Review Symposium

IMPROVING STANDARDS OF INSTITUTIONAL CARE

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Debates about institutional care of the elderly among policy-makers and providers tend to focus on issues of the number of places available, appropriate placement, segregation of special groups, specialist or non-specialist care etc. Very rarely do quality of care and quality of life for elderly people receive the same sort of attention. But it is these issues which are of paramount importance to those who actually live in institutional care. The care provided and the quality of the institution will affect the remaining years of their own lives, whereas the problems which exercise the minds of the policy-makers and providers are likely to impinge only indirectly on their everyday experience.

It is, therefore, particularly encouraging to find two books which tackle the issues of day-to-day life in institutional care for the elderly. There is no shortage of studies which have documented the shortcomings of different types of institutional care. Most of these have also gone on to offer recommendations to those responsible for planning and staffing institutional care for the elderly. However, the responsibility for implementing these recommendations remains with practitioners who are subject to a host of other pressures. Even if the research is brought to their attention, its presentation in long and often expensive books or in academic journals does not make it easily accessible to those whose actions directly affect the quality of life of those elderly people in their charge. The problems of institutional environments have been well
documented since Goffman’s pioneering work. Unfortunately, I doubt whether corresponding progress has been made in the implementation of the lessons learned. The two volumes reviewed here are valuable because they both, in very different ways, deal with the problems of implementing improved standards of care.

Home Life is an excellent document, prepared specifically to accompany British legislation to control private and voluntary residential homes for the elderly and other client groups. Nevertheless, it should be said at the outset that this code should be studied and applied to all forms of institutional care, whether they be designated ‘residential’, ‘nursing’, ‘medical’ or whatever. The code itself, including a point by point summary, is elaborated in only sixty pages. The presentation is attractive and easy to follow, and it is inexpensive. Only the off-centre print style is slightly irritating as the ends of lines disappear into the centrefold. These points are vitally important to a publication aimed at hard-pressed proprietors and staff working in institutions caring for the elderly. Academics who bemoan the failure of policy-makers and practitioners to take note of their findings, or even to read them, should take careful note of the style of presentation.

The contents of the code prove to be worthy of its presentation. It begins from the basic principles which should underlie all residential care, and goes on to deal with more specific issues under the headings; social care, physical features, individual client groups, staff and the role of the registration authority. The rights of residents are paramount throughout. The code deals not in minimum standards but in good practice, so that standards are not something instantly achievable, but goals to be set and strived for. None of the recommendations is new, they will be familiar to all who have sought to raise standards in institutional care, whether for the elderly or any other client group. But it is the collecting together of ‘accumulated wisdom’ in this way which is special. Allied to this is the fact that the code is to be incorporated, via the legislative process, in a programme of inspection and registration of private and voluntary homes. The guidelines for inspection and registration procedures are also laid out in such a way as to (hopefully) avoid an adversarial process, with proprietors on one side and registration authorities on the other. Supplementing the main body of the code are various annexes which detail the relevant legislation, list organisations whose work may be important and deal with particular problems.

Some may ask whether the code goes far enough in establishing the detailed standards of practice which are necessary to achieve the more basic principles. Thus, for example, there is no detailed elaboration of the procedures which should be adopted in the provision of intimate care.
physical care, and there is little explicit guidance on the practical ways in which the physical and social environments can be influenced to avoid the negative features of institutional life and to promote independence and autonomy. The answer to these points is that this code should be seen as a first step in a continuing process. It establishes a base from which to build. But it is essential that the process does not stop here. There will be scope for further elaborations of the code which continue the process of working with those who manage and run institutional care to improve the quality of life for those who live there.

In some respects this is a process which seems to be further advanced in the USA than in Great Britain. The second book covered in this review describes the progress made in the USA through the Ombudsman Program for nursing homes for the elderly. By contrast with the Code of Practice, this is very much an academic piece of work which will not be easily accessible to those who work in institutional care for the elderly, or even those who are responsible for policy and planning. Nevertheless, it deserves a wide readership because the problems it deals with are likely to constitute the most important issues for institutional care for the elderly in the next couple of decades. As the British Code of Practices recognises, it is the implementation of standards which is crucial. This book describes the wide variety of approaches to implementation through the legislatively sanctioned Ombudsman Program. The position of Ombudsman has evolved from the role of impartial mediator, but has taken a variety of forms in different situations and in different countries. The first two chapters provide a very useful and comprehensive summary of the antecedents of Ombudsman Programs. Two divergent strategies, that of impartial mediator and that of adversarial advocacy have evolved, as well as a variety of specific functions relevant to particular problem areas. These divergencies are discussed with specific reference to issues of quality assurance in long term care for the elderly. The different ideological and political rationales for Ombudsman Programs, the different contexts in which they have been developed, and their history are important considerations for anyone considering such an approach. The authors have done a good job in distilling the history and important themes in debate on the Ombudsman role.

The main part of the book is concerned with the presentation of the findings of two studies of the Ombudsman Program in nursing homes, one in New York City and the other a national study. Both studies aimed to find out whether the program succeeded in improving the lives of residents, bringing about systematic change to the benefit of nursing home patients, preventing recurrence of difficulties, providing an
effective method of resolving grievances, protecting residents' rights, and establishing a community support system. Both studies used surveys of those involved in the programs and the providers of long term care. The New York study also included a survey of residents/patients. Perhaps the most serious flaw in the work is the under-representation of consumers. Even in the New York study, the authors admit that the resident sample was non-random, interviews being conducted by means of 'incidental sampling procedures'. In particular, those with physical and mental impairments were effectively excluded. Despite this deficiency, the studies provide a rich fund of experience for all of those concerned with standards in institutional care for elderly people.

The experience of Ombudsman Programs varies substantially from one state to another, since federal legislation provides only the basic framework, within which individual states have considerable freedom to develop their own particular style. From the point of view of an observer, this variety provides an excellent means of considering the advantages and disadvantages of different approaches. The authors provide a very good description of these variations and their implications for resources, roles, staffing, acceptability and so on. Case studies of individual state programs provide some of the most interesting reading in the book. The authors distinguish two main areas of variation; collaborative versus contest, and broker versus therapist. The issue focus also varied from a predominantly resident focus to a facility focus. Ombudsmen, care providers and residents each have different views of the role of the program. Significantly, the care providers tended to see the program as non-essential, but the residents did not appear to have any idea of the role of an impartial mediator.

Unfortunately, the chapter which promises the most; 'Do Ombudsmen Programs get results?', is the most disappointing. The presentation of results is wholly unsatisfactory, in that the results of statistical analyses are offered without the actual numbers on which these are based. Thus the reader is denied the opportunity to make any judgements, being forced to accept the authors', sometimes questionable, use of statistical criteria for the conclusions drawn. In a volume clearly addressed to academic colleagues, as well as to those involved in the provision of services, it is entirely unsatisfactory to present only a partial summary of the evidence upon which conclusions are based. I cannot agree with the author of the preface to this book who states that 'the translation from numbers to words has been successfully manoeuvred without detriment to analytical precision'. Overall, the answer to the question posed in this chapter is that Ombudsmen Programs achieve moderate results. They are more likely to achieve results in dealing with
individual problems than in bringing about systematic changes in institutions as a whole. There were no expressions of outright resistance, but the frequent failure to convince staff of the essential nature of the programs and their objectives, and the low visibility of the program among the residents must be causes for concern. The concluding discussion of the future of such programs is again an excellent review of the situation. The alternative paths open are well summarised without recommending a particular course. The authors rightly point to the importance of adapting schemes to local resources and circumstances. What is also abundantly clear is that considerable effort needs to go into systematic evaluation of such schemes if they are not to lose their way.

The two volumes reviewed in this article are very different in their length, style of presentation and approach to the problems of institutional care for the elderly. They also come from opposite sides of the Atlantic and are addressed to different audiences within their countries of origin. They are, nevertheless, concerned with fundamentally the same problem, how to improve the quality of life experienced by those people who find themselves in institutional care. Each in its own way is an important contribution to the debate, and more importantly, should be a contribution to the achievement of higher standards in institutional care. Each will, no doubt, be read primarily in its country of origin, but both are worthy of a wider international readership. Of course, the specific circumstances vary greatly, even within one country. But the scope for international co-operation is enormous and should be pursued. The British Code of Practice should provide, for those in other countries, a stimulus and an example of one approach to tackling the problem, whilst the account of the Ombudsman Program should permit others to benefit from the achievements and mistakes of much practical experience. In both cases it is to be hoped that continuing programs designed to improve the quality of life for elderly people in institutional care will be carefully evaluated, so that we can begin to learn which are the most effective strategies.

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The inspection and registration of private and voluntary homes has long been a matter of concern. Many social services departments, who bear this responsibility, feel that they do not have sufficient powers to enforce standards, particularly to close unsatisfactory homes, although it is probably true to say that sufficient use has not been made of the
Statutory Notices that could be issued under 1962 Regulations. Nevertheless the legislation in the HASSASSA Act 1983 – now incorporated in the Residential Homes Act 1984 – has been widely welcomed. Under this Act, tribunals, not magistrates' courts, will be responsible for decisions to close private and voluntary homes, and will have professional advice. A realistic annual fee will be payable for inspection by local authorities.

As part of these new arrangements, the DHSS asked the Centre for Policy on Ageing to convene a Working Party to produce a Code of Practice on life in residential homes. This Code – *Home Life* – has been published in advance of the new regulations.

The Code is an ambitious document. It attempts to cover all client groups, including children. It starts with the principles of care, deals with admission procedures, terms and conditions of residence, administration, the need for autonomy, and financial matters. It is concerned with the physical features as well as making specific points on each client group. There are considerable sections on staffing and the role of the registration authority and a long list of relevant organisations. The Secretary of State has asked that it be considered in the same light as guidance issues to local authorities.

The Code is quite explicit that it is concerned with delineating good practice. Much of what it says reflects current common ground on what that is, and there is a great deal of good practice well explained. But the report describes a world, where registration authorities do not have to deal with the occasional 'cowboy' operator, and where sweet reasonableness resolves all problems. This leads to its fundamental faults which weaken some of its usefulness, namely its failure to distinguish between good practice and good enough practice, and the failure to accept that the service provided must in some way depend on the fee charged.

The distinction between good practice and good enough practice is occasionally made – for instance there are minimum staffing standards for homes where lifting is necessary – but otherwise *Home Life* never states the acceptable. The Code is to be regarded in the same light as guidance under S.7 of the Local Authority Social Services Act 1970. The Secretary of State says that 'the Working Party has striven towards the good rather than simply defined the acceptable. This must be right,' but the acceptable is highly relevant both to the proprietor and the inspection authority. The proprietor needs to know, since his profit depends on the gap between the acceptable service and the fee level that the DHSS Supplementary Benefit will allow him to charge (and which, may well be reduced in future). The registration authority, if there is to be any sort of consistency across the country, needs more help than
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apply the Code positively and sensitively, in a way that makes sense in local circumstances’. The whole question of staffing levels is avoided by quoting ‘one way of estimating it’ in an Appendix.

Some of the idealism of the report is shown in detailed comments. For instance we are told, in regard to mentally handicapped adults, that ‘clashes between family and professionals sometimes occur’. True enough. So what do we do? ‘In this situation, the interests and preferences of the client are paramount.’ But nine times out of ten these clashes are precisely about the interests and preferences of the client, which they may not be able to articulate themselves.

The Section on children should have been omitted altogether. Residential care of children is complex and involves legal relations with parents and protection of society which are not usually present with other client groups. Here as elsewhere DHSS statements are rather carelessly paraphrased. Whereas in 1983, the DHSS were saying that ‘sensitive information about a child should not be given to the parents without the child’s permission’, the Code (2.3.8) says that ‘information about a child should not be given to parents without the child’s permission’, One does not have to be a supporter of Mrs Victoria Gillick to consider this is going a little far.

One unfortunate result of this idealism is that the Code takes itself very seriously. A copy ‘should’ (favourite word) be sent to every person making an initial enquiry about registration (at a cost of £3.00 – unlike every other code of practice, this is copyright not by the DHSS but by a private organisation). Any infringement of the Code ‘should normally be considered a legitimate cause for complaint’, which is going to cause some problems when the proprietor says he is providing what is acceptable.

The position of the registration authority is also idealised. They have ‘a duty to ensure that the best possible quality of life for residents is achieved’. This is an amazing statement. No such duty exists in statute, where the emphasis is on the minimum acceptable level. Further, it appears to be quite unrelated to any fee level. Who else gets ‘the best possible quality of life’ without reference to finance available? The registration authority also ‘should explain the financial implications of establishing a new residential home’. I suggest they should do no such thing. If the proprietor needs such help, he should go to his own professional advisers.

Home Life is an interesting statement of the current ideas of what constitute good practice in residential care. This it does well, though one wonders whether such a high-powered team was needed to do it. What it does not do and where a great opportunity has been missed, is to come to grips with the problem of how residential care can be provided with
limited financial means and how profit can be made doing it. That is the crucial point, and leads immediately to the concept of acceptable care in the 1980s with which this document fails to come to terms. *Home Life* may come to be seen as not relevant to the real task of providing care for those who need it, in this world of limited finance.

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The background of this Code is the rapid increase of private homes for the elderly. In accordance to experience on the continent it will be necessary to develop a flexible inspection, an inspection that has some norms and criteria at hand. In that respect the Code will be helpful. This code has to play a role in a difficult situation. The client or the home's resident, who has to be respected, should at the same time be protected against his protectors (management and personnel) because the third party, society as such wants this.

Within this remarkable eternal triangle the client is the weakest link. Moreover the client is not a constant factor: he or she will change over time. And as we can see in the Netherlands (a country with a high percentage of elderly people living in residential homes (9%), with a well-developed inspection and a rather well-established legislation) the rules change in accordance with changes in levels of (in)dependency of the residents. For example the Netherlands in the 1960s abolished group-living on 'wards' in these homes. At the moment, with increasing age and increased mental deterioration of many residents, living in a room on their own is too demanding for a number of them. So in some places homes began – have to begin – again with small group-living units.

For the moment it appears wise that the working-groups started with a general code, rather than a differentiation in sub-groups. Otherwise the major aim of the report – more respect for the personality of the individual resident – would be unclear. It would be a sensible policy, however, to continue the work of the working group to develop a more precise code relating to: (i) conditions connected with the changing mental, somatic and emotional status of the residents; (ii) conditions concerning the education and training of personnel; (iii) consequences of these conditions for selection and training of the inspectors.

The rapid increase of private homes asks for a steady policy pursued at different levels.

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