

The case for cameras in care settings has been further strengthened following BBC's *Panorama*. **Alistair Kleebauer** examines the debate surrounding CCTV in care homes

Monitoring moves

The latest revelations of abuse within the care sector will give further impetus to those arguing for mandatory CCTV in the system.

It took undercover filming by the BBC's *Panorama* programme last month to reveal abuse of inpatients at Whorlton Hall hospital in County Durham.

There were at least 100 visits by official agencies to the specialist hospital for people with learning disabilities and autism in the year prior to incidents, including mocking and intimidation of patients by staff, being discovered.

It adds weight to the case for further checks and balances in the sector, such as independently monitored CCTV systems.

Keeping patients free from abuse is a critical part of care, but in a debate which can pinball between horror stories of care failings and alarmist warnings about privacy, what is known of the wider effect of CCTV on care provision?

Do cameras improve the quality of care?

Care England chief executive Professor Martin Green said safety monitoring is becoming more accepted in the sector but it is difficult to assess its impact without an overview of how and where it is used.

He wants the Care Quality Commission (CQC) to conduct a themed inspection to give providers a clearer idea of best practice.

It will not be the first reason a care provider installs monitoring, but it can function as a training tool.

Andrew Geach, the owner of Shedfield Lodge care home in Hampshire, is a passionate supporter of safety monitoring.

CCTV use at the home has grown from three cameras in communal areas to 21.

He said if there is an incident, such as the provision of first aid, the recording can be analysed to look at staff reaction times and how employees handled the situation.

Senior staff can sit with the team, discuss the response to the incident and consider any necessary changes.

He said CCTV also helps if a 'bad moving and handling report comes to light'.

He added: 'We can look at the cameras and watch the technique used. We can get the member of staff in to watch the CCTV and address the situation accordingly which could mean retraining.'

'Without safety monitoring it would be their word against yours.'

[CCTV] IS A WAY OF PROACTIVELY ENSURING STAFF ARE PROVIDING THE RIGHT CARE TO THE RIGHT PEOPLE...AN INTERNAL SPOT AUDIT IF YOU WILL

'On many occasions the manager viewed the monitor and saw good practice from the staff. She was then able to praise the staff members for their work.'

Apple House Care Homes installed CCTV at its Summerwood home in Hampshire two years ago.

Director of operations Romaine Lawson, who is the company's data controller, does not use CCTV recordings directly in staff training and feedback.

However, she said: 'When we do our staff debriefs and if it has been in an area that the CCTV covers, then we might make reference to it verbally in a debrief.'

Sound and vision

Ian Evans, head of sales at Almas Industries, which provides video monitoring to care homes, said CCTV allows providers to audit the quality of care.

Footage is monitored for a set period and insights on improvements, or on people within a service who may require different or extra care provision, are shared with management.

He said: 'It's a way of proactively ensuring they're providing the right care to the right people, more of an internal spot audit if you will.'

Safety monitoring also allows for an audit trail which proves to families that care has been provided to a resident at particular times, according to Prof Green.

He added: 'You could also really see what areas of your service are well used and what areas are not so well used.'

'So, if you had three communal lounges and one was hardly being used at all, you might want to ask why. Then you might want to find ways in which you could use that space more effectively.'

Evans said CCTV gives staff better insight into incidents such as falls.

At one of Almas' care clients, he said a resident, who was found on the floor, accused another resident of an assault.

A CCTV recording showed, however, that the first resident had fallen and the second resident was trying to help.

The matter was quickly resolved.

Evans added: 'If there'd been no CCTV of that incident that would obviously have prompted a report to the local safeguarding authority and a massive investigation as to what happened, relatives involved, anxiety caused.'

Incidents and accidents

Management time to investigate incidents and allegations and even paid periods of suspension for staff can be avoided with evidence from CCTV, he said.

Such cost and time savings could, in theory, be directed back into care provision.



A concern about CCTV is whether staff start to act less naturally with residents which in turn hinders care quality, resulting in a less warm, human service.

But Jayne Connery, the director and founder of the Care Campaign for The Vulnerable which advocates mandatory safety monitoring, said: 'Our philosophy is the camera will soon be forgotten about and I think this is really important - if you're doing your job and you're doing it right, then nobody's got anything to worry about.'

If a company chooses to pay for CCTV, that is obviously money which will not go to another part of their care provision.

Green said concerns about cost and invasion of privacy are two reasons providers are put off.

Evans admitted cost can be a challenge, although he pointed to monthly

payments for fully serviced systems being more manageable than forking out for capital costs up front.

If a provider weighs up that installing CCTV will improve care quality, best practice still dictates that they debate and consult on the subject with residents and their families.

Mandatory introduction of safety monitoring in communal areas is opposed by Prof Green.

He said: 'I'm not happy with compulsion. This notion of compulsion is all well and good but increasingly what it's driven by are people who talk very loud rather than people who are representative. It's driven by the needs of politicians to be seen to be doing something.'

He added: 'I would like to see far more debate about it and I'd like people to also recognise that it has to be a decision

that is jointly made and that residents themselves need to be at the forefront of making that decision.'

Connery, who started her campaign group after her mother was slapped across the face while in care, is not banking on an imminent change in the law to usher in compulsory monitoring.

She said she wants to get the major providers on board so the rest follow.

She is heartened by the fact that the country's largest provider, HC-One, is exploring the use of safety monitoring although it has no timeline on when, or if, it will adopt it.

She added: 'I think if any reputable, conscientiously-led care provider shuts down the conversation of the positives that safety monitoring can bring, then I would seriously consider their commitment to the safety of all who live and work in their care homes.'

CQC chief inspector of adult social care Kate Teroni said: 'The need for the use of CCTV in a care setting should be an exception rather than a rule for all.'

'The risk of breaches to an individual's rights to dignity, privacy and respect must be considered.'

'We have published information on this topic for the public and providers which sets out the key issues around consent, dignity and privacy that are absolutely essential for anyone using or considering using surveillance.'



Jayne Connery, director and founder, Care Campaign for The Vulnerable