooper et al.,2018*)

„Care workers’ abusive behaviour to residents in care homes: a qualitative study of types of abuse, barriers, and facilitators to good care and development of an instrument for reporting of abuse anonymously” is the fourth analysed article that has been made available in 2013. The research is using qualitative data from 36 employees among four different care homes in London. From those four, one was a local residential care home, another was a care home run by a charity, a private nursing home and a private care home. All of them were focused on working with dementia patients. Table 1 and 2 are showing the characteristics of the participants as well. Correspondence with respondents has focused on good quality care for dementia patients. They were supposed to provide examples from their practical experience when poor care has been delivered or times when they questioned any situations of eventual abuse. The questions were focused on all patients, since not all of them had dementia and there also some have not been diagnosed, nor the staff was informed. The research has used the MCTS methods. (*Cooper et al., 2013*)

4. Results

Steve Moore’s research form 2019 is showing on the second table in the article and it displays the number of the people who reported witnessing or suspecting abuse at their prior care facilities, where they have worked before, as well as what kind of abuse it was, when it happened, and how often it has been seen, as well as how long ago this occurred for the first time. Care employees in all of the five care facilities have reported that they have been seeing abuse in large numbers, with 66.7–87.8 percent of all the personnel across the five homes, who have as well admitted that they had. The findings are being consistent with the typically large numbers of employees who have observed abuse as assessed by prior prevalence studies, which also have been described in the article. The results clearly show that abuse had taken place. Also, in table 3 it can be seen for the different types of abuse and neglect, how many have witnessed it. From 197 people that took part in the research only 180 have witnessed a case of abuse at their previous workplace. (*Moore,2019*)

Steve Moore’s research form 2016 that has been made over 2 years and the results of the interviews and questionnaire have as well shown the levels of abuse. The questionnaire has

been made by 36 employees amongst 12 care homes. The care workers were aware of what was happening and sometimes it was not reported to the management or other authority. In the interviews people have witnessed that they have not reported it, because they as well need to work with the person who was abusive towards a resident. In another case a care home worker witnessed that she had reported it, but the management did not show any support and no actions had been taken. Another says that by reporting abuse people managing the care home are being put in bad light and therefore it is not likely for them to report cases of abuse. Other result from the research show that 94 people have witnessed abuse cases from the last 12 months, 39,4 percent in the time between one and three years and 5.3 percent in more than three years. The results are also exceeding 100percent, due to people witnessing more than one case. (Moore,2016)

The article making the research about person-centred care and eventual positive actions has revealed that the person-centred care was not satisfying at all. Abuse was as well reported in 91 care home out of 92 in three months time only. Although the majority of employees who have reported good care behaviours, specific person-centred, unfortunately activities were not seen often in the care homes. Many care home workers did not know of a patient being brought out of the home for their will (34%, n = 520); or any kind of activity arranged around the wishes of the resident and what he likes to do (15%, n = 234). 763 people working in care homes have as well reported being part of or seeing potentially abusive or neglectful behaviour occasionally in the previous three months. 399 have reported that due to neglect, residents had to wait for care to be delivered, 391 have seen how a resident has been ignored due to challenging behaviour, 297 have reported that time has not been given in acceptable time slots, 169 witnessed not proper care when moving an older person. (Cooper et al., 2018)

The last research worked with four care home that are also based in London. They have chosen 36 care workers. They used a questionnaire (qualitative) to find out the types of abuse. The people who took part have said that circumstances with potentially harmful effects were widespread, but that wilful abuse was uncommon. Residents in some cases were either kept waiting too long for personal care or they were not given the attention they need to ensure they had enough to eat, were transported safely, or were not emotionally abandoned. Some of the employees acted in abusive ways because they apparently had lacked a better strategy or just were not able to understand the resident's illness. (Cooper et al., 2013)

5. Discussion

The findings of all the articles show that there is abuse and neglect that is not getting reported. In almost every care home abuse is being used by care staff. Suggestions advise that staff members or visitors should be able to eventually think of abuse or neglect when there is

another conceivable explanation for a resident's well-being, either if it is physical or mental. Everyone should be aware of signals and make judgments based on what they know about how each person typically behaves, according to the guidelines. While there may be parallels between reactions to abuse or neglect and behaviours associated with dementia, autism, learning disabilities, or mental distress, the potential of abuse or neglect should always be investigated. This is because there could be a cause for sudden emotional or behavioural changes.

Eventual abuse can be detected by the isolation of a person, for example if they do not have the opportunity to take part in activities. Sudden weight loss or gain can also be a sign of abuse as well as self-isolation when the resident distances himself from the rest. Therefore, is person-centred so important. The National Institute for Health and Care Excellence (NICE) also recommends additional training and creating a culture on how to deliver proper care. Through that we will be able to see improvement in the awareness of the staff, safeguarding of the residents and the importance of reporting any situations that have happened. (*"Be aware of the signs of abuse and neglect in adult care homes, says NICE | News and features | News | NICE"*) Some of the recommendation for older people on how to report issues are for example to talk to a trustworthy care worker or their GP, which is visiting at least twice a month. Friends can as well be contacted or other people, so the situation is understood and taken seriously. If a staff member or someone close to the resident is suspecting that the resident might experiencing abuse, there should be a private discussion. Mention the things that you have seen and always look for any significant changes. Some people might as well be scared, therefore the examiner should be showing understanding and support. (*NHS website, no date*)

According to the standard of CQC people should not be exposed to any kind of harm in care home. Safeguarding from any kind of abuse is therefore very important. The CQC is in charge of examining events in which persons in residential homes have been injured by unsafe or low-quality care or treatment, whilst the local authority is in charge of safeguarding matters. Of course, there will be instances in which both agencies are involved. The safety responsibility of care home managers extends to all persons who live and work in their care home. They should have clear rules in place for both. There are different ways how a resident can be exposed to harm. It can be the bed and other equipment, eventual danger of falls, wrong drug management, too hot objectives or fluids, infections and diseases and eventual problematic behaviour, which could be aggressively or challenging. Danger should never be used to limit residents' freedom unless the risk has been thoroughly examined and shown to be unacceptably high. The Health and Safety Executive is offering for example general advice on how to protect care workers and the residents within the care homes from the different

mentioned risks, and to add in addition a practical guide to risk assessment and specific training modules. It is the responsibility of each person to protect elderly people from abuse or neglect. The Care Act of 2014 establishes a framework as well, which is about the protection of adults. The different care providers must have clear policies and procedures in place that are matching the Care Act's legislative guidelines as well as their local multi-agency processes, and everyone who is working in a care home has to understand and hold on to these procedures to maintain adults' safety. (*Safety and safeguarding in the care home, no date*)

The only limitation found is that we can not be sure that everyone has witnessed a case of abuse that they have seen or even carried out. Even if some of the searches were protected and that there won't be any consequences, people might still be afraid of that. Still, the results clearly show that there is abuse in almost all nursing homes for older people.

6. Conclusion

As conclusion, it should be considered by the management to provide more training modules and support. It is only helpful to them if they take actions after recognizing abuse. The experiences of the staff have been examined. As a consequence, we were able to determine how frequently elderly persons are subjected to any form of maltreatment. This study emphasises the significance of staff training and offering information about interacting with various types of people. Even though the searches have experienced limitations because of people who have eventually no reported a case, we can still see how often others face cases of abuse. As examined in the last research in 91 out of 92 care homes abuse or neglect has been experienced. More policies should be created, and safeguarding adult should be taken more seriously.

7. References

"Be aware of the signs of abuse and neglect in adult care homes, says NICE | News and features | News | NICE" (no date). Available at:

<https://www.nice.org.uk/news/article/be-aware-of-the-signs-of-abuse-and-neglect-in-adult-care-homes-says-nice> (Accessed: April 20, 2022).

How to measure burnout accurately and ethically (2021) *Harvard Business Review*. Available at: <https://hbr.org/2021/03/how-to-measure-burnout-accurately-and-ethically> (Accessed: May 1, 2022).

NHS website (no date) *Abuse and neglect of vulnerable adults*, *nhs.uk*. Available at: <https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/abuse-and-neglect-vulnerable-adults/> (Accessed: April 23, 2022).

Nursing home abuse (2016) *NursingHomeAbuse.org*. Available at: <https://www.nursinghomeabuse.org/nursing-home-abuse/> (Accessed: April 23, 2022).

Recognise and report elder abuse (2015) *nidirect*. Available at: <https://www.nidirect.gov.uk/articles/recognise-and-report-elder-abuse> (Accessed: April 20, 2022).

Safety and safeguarding in the care home (no date) *Social Care Institute for Excellence (SCIE)*. Available at: <https://www.scie.org.uk/person-centred-care/older-people-care-homes/safety> (Accessed: April 17, 2022).