

# Changing Care Homes: the overlooked impact of marketisation

**Dr Rasa Mikelyte**

**Raising the Standards of Care Homes: Tackling Vulnerability and Addressing Priorities for Reform**

CENTRE FOR HEALTH SERVICES STUDIES



EXCELLENCE  
IN HEALTH  
RESEARCH

# “I’m drowning here and you’re describing the water”

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



# 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?

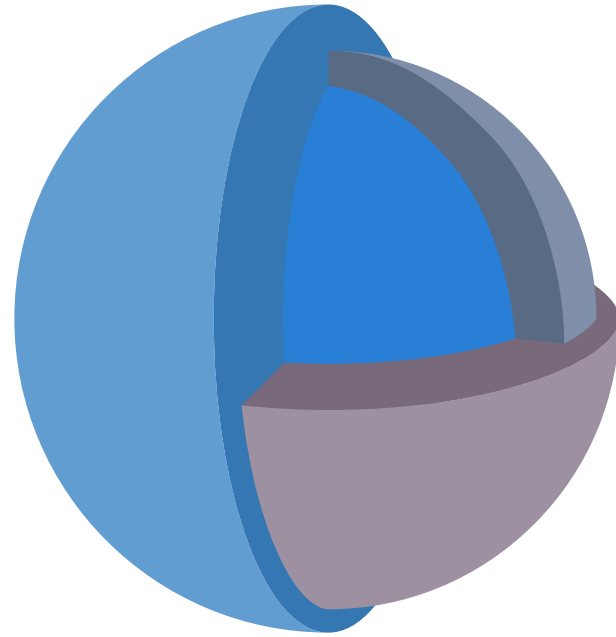




# Tensions of need vs provision



# The Impact of Marketisation



**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**

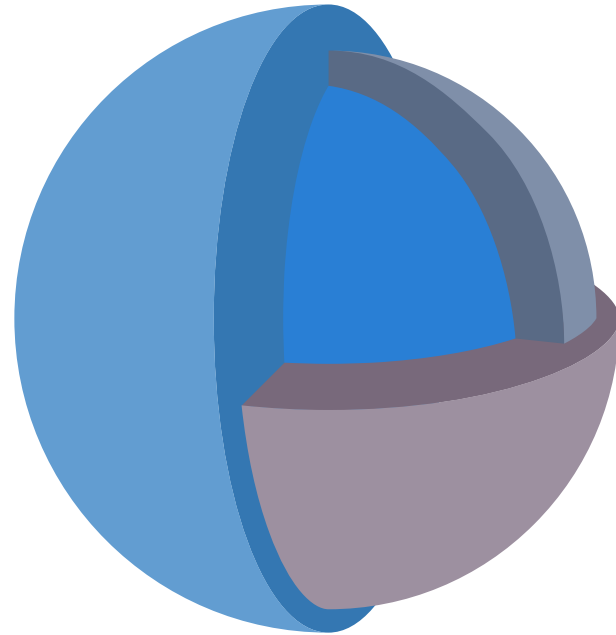




# The Impact of Marketisation



**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)



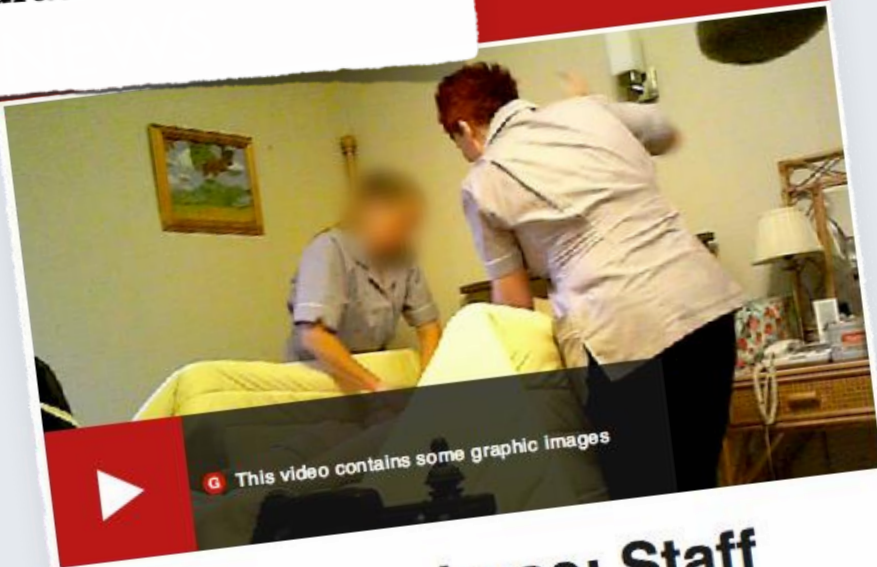


# Which narratives are prominent?

## THE TIMES Health News

News | Opinion | Business | Money | Sport | Life | Arts | Puzzles | Papers | Irish n

### Scandal of dehydration in care homes exposes neglect



This video contains some graphic images

### Care home abuse: Staff sacked or suspended over poor care

BBC

Sign in

News

Sport

Weather

iPlayer

TV

Radi

## NEWS

### Orchid View care home scandal review 'not enough'



An inquest found all 19 people who died received "suboptimal" care and five cases involved neglect

### 'Catastrophic' care standards

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

Residents were left soiled and unattended, and one night shift saw staff make 28 drug errors.



Whose voices are prominent?

**THE SUNDAY TIMES**  
NEWS | SPORT | BUSINESS | COMMENT | NEWS REVIEW | CULTURE | STYLE

## Care homes warn of threat from living wage

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

**THE SUNDAY TIMES**  
NEWS | SPORT | BUSINESS | COMMENT | NEWS REVIEW | CULTURE | STYLE | TR

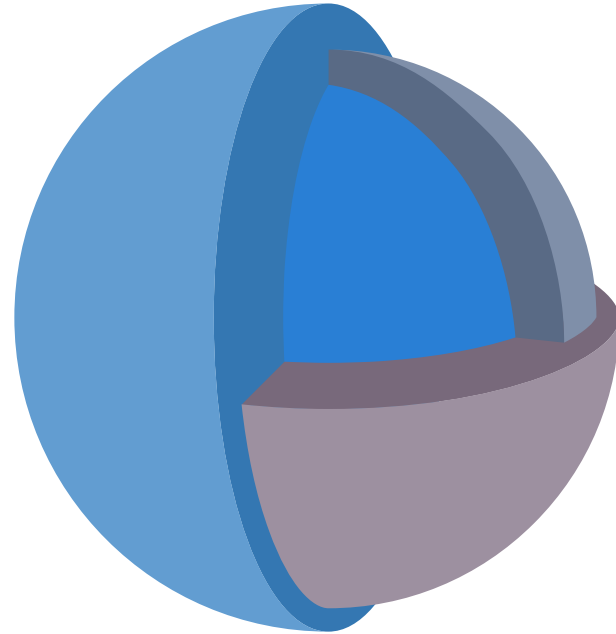
## Big debts threaten ailing care home giant

Four Seasons pledges urgent action as profit is wiped out by interest bill

“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**



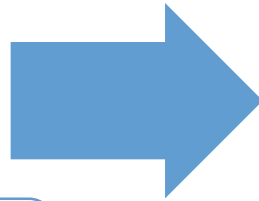
 **Creating greater  
resident  
vulnerability**

 **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.

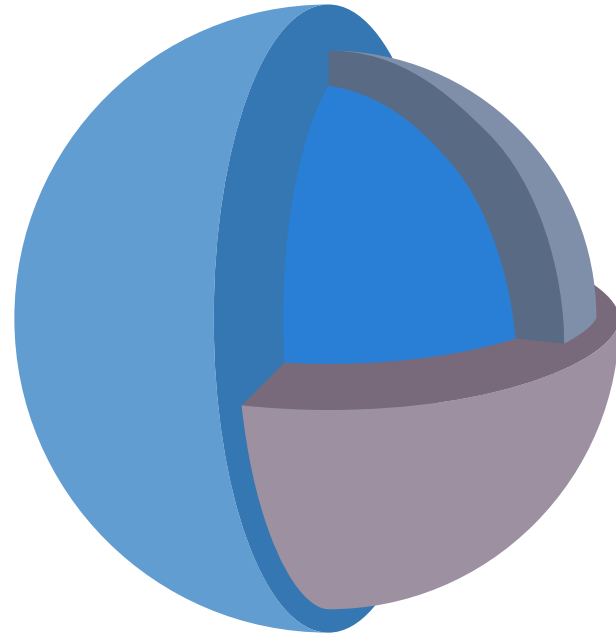
No prescriptive bed rules or staff ratios for privately run care homes

- 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

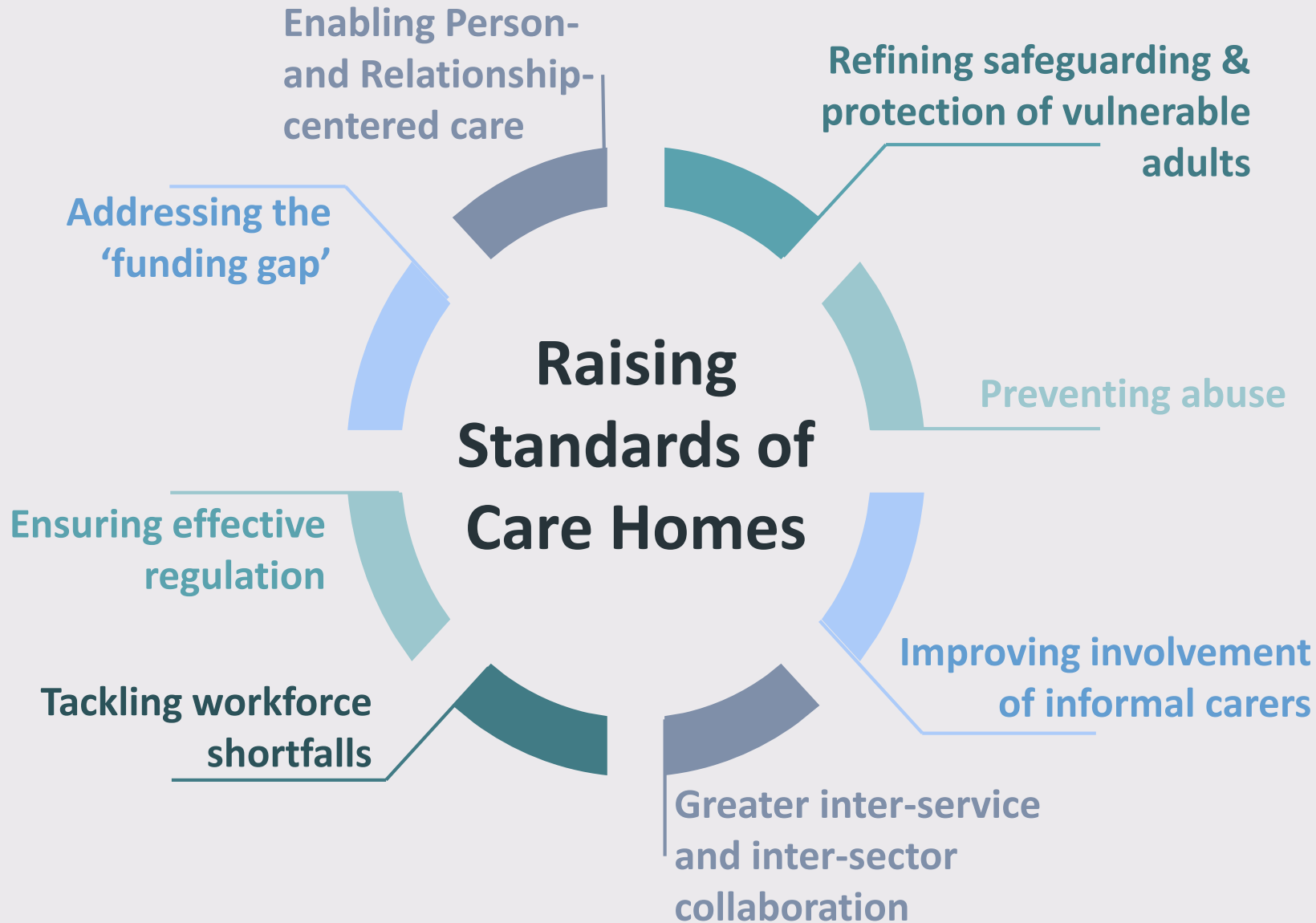
 **Superseding  
Relatives**

 **Impeding  
Regulation &  
Protection**



 **Creating greater  
resident  
vulnerability**

 **Perpetuating  
Lack of  
Staff Stability**



## 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



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