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Changing Care Homes: the overlooked impact of marketisation

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Raising the Standards of Care Homes: Tackling Vulnerability and Addressing Priorities for Reform
We have a large body of evidence on:

• What older people and their carers needs and expectations are
• What issues care home staff experience
• What difficulties the care home ‘industry’ is facing
• What is going wrong (e.g. abuse, bankruptcy)
• What best practice looks like
• What outcomes are universally desired

SO.... How did we end up here?
• and what has the neo-liberal market got to do with it?
Care homes have changed in the last 30 years

- From a predominantly public sector activity to a **private sector** activity
- Increasing **consolidation** (largest 10 companies own ¼ of the market)
- Doubling in **size** of homes
- Increase in **number of beds** is lagging behind increase in population
- Trend towards re-registration to ‘care homes with **nursing’**
- Care home population is **getting older** & being admitted at a **later stage in illness** trajectory
- Improvement in **physical amenities**, much less evidence for improvement of care quality, social opportunities, meaningful activities, etc.
- Independent Care Home **closures** outweigh number of new places
- Price of housing, wage costs & income levels affect both overall availability & change over time

(Laing & Buisson, 2016; Health & Social Care Information Centre, 2014)
Impact on **Residents**: limited choice and limited power

• Marketisation (and the welfare reform) have resulted in a **transfer of responsibility** for managing choices (from trained professionals to users and carers; Clarke et al, 2006)

• **Who pays** has changed, too: self-funding increasing, cost of care going up, top-ups, What people can afford vs what they need (Ray & Sullivan, 2016)

• Fundamental tension in conceptualising a care home resident as:
  • A **consumer** making choices
  • A **frail and vulnerable person**
    • Empowered ‘consumer model’ does not fit

• **Risks of abuse** amplified in contexts where institutional & commercial imperatives take priority (e.g. Frances Enquiry, 2013)
How do care homes appreciate diversity?
Tensions of need vs provision

Increasing HETEROGENEITY of need

Increasing HOMOGENEITY of care provision
Creating greater resident vulnerability
Impact on Informal Carers

- Are informal (family) carers ‘the consumer’?
  - Over estimate families’ ability & willingness to engage in complex decisions
  - Care home admissions are most often crisis-driven (Harrison, 2017)
  - Choice? The not-so-voluntary Top Ups (Ray & Sullivan, 2016)
  - The devolution of ‘risk, responsibility and stress’ (Clarke et al, 2006)

- ‘Individualistic notion of care that fails to acknowledge the centrality of the relationship’ (Lloyd, 2012)

- Fear of ‘rocking the boat’ (Welch, et al, 2017)
- Uncomfortable treating care as a consumer good (Ray, et al, 2015)
- Consumer oriented model of care may actively disadvantage carers
The Impact of Marketisation

Superseding Relatives

Creating greater resident vulnerability
Impact on **Frontline Staff**

- For-profit homes associated with significantly higher staff turnover than not-for-profit homes and lower quality care (Comondore et al, 2009)

- Disparity in permanent contract pay and agency staff wages lead many to choose the latter (Skills for Care, 2016)

- Organisational cultures encouraging divisions (Mikelyte & Milne, 2014)

- Medicalisation of the profession & routes of career progression (Aronson, 2002)

- Moral tensions: service provision constraints often at odds with ethics of care; sense of failing the residents (Häggström, 2004)

- Representation of frontline staff (in local and national decision-making)

- ‘Outsourcing’ of responsibility for ‘abuse’ to disempowered underpaid frontline staff not located in wider organisational imperatives (e.g. profit)
Which narratives are prominent?

Scandal of dehydration in care homes exposes neglect

Care home abuse: Staff sacked or suspended over poor care

Orchid View care home scandal review 'not enough'

'Catastrophic' care standards

An inquest last year found all 19 people whose deaths were unexplained had received "suboptimal" care.

Residents were left unattended, and one night shift saw staff make 20 drug errors.
Whose voices are prominent?

Care homes warn of threat from living wage

Four Seasons boss says budget pledge will heap more pressure on cash-strapped councils

Big debts threaten ailing care home giant

“[The scary part is] the living wage could have a £40m effect on profits over the next five years,” one bondholder told the Sunday Times. “It is untenable.”
The Impact of Marketisation

Superseding Relatives

Creating greater resident vulnerability

Perpetuating Lack of Staff Stability
Impact on **Regulating**

CQC Essential Standards (2010)

- CHs should be ‘meeting nutritional needs’ of the residents

CQC Fundamental Standards (2014)

- CH residents ‘must have enough to eat and drink’ to keep [them] in good health

CQC ‘six-bed rule’ for learning disability homes

VS.

No prescriptive bed rules or staff ratios for privately run care homes

- Non-for-profit homes perform better than for-profit ones (CQC, 2017)
- Within for-profit homes: independent ones perform better than group/large ones (Harrington et al, 2017)
The Impact of Marketisation

- Superseding Relatives
- Impeding Regulation & Protection
- Creating greater resident vulnerability
- Perpetuating Lack of Staff Stability
Addressing the 'funding gap'  
Ensuring effective regulation  
Tackling workforce shortfalls  
Enabling Person- and Relationship-centered care  
Refining safeguarding & protection of vulnerable adults  
Preventing abuse  
Improving involvement of informal carers  
Greater inter-service and inter-sector collaboration

Dominant Narrative:  
- Care Home sector 'naturally' best placed in the hands of the market  
- Rejecting the narrative  
- Finding the way forward while acknowledging and addressing the impact of the market
References


• Skills for Care (2016). The State of Adult Social Care Sector and Workforce in England. Skills for Care: Leeds