

Bristol care home: a failure on every level

The Bristol scandal isn't just about wicked staff, but about social services wanting a quick fix for difficult cases

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The Panorama programme [Undercover Care: The Abuse Exposed](#) showed people being subjected to a regime of systematic brutality and torture by the people supposed to be caring for them. Staff carried out this abuse under the noses of the nurses supposed to be managing them, in a private hospital charging huge amounts of money on the basis that people were receiving "assessment and treatment". One might ask what kind of assessment it is that doesn't notice people being assaulted every day; what kind of treatment goads and humiliates people at the end of their tether.

But this isn't just about wicked staff or weak management. It is about the wrong model of care – people with challenging behaviour being shunted off to these institutions because their local health and social services have not got their act together to provide the kind of support they need locally.

Government policy for nearly 20 years, recently reaffirmed, has told local health and social services that people with learning disabilities whose behaviour was particularly challenging needed good local services with the expertise to help people manage their behaviour. For these people, there is no "quick fix"; they need individually tailored long-term support to help them learn to manage, without resorting to challenging behaviour that they have often had since childhood. This kind of support requires good planning, with health and social services working closely together and with the skill to set up and support the placements needed. It achieves outstanding results, transforming lives. There are many examples of this in the UK, and good services are not more expensive than the kind of institution shown by Panorama.

But good services do take more time and effort to set up. Social services and health have to work together; they have to help the person, their family and friends develop a "person-centred plan" that maps out the important issues; then they have to get the housing, staff, training and management together, and they have to support the placement as it develops. They have to keep a watchful eye on the quality of support and intervene before things go wrong.

Where local health and social services have not had the imagination or commitment to develop good services, they still resort to sending people to institutions – even though this may not do much for the person, makes it harder for their family to keep in touch and does nothing to help develop the skills needed locally. Research published last year using data from the Healthcare Commission found nearly 1,900 people in these sort of places, provided both by the NHS and the independent sector. Private assessment and treatment units were bigger, full more of the time and had lower levels of staffing. They had fewer visits to patients, used more seclusion and physical restraint, and had more locked areas than NHS units. They had more complaints in more services from users and, in some types of service, they had more complaints from relatives and more adult protection referrals.

When there were similar revelations about NHS units in Cornwall in 2004, the government acted to close them down. This time staff have been suspended, admissions to this unit have been halted and the regulator has apologised for failing to notice what was going on. The real solution, though, is to stop using these kinds of place altogether.

Who will hold local health and social services to account to make that happen? The MP Stephen Dorrell has announced that the health select committee is going to investigate the Bristol scandal and will pay particular attention to the public authorities that placed people in the institution and exposed them to such abuse. That is a very good place to start.

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