SAFETY CULTURE, RESPONSIBILITY AND POWER IN UK CARE HOMES: HOW IS RESPONSIBILITY FOR SAFETY NEGOTIATED IN ENGLAND’S CARE HOMES?

Emily Gartshore

Prof. Justin Waring and Prof. Stephen Timmons
Centre for Health Innovation Leadership and Learning
Nottingham University Business School

4th September 2019
RCN International Nursing Research Conference
By 2045, 24.6% of the UK population will be 65+

Residential care homes make up 73% of care homes in England

10% of Adult Social Care Services rated as ‘Inadequate’ for safety

Organisational and Workforce Challenges

Care homes provide care to more than 450,000 older people in England
SAFETY CHALLENGES

40% of frontline adult social care workers found to have no relevant qualifications (Cavendish, 2013)

International and European workforce- 1 in 5 workers born outside the UK (Franklin and Brancati, 2015)

Highly differentiated sector, from large chains to small family run businesses

Varied approaches to safety, predominantly adopting bureaucratic and orthodox approaches as seen in the NHS. (DH, 2000; IOM, 1999; Reason, 1997, 2000)

Home Environment

Sociological approaches needed to look at complex social, cultural, political and organisational influences (Health and Safety Executive 2007, Waring et al. 2016)
ORGANISATIONAL
SAFETY CULTURE

“The essence of culture lies in the pattern of basic underlying assumptions, and once one understands those, one can easily understand the other more surface levels” (Schein, 2004 p.36)

Three levels of Organisational Culture (Schein, 2004)

Artifacts- Structures, processes and observed behaviour
Espoused Beliefs and Values- Ideas, goals, values and aspirations
Basic Underlying Assumptions- Unconscious, taken for granted beliefs and values

Orthodox approaches to safety culture have resulted in little exploration of the deeper levels of culture- NEED FOR INTERPRETIVE APPROACHES

No studies in care home have explored the deepest level of safety culture within care homes (Gartshore et al, 2017)
How is responsibility for safety negotiated in the management of ‘at risk’ or ‘dependent’ residents?
RESEARCH METHODS

Narrative Ethnographic Case Study

200 hours observation across 2 organisations

Informal discussion

50 Interviews

30 Staff
10 Residents
10 Relatives
PRELIMINARY FINDINGS

Identity and Role

Risk, Uncertainty and Change

Relationships

Responsibility

Safety Culture in Care Homes
Today you will meet: Margaret and John
BECOMING A CH RESIDENT

This decision is all about SAFETY

- Dementia
- Medication
- Loss of Carer
- Mobility
- Memory
- Illness
- Coping
- Falls
- Wandering
- Symptoms
- Neglect
- Fear
UNCERTAINTY AND CHANGE

Cultural Norms, beliefs, symbols, rules
Vastly different to the lives known
Dramatic Physical (self and environment) and Social change
Identity Crisis

“That’s when my life here began. So it’s a separate story from the rest of my life, because I have this feeling that this is a part of my life that I never foresaw. I was able to look along the lines of my future, towards my future at many different stages, with objectives of various kinds, but then suddenly I hadn’t really thought about what it would be like to be living somewhere where I didn’t know anybody else, I have no goals and no purpose. So that’s the end of the road. “

(Betty, Resident, Site 2, Formal Interview)
WHAT ABOUT SOMEONE WITH DEMENTIA?

Unfamiliarity

New Environment, Faces, Routine

Changing Relationships with Relatives

Adjustment period – Gets worse before it gets better

“They all take their time to settle in. One new resident changes the dynamics of the whole care home, everyone reacts to each other”
(Angie, Nurse, Site 1, Formal Interview)

“Where am I? Why am I here? You’re looking after me. Why are you looking after me, why can’t I look after myself, or why can’t I be in with somebody I know?”
(Joy, Resident, Site 1, Formal Interview)
HANDING OVER SAFETY AT THE DOOR

EVERYBODY IS DIFFERENT!!!

- Rules, Risk Assessment, Processes, Social Norms
- Physical Ability
- Cognitive Ability

EVERYBODY IS DIFFERENT!!!

EVERYBODY IS DIFFERENT!!!
PHYSICAL ABILITY

Less Physically Able

Independence and Autonomy

More Physically Able

Enabling them to act in regards to safety—or taking their own person centered risks

Responsibility
COGNITIVE ABILITY

Less Cognitively Able

Safety perception

More Cognitively Able

Enact Safety for themselves, but also less cognitively able residents

Responsibility

No Safety perception
RESPONSIBILITY

Less Physically Able

Independence and Autonomy

More Physically Able

Less Cognitively Able

Safety perception

More Cognitively Able
SO WHAT DOES THIS MEAN FOR NEGOTIATING RESPONSIBILITY FOR SAFETY?

Different for every individual
Rife with Uncertainty
Changes moment to moment
COMPLEX

Identity and Role
Risk, Uncertainty and Change
Relationships
Responsibility

Person Centred Safety through relationships, community, family
THANK YOU

Emily Gartshore
CHILL, Nottingham University Business School
Emily.gartshore@nottingham.ac.uk
Twitter: @EmilyGartshore
REFERENCES


REFERENCES


