

Is Dundee's health and social care system fit for purpose or fit for crisis upon crisis?

Raising Awareness & Seeking Answers

This case study looks at one person's journey through Dundee's health and social care system, while considering that question. It attempts to open ears and open eyes. It points to where some of the answers may be lurking,

Recognising a problem

The first step in solving a problem is recognising there is one. Once you've done that, you can do one of two things: you can change the problem, or you can change how you feel about it. For reasons that will become clear, I am unable to change how I feel about it. This is why this forum aims to make a positive contribution towards solving the problem. Of course, some people deny that a problem exists. Many of them work within the health and social care system.

Patient and public engagement

Health and social care is a precarious construct. One matter that many people do seem to widely acknowledge is that there is a problem and the social care system needs further reform. Our health and social care system continues to undergo significant change in pursuit of this aim.

We are all stakeholders in our public services. Public services are designed to serve their members, and patient and stakeholder engagement is now actively encouraged.



Health and social care is more than the sum of our knowledge about treating illness and performing functional care duties. Home care and nursing care also concerns the experiences, feelings, and perceptions of human beings in often extraordinary moments of fear, anxiety, and doubt. In this extremely vulnerable position, trust is all we have. We need to be able to trust and rely on our public service providers.

Recent reforms and policy changes led to a public desire for greater engagement between service users and professionals to establish common values. The views and experiences of service users and their families are now considered to provide valuable insights and informed advice to our health and social care system. Embedding service user experience is aimed at strengthening a collaborative and integrated approach to service improvement.

Delivering outcomes

In pursuit of this aim, patient and public involvement policies and forums were designed to achieve greater collaborative, consensus-oriented, decision-making and governance. This movement was built around the principle that collaboration is essential to delivering agreed outcomes.

The provision of quality care, treating service users with dignity and respect, ensuring robust safety measures are in place, and protecting service users from harm, are just a few of those outcomes.

Responding to these policy values is what forms the basis of this work.

Case study

This forum introduces one case study, detailing my late mother's journey through Dundee's adult health and social care system. A report draws attention to perceived failings in the standard of care she received. This treatment damaged her and let her



down badly. The report refers to the proposed cause of her injuries and wider systematic failings. A list of some of the indignities, incidents and injuries she sustained is also listed.

The examples of inadequate standards of nursing and home care she received are one thing. The series of injuries she sustained is another. It is the perceived level of disregard and the lack of awareness that inspires this work.

Two components

There are two distinct components to this matter. There is the level of nursing care she received in hospital and, the level of personal care she received at home.

One page of the website is dedicated to the incidents and the injuries she sustained.

Primary aim

Questioning our policy values, the primary aim of this work is to raise awareness. It aims to encourage improvements in the quality of care our elderly receive while promoting safer patient handling. It aims to highlight a pattern of perceived maltreatment. This maltreatment caused her significant harm, and lead to the dreadful neglect she received at the end of her life. No elderly person should have to suffer injury, indignity, and neglect. No public system should be able to disregard that suffering or escape scrutiny. The people responsible for these systematic failings need to be held to account. Answers have never been provided and are required.

Secondary aim

The secondary aim is to serve the next generation of the elderly, by helping future patients while providing guidance for people caring for loved ones. It illustrates a journey that awaits many people approaching old age. Hopefully, it succeeds in its



primary aim by raising awareness so that others might escape a similar fate. It highlights the problems that can occur if people in the health and social care system aren't properly trained to recognise and understand danger. It highlights the injuries possible if procedure is not followed to the letter, particularly when using equipment.

Excellent care provision

As the report suggests but is unable to dwell on, there are, of course, many excellent colleagues across health and social care, who work beyond the call of duty to help vulnerable adults. But in some instances, these people are the exception and not the rule.

Where there were good examples of home care and nursing care, we were quick to express our gratitude. There were countless examples and we expressed our gratitude often.

Mum received an immeasurable level of support from an excellent GP practice and community nursing team. Without this team we would have been completely lost.

During an earlier stay at the Royal Victoria Hospital she received a high standard of care from a kind and caring team in one particular ward. She was under the auspices of a Consultant who was a paragon of excellence. We developed an easy rapport and she was an exceptional source of guidance and support. We expressed our deep sense of gratitude to all.

We received the stoical support of a senior charge nurse, who championed our cause for a profiling bed; a remarkable person to whom I remain eternally grateful.

We met many kindly and sympathetic nurses and carers over the years that were greatly appreciated and a credit to the profession.



During the last year, an Occupational Therapist who visited us at home was pivotal in trying to relieve our plight. This professional tried to help in every way possible to improve moving and handling practices, which was a blessing.

There were long-established problems in our relations with social work. While mum had a steady succession of care managers, we did develop a rapport with two earnest sources of support.

There are the hospital and community-based physiotherapy professionals who performed some wonderful work restoring mum's mobility. Their kindness and patience remains appreciated.

All these unnamed, exceptional people don't need to be named because they know who they are. They know who they are because we expressed our gratitude often.

I have nothing but respect for the many individuals trying to fulfil their role, often in the face of often unprecedented challenges.

Inept care provision

But while there are many positive aspects to our public health and social care services, this much is clear; there are problems.

The issues discussed in this report are surely familiar. They represent a variation on a theme with some subtle differences.

As the incidents, injuries and indignities will testify to, there is also a narrow faction of inept personnel letting the service down. Those workers operate in hospital and in community settings. As a consequence; the standard of care across the health and social care spectrum overall, certainly in this case is, woefully inadequate.



It would be very nice to say the entire workforce is wonderful, but that would be fundamentally misleading. It's an undeniable fact that you just wouldn't sustain the level of incidents and injuries my mother sustained if that were the case. That isn't to say that those inept employees are bad people, or even entirely responsible. To varying degrees, they're untrained, unsupervised, undeveloped, unmotivated, unsupported, unthinking, and therefore unfeeling.

Staff competence is varied; staff attitudes are varied; service provision is varied. There may be many very fortunate service users with only positive experiences of nursing care and home care. Sadly, in this particular example that wasn't the case.

I have referred to some of the positive relationships we shared and some of the positive aspects of the system. Many aspects of the core treatment were good, particularly in the earlier days. Many people were kind and understanding. But sadly, the journey veered off course. Problems increasingly developed due to inept and less experienced workers, who needed a greater level of training and, a strict itinerary to follow in order to avoid errors. This is why this work focuses on areas in need of improvement, as perceived through the lens of our personal experience.

Previous attempts to address concerns

Across four years, repeated attempts were made to address shortcomings in the level of care and safety my mother received, unsuccessfully. Many of those appeals were made in utter desperation. Since the injuries and incidents continued, this would serve to indicate that we achieved little progress.

Be the change you want to see

People accessing health and social care services are typically unwell, vulnerable, in need of support, and need to be healed. Ironically, aspects of the system are unhealthy.



One way to contribute towards that program of recovery is by appealing to people's sense of common decency thereby influencing their attitudes. If we can change attitudes, we might alter the tendencies within our public health and social care system.

Proper investigation and public interest

For that reason, all these injuries and incidents do need to be properly investigated if lessons are to be learned. If there are lessons to be learned across our health and social care system, then stakeholders; the service users and the care givers accessing these services, have a right to know. When my mother became a service user and I became a carer, if we had known what we subsequently discovered, it would have helped us enormously. This work aims to help others.

A constructive case in point

This case in point may be helpful to people providing care for their loved ones. Providing care isn't a job for the faint-hearted. Navigating and dealing with the health and social care system can be a daunting experience. This case study provides a reference ground for such people. It underlines the reality of growing old under our current health and social care regime.

Perhaps my mother's suffering and her appalling example of maltreatment can be used constructively. Perhaps it might encourage learning, and greater awareness of the need to deliver better standards of health and social care for all our elderly.



Asking the difficult questions

Health care and social care services exist, in part, to improve people's lives while promoting their human rights. These services also exist to promote health and wellbeing, and to keep people safe from harm.

Stakeholders are invited to follow this journey as we aim to question these failings and try to get long-awaited answers. It may be a journey many have yet to embark on. People are welcome to share their views, their concerns, their experiences and their questions.

This work strikes at the heart of the matter. It highlights the neglect, the injuries and the trauma that can be caused when people caring in any capacity, don't realise the importance of certain procedures being carefully followed. It discourages behaviours and responses that impede progress when incidents do occur.

There is a need to improve the quality of elderly care and safety practices. There is a need to understand the danger of not using aids correctly, or failing to recognise when they're required. It highlights the consequences of failing to actively listen and the consequences of inaction. In pursuit of these aims, it is impossible to avoid asking the difficult questions.

The answers to these questions concern all of us because, one day, we will all be vulnerable elderly persons.