

The Marbrook Centre

Close Circuit Television Review February 2019



Reviewed and Reported by Lesa McNulty – Chief Operating Officer 13 February 2019 with contributions from Marbrook's Senior Leadership Team

1. Introduction

Approaching our 3rd anniversary, we at The Marbrook Centre have conducted a full evaluation of the benefits and disadvantages of using CCTV in our care services. We believe that three years being fully operational is a good period to conduct a review of our difficult decision to implement CCTV in all communal areas and the gardens of our home. CCTV in care is controversial on the basis of it being thought to be intrusive, a compromise of privacy & dignity and a possibly threat to staff. Although commonly used in Mental Health and Children's services it is far less common and, in the opinion of some care professionals, less justifiable in other types of care services. We took the decision to install CCTV during our build processes. It was not a decision taken lightly but one that was extremely well considered, researched and risk assessed. We were aware that many people may not be happy to be monitored so it could affect referrals and make filling our home a challenge and thus be a viability issue for the business. We also knew that it may affect our ability to recruit staff as people do not like the thought of being monitored and recorded during the course of their work. The other consideration was the cost of installing and maintaining the cameras which was not insignificant. We balanced these negatives against the benefits they could bring to safeguarding vulnerable people and decided that we should proceed albeit not without some concerns for the consequences.

In order to understand the outcome of this CCTV review it is important that the context is fully understood, hence the length of this document and the essential background and operational information.

2. Welcome to Marbrook

Marbrook is an independent sector care provider which launched The Marbrook Centre in Bedfordshire in May 2016. The Marbrook Centre provides nursing and rehabilitation services to people with neurological conditions. This includes people recovering from strokes, acquired brain injury and those requiring nursing care around the clock for a degenerative life limiting condition. Our service operates within three distinct self-contained facilities.

Eden is a short stay rehab service where residents come from hospital to continue their rehabilitation before returning home. Their average stay is 8-12 weeks.

Bray is our longer stay nursing care unit for people who cannot return home. They require constant nursing care and often, medical equipment which needs constant attention. Many of these residents are nursed in bed due to their condition and complexities. They may stay for months or even years.

Mayfield is our specialist, long stay dementia service. It is classified as a specialist service as we support people living with the less common forms of dementia, younger people (early-onset dementia) and those whose needs present a challenge to more traditional dementia services.

3. Risks & Responsibilities

The responsibility of caring for people who are extremely vulnerable due to physical or mental illness is huge. Their lives are quite literally in our hands. Wrong clinical decisions or employing the wrong individuals can lead to catastrophic effects on the person receiving care. A large proportion of the people we care for are unable to communicate their needs and wishes and often do not have family members to advocate for them. This means that they are completely reliant on staff doing the right thing for them but unfortunately they have a total inability to do anything about it if they don't. If they are uncomfortable they cannot ask to be moved, if they are worried or in pain they cannot let anyone know and if the lunch trolley passed them by then no one may ever know. When you think hard about it and walk in their shoes for just a moment, their situation is actually very frightening, in fact terrifying is not too strong a word!

Care service providers are completely reliant on people carrying out their duties in exactly the way they have been trained to. But any care service that boasts this is what happens in their establishments 100% of the time is delusional. It is impossible to know what every member of your staff does all of the time. The best recruitment and training processes can minimise but not eliminate deliberate or accidental poor practise.

As a conscientious senior care professional responsible for so many vulnerable lives, both in law as the responsible registered individual but also morally, it is very difficult to relax, sip a glass of wine and sleep well when you know that every minute of every day vulnerable people are totally reliant on staff that we have selected, trained and deployed. Any of their failings can compromise someone's wellbeing, safety or life expectancy; just one wrong decision can be catastrophic. So, when you have 81 vulnerable people as at Marbrook, each with specific care/nursing needs, being cared for by 30 care staff on shift at any one time, the likelihood of something going wrong sometimes is very possible.

How many people die due to poor care decisions within the NHS and community care/nursing home services? The answer is that no one can ever truly know. Yes, there are major mistakes which kill people instantly, but what about less high profile mistakes. The older frail lady who falls in her care home and fractures her hip and then dies of medical complications during surgery. Was her fall and ultimately, her death due to staff not ensuring she had appropriate foot wear, walking aid, supervision and support? Were two staff out having a cigarette at the time she fell? Was she desperate for the toilet but was having her call bell ignored? Or the person who dies of septicaemia as a result of staff not following good infection control procedures? These consequences are rarely known or even considered.

4. Managing Risks

The risks described up until now cannot be eliminated; this is impossible as human error is a fact of life. Legislation and regulation does help to assess and minimise risks, but a CQC 'GOOD' or even 'OUTSTANDING' rated service does not mean it is always safe. These assessments are based on a moment in time snapshot and for these services there can be as long as 3 years between inspectors re-visits.

Minimising risks is a major factor in providing good, safe and robust care delivery. At Marbrook our risk management tools are plenty but we are always seeking more. A glimpse into our risk toolbox can be seen as appendix (I). The purpose of including this information as an attachment is to show that CCTV is just one part of a safe care service, a very crucial part in our view, but it is important to understand it's purpose as a tool that compliments and underpins other sound governance systems rather than replaces any of them.

5. The Implementation of CCTV

CCTV cameras have been installed in all communal rooms, corridors and gardens. CCTV cameras are never installed in or close to bedrooms or bathrooms. They are small, unobtrusive and provide only the minimal coverage required for the intended purpose and thus the number of cameras are minimised. *(see right, one of our lounges)*

Marbrook's cameras operate at all times and footage is retained for approximately 4-6 weeks before being over-written. In specific circumstances footage relating to an event can be saved indefinitely.



Screens are NEVER used to monitor CCTV live unless linked to an event or a concern. In this instance only the Head of IT can provide access to live footage with the permission of the Chief Operating Officer. Screens showing live footage in nursing or managers office may, in our opinion, lead to management by screen as a replacement for walking around and managing in person. i.e. if all looks ok on the screen there is no need to go and take a look.

The expressed permission for review of CCTV footage must always be sought from the Chief Operating Officer or in her absence the General Manager. This is to ensure the preservation of privacy and dignity of residents and staff as much possible and to ensure that the use of cameras is confined strictly to its intended purposes as described in para. 7.

6. Legal Position

Being legally compliant and open and transparent about the use of CCTV involves being registered with the Information Commissioners Office and being fully GDPR compliant. In terms of regulatory compliance, The Care Quality Commission (CQC) recognises that some care providers may wish to use CCTV. They consider it appropriate subject to appropriate management and use. Ref. below taken from the CQC website.



Upholding information rights

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www.ico.org.uk

Certificate

Organisation Name:

Marbrook

Open and covert surveillance

You're more likely to use surveillance openly (overt surveillance). You will need to tell everyone it affects. You can do this by talking to them before you start using surveillance or by putting up clear notices. In some circumstances, you may need their [consent](#).

Covert surveillance is when you use hidden cameras or microphones people are not aware of. This is only likely to be appropriate in rare circumstances, if you have a pressing reason and only plan to use it for a short time. For example, you might decide to use it to identify a specific incident or allegation.

CQC and the ICO both regulate things that are relevant to surveillance

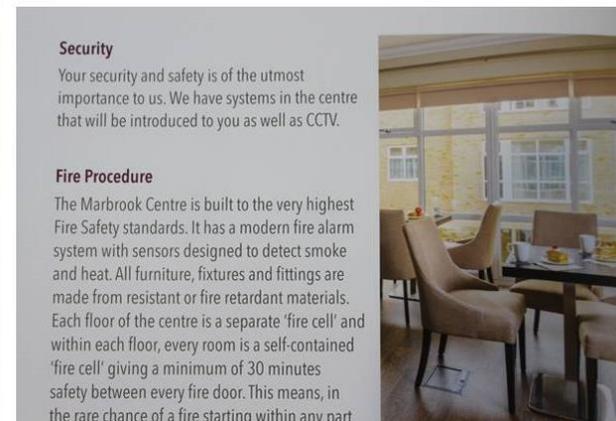
If you use surveillance to help keep people safe or monitor their wellbeing, we treat it as part of their care. This means it must meet the regulations under the Health and Social Care Act.

But any recordings you make of people also count as information about them. Collecting information about people is regulated by the Information Commissioner's Office (ICO).

7. Letting people know

It is not acceptable to record people without their knowledge. Marbrook aims for complete transparency and choice where CCTV recording is concerned. Residents and their families choosing The Marbrook Centre do so with full advanced knowledge that CCTV is operational. Our funders (*predominantly NHS*) are also fully informed that we operate CCTV in all areas. We then have notices at every entrance door and on our reception desk next to the visitors signing in book so that all visitors are aware. Our resident's guide which is given to all residents also clearly informs that we have CCTV. This is a follow up to the communication regarding CCTV they have prior to admission.

Staff are informed when they apply for posts. It also clearly details within their contract of employment documentation that we use CCTV monitoring. Staff therefore have an informed choice about whether they wish to work in a monitored environment or not.



8. CCTV Usage

CCTV serves 4 purposes at The Marbrook Centre. These are as follows:-

- **Security** – CCTV acts as a deterrent to would be intruders etc.
- **Accidents & Incident Reviews** – enabling a full examination of events surrounding incidents and accidents and verification of information submitted on incident/accident forms.
- **Quality Audits** - conducted at agreed intervals (*currently no more than once a fortnight*). These are conducted by a manager outside of the care management structure and reported to the management team via a written summary of findings.
- **Reflective Learning** – following some incidents it is sometimes considered that the best course of action is reflective learning. In this instance a group of staff will observe a practice via CCTV footage and consider improved ways of working.

Since opening in May 2016, we have recorded over 500 incidents and accidents on the appropriate forms. Although this may appear high it is important to recognise that we have a very low trigger for reporting such matters. It is likely that many of our reported incidents would not meet the reporting criteria for many other care providers including the NHS. We prefer this approach as, although it creates some additional work for staff, we have also discovered that small incidents can be an antecedence to future, more serious incidents/accidents. E.g. a person that trips but is not injured on an uneven floor would trigger us to investigate the problem and take remedial action if necessary before the second person has a similar trip and sustains injury. Our rationale for this level of reporting is sound. Of the total number reported incidents/accidents as mentioned above, approximately 20% have been the subject of CCTV review.

Overleaf is a very small selection of case study summaries describing how we have used CCTV in accordance with our strict criteria.

CCTV Usage Cont...

Incident as reported on form	Incident as shown on CCTV	Action taken as a result of reviewing CCTV	Action likely to have been taken without the use of CCTV
Resident A pushed over by resident B. (dementia service) Mrs A was found on floor with Mr B standing over her.	Mrs A tripped, Mr B came along and tried to help Mrs A up.	Examination of Mrs A's footwear found that slippers were very loose fitting. More appropriate footwear purchased.	Report to the local safeguarding authority that an assault may have occurred. Inform relatives that an assault may have occurred thus raising anxieties. Increase supervision of Mr B in case he assaults others.
Resident collapsed and ambulance called. Hospital found toxic substance in blood possibly illegal substance. <i>(This resident was a young person with a significant spinal injury and paralysed from the neck down.)</i>	Friend visited an hour before the incident bringing with him a substance in a travel cup. With the use of a straw he was seen in the communal lounge giving his friend a drink from the cup.	On the balance of probability it was concluded that the resident's friend had brought in a substance that harmed the resident. Appropriate authorities were informed, including safeguarding team. The resident made a full recovery from this episode and when questioned by police admitted that his friend had supplied him at his own request.	A full criminal investigation may have ensued with all staff on duty as potential suspects of causing intentional harm administering a toxic substance. Immediate suspension of 5 staff pending investigation.
Staff member accused a resident (dementia service) of slapping her.	Member of staff concerned standing in front of a very angry resident waving her finger at the resident which resulted in the resident slapping her.	Reflective 1:1 learning with the staff member by reviewing the footage with her. How can she have dealt with the situation in a less confrontational way. The member of staff was able to recognise her failings and agreed to attend further dementia training and increased supervision for a period of time when on duty. There have been no further incidents involving this staff member.	Increase supervision for the resident, staff not to work alone with her and the creation of a risk assessment and management plan based on the resident putting others at risk. Thus 'demonising' the resident unnecessarily.

CCTV Usage Cont...

Incident as reported on form	Incident as shown on CCTV	Action taken as a result of reviewing CCTV	Action likely to have been taken without the use of CCTV
<p>Mrs A (dementia service) opened the door of the dishwasher and urinated in it during the night.</p>	<p>Resident entered lounge clearly confused. Walked around trying doors to cupboards whilst night staff were completing paperwork and cleaning. Signs that she needed the toilet were apparent and there was adequate time to intervene.</p>	<p>Staff on duty subjected to disciplinary action and reflective learning practise based on the CCTV footage. Staff shown it were very upset and immediately admitted and acknowledged their failings. No further such incidents have occurred.</p>	<p>Resident would have been considered to have a continence problem and possibly prescribed incontinent pads at night time unnecessarily.</p>
<p>A family member complained that when visiting in the morning she believed her mother who was receiving end of life care, had been left unattended all night. Care records showed half hourly checks and attention.</p>	<p>Staff members entered room every half and hour for durations of not less than 10 minutes. Staff were seen carrying, drinks, snacks, clean bedding and incontinence pads into the room.</p>	<p>The family were showed some of the footage and were completely reassured. Staff were given positive feedback for the diligent care they had been providing.</p>	<p>A report would have been made to the safeguarding authority. A management investigation would have ensued and the family would have remained anxious throughout this difficult time. Staff would have been upset and morale would have been affected due to the investigation into the alleged but incorrect negligent practices.</p>
<p>Garden furniture found broken</p>	<p>A man was seen climbing the 6ft garden fence from the road beyond and landing on our garden bench which then broke. He then proceeded to sleep in our shed. His intention appeared to be of a homeless nature rather than a criminal one.</p>	<p>We improved security measures to rear fencing and the addition of another CCTV camera. Replacement of broken furniture and a new policy not to leave any garden furniture near fences.</p>	<p>No conclusion would have been possible as to how the furniture became broken and no further action would have been taken.</p>

CCTV Usage Cont...

Incident as reported on form	Incident as shown on CCTV	Action taken as a result of reviewing CCTV	Action likely to have been taken without the use of CCTV
Mr A was found to have significant, unexplained fresh bruising to his knees and forehead and could not tell us what had happened to him.	Earlier that day Mr A fell in the corridor whilst unsupervised. He fell on to his knees and hit his head on the wall.	First aid was administered and he was referred to our therapy team to explore the cause of his fall which they did by detailed examination of CCTV. It was concluded to be a one off event and no further action recommended.	A report to safeguarding would have been made. An investigation would have been implemented to try and conclude how the residents was harmed and if it was a result of neglect or abuse.
Night staff found asleep on duty during the night.	CCTV showed a member of night staff in a chair with his eyes closed for 2 hours.	Member of staff was from an agency. Agency informed and told we would not have the member of staff back.	Same action would have been taken.

From this small sample of incidents it is clear that our action with and without CCTV footage would be different. We believe that the information we are producing, which we collate and use as intelligence for the purpose of service improvement, is significantly more accurate with the use of CCTV footage. We also believe that our residents are far better safeguarded, not just from neglect or abuse but also from unsuitable care planning. Examples below:-

Mrs A was thought to have many unwitnessed falls as staff kept finding her on the floor. For her safety, this could end up with details in her care plan to the effect that she must be highly supervised or that she should not be allowed to walk unaided or possibly be encouraged to sit for long periods of time. However, when CCTV reveals that actually this is not a matter of unwitnessed falls, but the Mrs A carefully lowering herself on to the floor to sit down, as is clearly her preference, then compromise of her independence is completely unnecessary. Without CCTV her care plan would be unnecessarily restrictive.

Mrs B was described as not sleeping at night at all, this may have resulted in a consultation with her GP and possibly the introduction of medication to assist sleep patterns, as is sometimes completely appropriate for the resident's overall wellbeing. However, a careful review of CCTV footage for this particular lady shows multiple short naps throughout the day, every day equating 6-7 hours. This together with our knowledge that she used to work night duties, confirms that this pattern of sleep is one of her choosing and that she is getting adequate sleep in her own way. No need for any medication assistance in this case. Without this knowledge we could make wrong clinical decisions.

9. Audits

In addition to the above we use CCTV for quality purposes. On regular basis, no less than monthly random sampling of CCTV footage is viewed by a manager not responsible for care. This is usually our IT Manager or Support Services Manager. A day is chosen randomly and then a total of 30 mins footage spanning different times of the day and night in different areas of the home. A written report is provided detailing our findings. These are discussed at manager's briefings and action taken if required. These are predominantly very positive. We can also audit the behaviour of staff and residents in the event of a fire drill and use this footage as learning material for staff on duty. Below is one of our recorded audits. They are short and are intended as a record of what was seen during the random audit, rather than looking for specific things.

Date: - 10/10/18 (CCTV from Wednesday 3.10.18)

Observation	Comments & Actions
Cameras Observed	
Eden	DVR 1 CH13 GF Dayroom 2 (North Lounge)
Bray	DVR 2 CH2 FF Day Dining (West Lounge)
Mayfield	DVR 2 CH7 SF Activity 3 (Kitchen Diner)
Third Floor	DVR 2 CH15 TF Physio (Gym)
Residents	
Eden – Residents eating breakfast/ lunch / dinner together with good interaction throughout. Bray – Room currently not in use. Mayfield – (LS) baking with lots of residents who look like they're loving it!! Residents even helping clean the table by themselves! Gym – lots of residents using the gym with Physios and some care staff!	
Staff	
Eden – Staff emptying dishwasher at 7.50 am... guessing from night shift? Nice to see staff enjoying meal time with residents. Night of 3 rd agency member on phone throughout evening just sat in day room watching TV on own. Bray – Room currently not in use. Mayfield – (RE) cleaning at 2am. Room used for handover and put back to as it was ☺ Gym – All go <u>go go</u> as always in the gym with staff, nothing of concern.	
Health & Safety	
Eden – Apron and gloves not worn when dishing up food (AG usually on Mayfield) Bray - Room currently not in use. Mayfield – Aprons worn – all residents are supported whilst oven is on etc. Gym - nothing of concern.	
Environment & Equipment	
Eden - Wet floor signs used, Kindles left on tables. Bray - No use of room throughout whole 24 hour period. Mayfield – nothing of concern. Gym – lights and computers left on all night?	
Management Actions	
<ul style="list-style-type: none"> - Check agency member of staff for night of 3rd on Eden. - Can the PCs and lights be turned off at night time in the gym? 	

Manager Signature _____

10. Financial/Resource Benefits

It is important from our perspective to clearly state that CCTV does not and must not save on staff numbers. To do so would undermine the argument that CCTV keeps people safe. It is an additional, but very important layer of safety. This said, there have definitely been resource savings for us. The savings are neither measureable nor quantifiable but it is undeniably a significant bonus but in our case not the primary reason for implementation. We can attribute savings to the following:-

- Complex management investigations have sometimes been avoided by being able to view incidents and take the appropriate action immediately. It is not unusual for investigations to take many weeks and involve many people. Information is often gathered via lengthy interviews with staff, residents, their families etc. Management and Human Resources time can be very expensive and whilst focussed on these activities they are distracted from their usual day to day essential activities. This type of investigation may also involve a significant period of paid suspension for staff members.
- Looking back on incidents there may have been occasions we might have called an ambulance that was considered unnecessary when we analysed how an incident/accident occurred, e.g a resident found on floor who had carefully lowered themselves to the ground but our immediate assumption being they have fallen and may have serious injuries consistent with frail elderly falls. In these cases, emergency services and hospital resources have been saved.
- There have been incidents we might have reported to the Local Safeguarding Authority by making assumptions about an incident but where CCTV evidence has shown beyond doubt that the matter did not meet the criteria for reporting. Reporting starts a chain reaction of actions, most requiring public sector resources. Again this can sometimes be avoided.

Cost of hardware/installation cannot be estimated for the purpose of this document as it will completely depend on whether it is installed during a build process or retrospectively, or if it is a hard wired or Wi-Fi configuration, how big is the home and what shape the rooms are, what is the current IT infrastructure etc.

In our opinion, care providers should not be primarily motivated to install CCTV for the purpose of resource saving. It has to be done for reasons of welfare and safeguarding of the vulnerable people they care for.

11. Conclusion

In our opinion, having used CCTV for 3 years, it is an essential tool in aiding quality improvement, safeguarding vulnerable people and risk management. If operated within clearly defined rules and parameters it is invaluable and we plan to fully install it in our future new homes. We have never had any concerns or complaints raised by anyone in relation to our CCTV. We do not believe it has prevented us recruiting excellent staff nor has it affected our occupancy and fill rate.

Staff feedback that they feel comfortable and reassured that recording is in place and we think our residents feel safe and confident. If operated in a sensitive manner we cannot find any negative aspects of its use other than a financial investment which some care providers may believe will bring no positive return. In our view, it is one of the best investments we have made and we would strongly advocate for it being more widely used, especially where residents are highly vulnerable and do not have a voice of their own.

CCTV does not eliminate risks of neglect or abuse and it must never be considered a replacement for good management, governance procedures and other risk prevention tools. However it most definitely reduces risks of harm to vulnerable people, protects staff who may be subject to unreasonable accusations and underpins Marbrook's values as a transparent and honest care provider with everything that goes on under our roof (*other than bedroom and bathing activities*) captured and available to scrutiny by appropriate criminal and regulatory authorities at any time.

We are very reassured by our experience and proud that we dared take this bold step into this controversial area. We are developing further care services in the future and CCTV will be as important a criteria within the building specifications as the bricks and mortar.

We love to share good practice which protects vulnerable people so if you want to know more or visit us please contact us at info@marbrook.co.uk

Lesia

Chief Operating Officer

Appendix (i) Risk Management Tools

Risk Management	Comment
Robust recruitment & selection processes	No matter how desperate for staff, we never short circuit these processes. We do not take staff without verified references including from their last employer. We never start staff before DBS (police check) is received which can frustratingly take many weeks.
Remain in the top 10% of employers for pay & remuneration	Remunerating staff well allows us to select from a broader field of applications and gives us the confidence to decline applicants we are not sure about and could be considered 'borderline' appointable.
Rigorous training and development processes including a mandatory induction (minimum 2 weeks) for all new staff.	Train staff to and beyond National Minimum Standards with a strict protocol for refreshers thus ensuring everyone remains up to date, always! Follow up by observations and competency testing once staff are working on the floor. Learning must not end when staff leave the class room.
Safe staffing numbers	We have higher than average staffing numbers which average a ratio of 1 staff to 3 residents. A staffing head count is done every morning and staffing for the coming night and next day reviewed and discussed in the manager's daily briefing meeting. Reduced staffing numbers to support financial viability is a false economy as inadequate care practice leads to negative reputation and lack of referrals, which is the only source of income and therefore financial viability will be even more compromised.
Comprehensive staff support, supervision, disciplinary and performance processes.	Staff must feel supported and valued. Team meetings, 1:1 supervision meetings with their line managers etc. help a great deal with staff retention. We operate 6 month probationary periods for all new staff during which time we can assess their performance and address staff who do not meet appropriate standards. We empower our managers to use disciplinary processes boldly but fairly. We do not retain staff who are not suitable. The threat of employment law repercussions can influence employers when taking these difficult decisions leading to the retention of unsuitable staff.
Morning manager briefing	Every morning the management team meets for 30 mins. During this time staffing levels/competence, incidents reported in the prior 24 hours, admissions, discharges and staff conduct issues are discussed and action agreed. This highlights and resolves problems immediately or before they have occurred, therefore mitigating risk.

Electronic medication and care notes systems.	Desk top audits of live information can take place at any time. Medication errors are automatically and immediately flagged up via electronic alerts and the same with our electronic care records where omissions/concerns also available immediately to senior staff so that action can be taken straight away.
Governance Systems	A process of continuous audit and evaluation is culturally established at Marbrook. This includes, incident/accident analysis showing graphs and identifying patterns that can be addressed. Complaint logs, safeguarding matters (number, type, status etc.) fire records, security breaches (including data/digital) and much more. The management team always have an easy overview of all operational matters.
Referrals & Admissions	A stringent end-to- end referral and admission process is in place. Every person referred is fully assessed and a multi-disciplinary decision is made at weekly referral meetings to admit or decline. This is vital to risk management. The temptation to admit for income purposes must be very carefully balanced with considerations as to can we honestly meet that person's needs properly? Would admission of that person be of detriment to other existing residents etc? Admission purely for the purpose of income will pose clinical risk and this can lead to reputational damage and harm to individuals if you are unable to meet their needs.
Health & Safety processes	Fully implemented and much more than a manual on a shelf. Constant environmental and food safety checks with issues highlighted and addressed daily.
CCTV	CCTV has become an everyday essential for The Marbrook Centre. It does not replace any of the other risk management systems a good care service should have but it certainly underpins almost all other risk management tools. Rationale is given below.