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





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CONTEXT: CARE HOMES

By 2045, 24.6% of the UK population will be 65+

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



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





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)

RESEARCH QUESTION

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

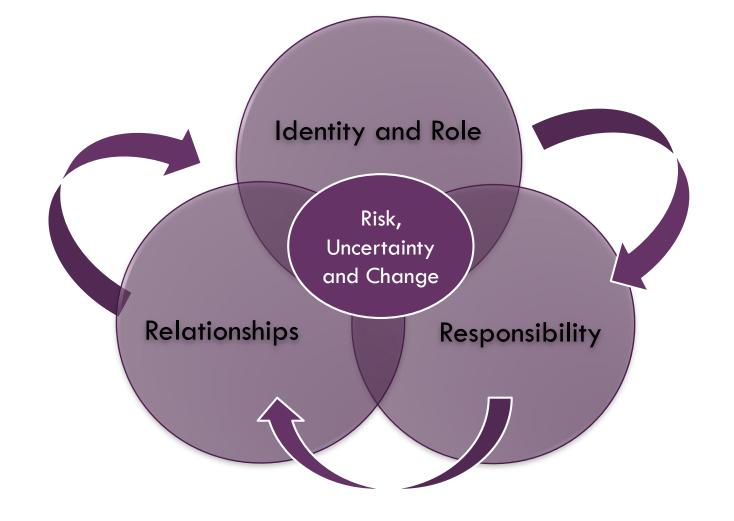
Informal discussion

50 Interviews

30 Staff

10 Residents

10 Relatives



PRELIMINARY FINDINGS

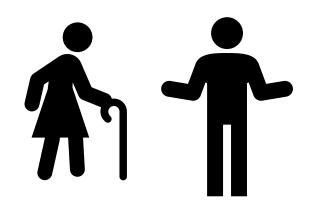
Safety Culture in Care Homes

NARRATIVE ETHNOGRAPHY

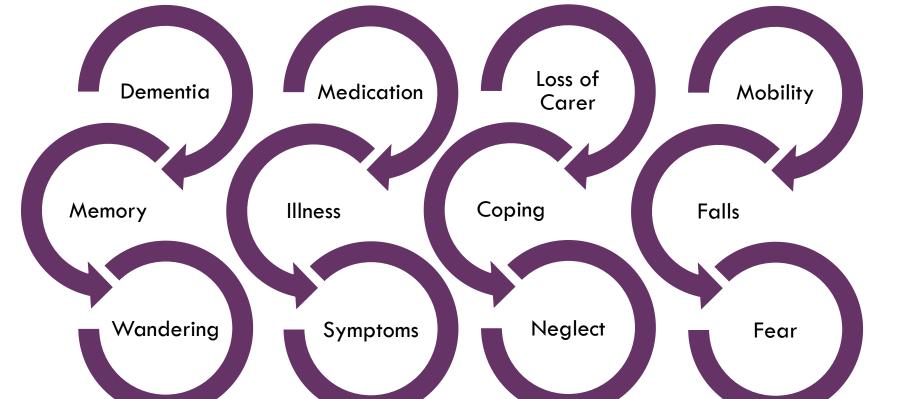
Today you will meet: Margaret and John



BECOMING A CH RESIDENT



This decision is all about SAFETY



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



Rules, Risk Assessment, Processes, Social Norms



Physical Ability

EVERYBODY IS DIFFERENT!!!



Cognitive Ability

PHYSICAL ABILITY



Enabling them to act in regards to safetyor taking their own person centered risks

Less Physically Able

Independence and Autonomy

More Physically Able

Responsibility

COGNITIVE ABILITY



Enact Safety for themselves, but also less cognitively able residents

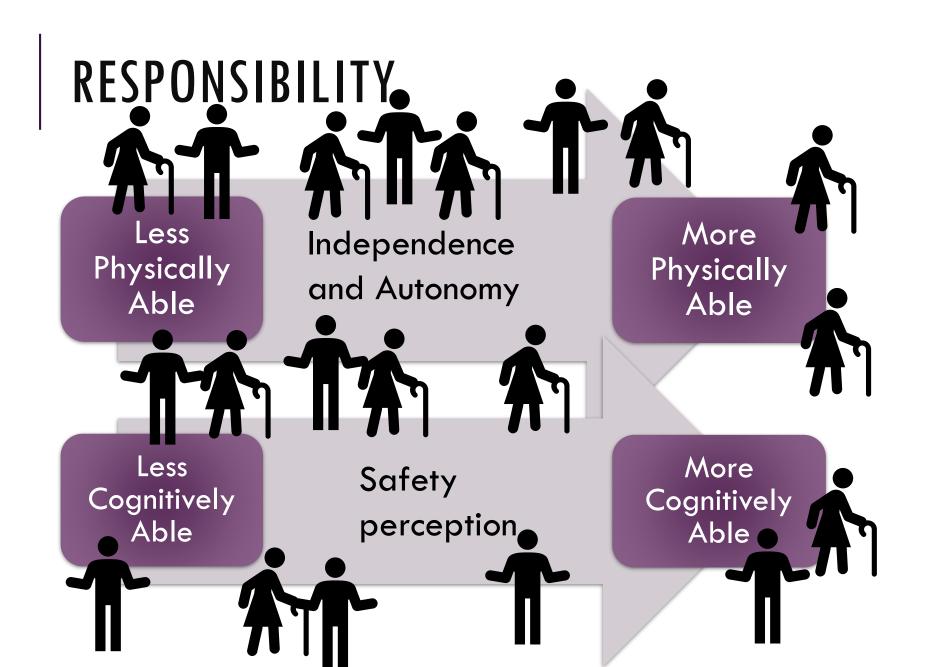
No Safety perception

Less Cognitively Able

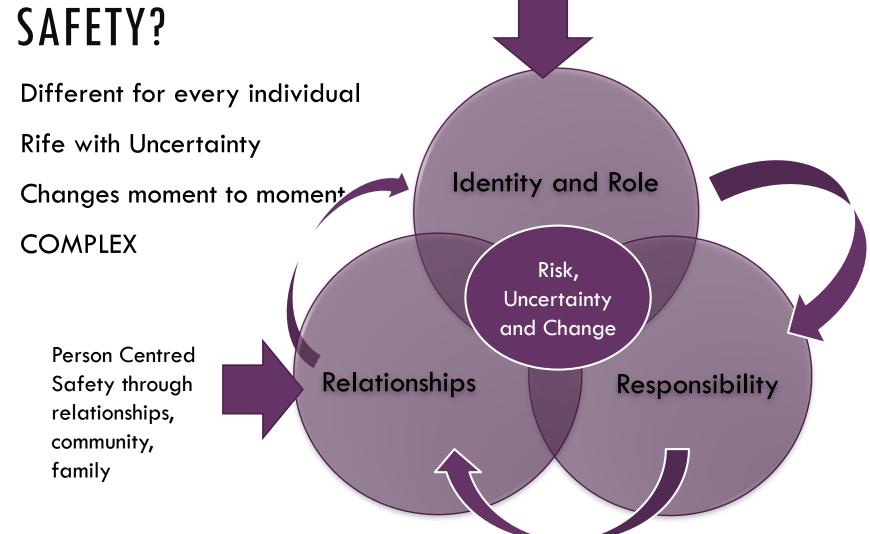
Safety perception More Cognitively Able

Responsibility





SO WHAT DOES THIS MEAN FOR NEGOTIATING RESPONSIBILITY FOR



THANK YOU

Emily Gartshore
CHILL, Nottingham University Business School

Emily.gartshore@nottingham.ac.uk

Twitter: @EmilyGartshore

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