Respect and dignity are vital to quality care provision

Best practice should make sure patients are treated as individuals, says new report. Jennifer Sprinks investigates

THE PROVISION of good care derives from treating all people as individuals and respecting their dignity, according to the Nursing and Midwifery Council’s (NMC) code of conduct, which lays out standards of conduct and ethics for nurses and midwives.

The NMC’s guidance for the care of older people also states that the essence of good nursing is getting to know and care for people as individuals. So why is it that older people are still not getting what they deserve? Out of just under 9,000 official complaints about the NHS to the health service ombudsman last year, nearly one fifth were about the care of older people.

In a report that unveils the findings of independent investigations into the complaints about care for ten people over the age of 65, health service ombudsman Ann Abraham says the NHS is failing to meet ‘even the most basic standards of care’.

The report Care and Compassion? cites how older patients across England had suffered unnecessary pain, indignity and distress while in the care of the NHS and highlighted common failures in pain control and in ensuring adequate nutrition.

Reasonable expectations

Ms Abraham says there is an attitude in staff and institutions that is failing to recognise the ‘humanity and individuality’ of patients. ‘The reasonable expectation that an older person or their family may have of dignified, pain-free, end of life care in clean surroundings in hospital is not being fulfilled,’ she says.

In response to the report, care services minister Paul Burstow says new spot inspections by nurses, who will have a specific remit to check up on malnutrition and dignity of older people, will ‘cast a light on poor practice’.

‘We need a culture where poor practice is challenged and quality is the watchword,’ he explains. ‘The dignity of frail older people should never be sidelined.’

But, despite the ombudsman’s report providing detailed accounts of appalling standards of care, it makes no recommendations for improvement.

RCN older people’s adviser Nicky Hayes says that while the report raises a number of important issues, she feels it could have gone further to outline clear steps to address the problems. ‘It could have called for organisations to review their processes and take accountability but instead it asks people to consider the findings. It really was not enough to trigger action.’

She adds that organisations have a responsibility to look at whether they have the right staffing levels, skills mix and facilities to match their demand for services and meet different patients’ needs.

‘Have they got the clinical leadership that includes people who specialise in the care of older people?’ she questions. ‘Is the workforce competent in understanding the implications of the ageing process?’

From 2013, all new nurses will have to be trained to degree level under government moves to make nursing an all-graduate profession. But is the move to convert pre-registration courses into degree programmes already damaging the quality of care given to older people?

Ms Hayes refutes this but adds that all training – regardless of whether it is pre-registration or continuing professional development – should educate nurses about older people’s needs.

‘Whatever aspect a nurse is learning about it should always include the impact on older people as all staff will come into contact with older patients at some point,’ Nurse consultant for older people and intermediate care Soline Jerram agrees that training does not adequately prepare nurses to care for older people.

‘We need to recognise that looking after older people is not basic care and
requires a whole range of skills,' Ms Jerram, chair of the nurses' and allied health professionals special interest group at the British Geriatrics Society, explains. 'The report makes it sound as though poor care is everyday practice. I see a lot of good practice and I see people working hard to deal with a heavy and complex caseload to give people the care they need. People are living longer, they have more complex conditions, and expectations are higher.'

Skewed view

Ms Jerram says that while the move to an all-graduate profession is good, a nurse will not necessarily be caring just because of a good education. 'I am not sure you can teach someone how to be caring so it may be necessary to test that out before they do a degree by putting them in the workplace. I would like to see everyone who wants to do a degree do at least three months' healthcare assistant work. If they do it well, they will get their hands dirty. People may have a skewed view of what nursing involves because of TV programmes.'

But how realistic is it to try to make improvements to older people’s care when the NHS is expected to make £20 billion in savings over the next four years?

Ms Jerram explains that there are many steps organisations can take to improve care without having to pay, such as involving patients’ relatives more in the decision-making process and communicating with them on a regular basis about their loved ones' needs.

'Staff can feel threatened when relatives try to help them. But they will know them much better and will make them feel supported. We should use the experience and knowledge of relatives and not cut them out of the care process.'

Ruth Chauhan, a clinical specialist at the IT consultancy CSC and author of the NMC guidance for the care of older people, echoes Ms Jerram’s call for staff to involve relatives more in care planning. She adds that care for older people is seen as a 'Cinderella' service. 'But it is a service that requires specialists to provide specialist care because of people’s complex needs.'

Central to improving care, explains Ms Chauhan, is effective leadership where ward managers demonstrate good nursing behaviour and encourage a culture in which staff question others about poor practice. ‘It is about leadership and standards being set on wards so that staff know what they need to work to.’

She thinks trusts should ensure newly appointed staff undergo a probation period during which they would have to demonstrate their compassion and a willingness to speak up about issues that could harm patient care. ‘The onus is on staff to do something about poor resources and practices,’ she says.

‘But people get tired of having no resources and they become disillusioned, wondering whether anything would happen if they spoke up about it.’

In the same week as the ombudsman report was published, the Department of Health (DH) announced it was to make Deborah Sturley, nurse adviser for older people, redundant. Ms Sturley left the post in March. Ms Hayes says the decision was ‘extremely disappointing and will leave a huge gap’.

However, chief nursing officer Dame Chris Beasley, who is set to retire this October, says the DH has taken measures to plug that gap. ‘I have appointed two nursing officers who as part of their responsibilities provide clinical advice on older people in relation to acute and community care,’ she explains. ‘This will ensure that any policy development will carry on receiving senior clinical nursing advice.’

But fresh concerns about the future care of older people were sparked when Bupa, the health insurance and care provider, published a report predicting that the ‘chronic under-funding’ of care homes will lead to a shortfall of nearly 160,000 care home beds by 2020. If older people are going to be faced with delayed discharges from hospital because of cuts in care home places, could the quality of their care get even worse? Ms Jerram believes there is already a shortage of places as a number of homes have reached their bed capacity.

But the DH dismissed the report’s findings, saying its figures are based on the assumption that the demand for care homes is increasing when in fact the opposite is true. A DH spokesperson said that steps are being taken to improve adult social care and added that the independent commission, which is advising on the long-term funding of social care, is set to report in July.

Ms Hayes is optimistic: ‘By 2020 we should be able to support more people in their own homes for longer. So we need to avoid assumptions that increasing numbers of people will be cared for in a home.’

Jennifer Sprinks is a freelance writer

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