Balancing the conflict of choice and responsibility

Ed Watkinson, a former care home inspector who consults for Quality Compliance Systems, reflects on the Covid pandemic and the arising conflicting pressures of individual choice and collective responsibility

In the article I wrote for *The Care Home Environment* magazine in September, I put forward a positive view of the future for care homes and encouraged everyone to be more 'Tigger' and less 'Eeyore'. I stand by what I said and still think there is a lot to look forward to if we pull together, and if the vaccines deliver what is promised.

Yet it has to be said life continues to be hard and full of obstacles with an ever changing set of challenges to be met. As a service, you are consistently balancing priorities and trying to do the best you can for the people that use your service, and never has this been more challenging and complex than now.

There is also the more general societal feeling of becoming more ambivalent to risks, this is only natural now as people become more complacent and are experiencing risk fatigue as the impact of the pandemic has now been felt for more than a year. This is more prevalent in the wider population but some of this more generalised attitude I believe is bleeding into the care sector.

In addition, it could be argued that we are all to varying degrees confused by the guidance are feeling that we, through experience and common sense, know what is best and are starting to 'make our own minds up' about what we do in our own situation rather than what might be best for the whole population.

An unintended consequence of this change in attitude is that it does make it more difficult to impose or continue to deliver services that strictly adhere to the guidance that are followed and believed in by all. One central concern that runs through challenges is how do you to take everyone on the journey, and ensure that they feel included and needed to be part of the solution?

This can be difficult especially when there are competing priorities and it can be difficult to see the benefits when the short-term individual impact of actions taken by care providers can appear to be restrictive or somewhat dictatorial, even

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when they are only following guidance and have the best interests of the wider population at heart.

In social care, we fully understand the need to deliver services that encourage and respect individual choice and indeed the Care Quality Commission (CQC) largely inspects and rates the quality of services on how well these aspects of care are provided.

Yet how do we balance these ideals with what we are having to do during the pandemic as actions for the collective good can appear to be the polar opposite of what services are currently required to do?

The vaccine question

Moving on to talk a bit about specifics, Covid-19 vaccines are in most circles seen as the only long-term solution to the pandemic. The vast majority of people are very pleased to receive them and see them as the first step to returning to some kind of normality.

There is however a small minority that does not trust the vaccines, and is worried about side-effects or do not think they

will work. This situation gets to the core of the issues about choice and collective responsibility. As a care home provider, how do you manage this situation if it arises at you service?

If existing staff refuse to have the vaccine, you cannot force them to have it. You have to be more subtle in you approach and provide all the information you can to try an influence the mindset of the member of staff, and also use the argument of 'collective responsibility' and the increased risk to the people you support if the vaccine is not administered.

If a member of staff continues to refuse to have the vaccine you could redeploy the person to less of a front-line role and not offer additional shifts above contracted hours. These actions are not ideal, but could be used to highlight the 'collective responsibility' that we all have to protect people that use the service and restrict the spread of the virus.

Nudge, nudge

There is something called 'nudge theory' that says people are more likely to do something if you tell them lots of other people are doing it as well. A nudge, according to the theory, helps people make better choices for themselves without restricting their freedom of choice. It accomplishes this by making it easier for people to make decisions.

To enact nudge theory in your service, you could put posters around the service of people being happy to receive the jab, share videos of people receiving the vaccine jab, put on the website how many staff and residents have had the vaccine at you service or within your organisation.

You could even produce badges for

people to wear that say: 'I've had the jab'. All these will create an atmosphere of collective responsibility, and unconsciously push people into making choices that you want them to make.

You want to make the culture within your service one that encourages people to 'do the right thing because it's the right thing to do' not for something in return or to let people know what they have done. People should just do things because they know they should and that it will benefit others.

Beyond Covid-19

Looking beyond the pandemic, there can be some learning from this to drive your business forward in other areas. Think about putting healthier options at the top of a menu to try to encourage residents to make these choices, you could also more proactively display photographs or share videos of positive activities that have happened at your service to show more reticent participants the fun people are having.

For staff, you could identify and share

positive stories on social media, website or newsletters about how well they have been supported, included and valued through the pandemic. You could also internally publicise the percentage of staff that have completed training or had supervisions.

If this is a high figure, the nudge theory indicates that other, less forthcoming staff, will be keener to partake, without the need for more direct, controlling methods.

Out of necessity, the use of technology to aid communication has been an area that has really taken off during the pandemic and has to a degree facilitated people to make choices and be in control of who they 'see' and when.

When you mention Zoom, Teams or Skype, most people have now heard about them, and the basics of how to use them. This is also true in care services, with more tech-savvy staff educating others on their use, demystifying how they work and reducing the fear attached to new technology.

It is not a complete substitute for meeting, touching or holding someone, but at the moment it is usually the best we can do. Just imagine how difficult it would have been if the pandemic had struck ten years ago before the availability of any of this technology to allow us to meet virtually?

It might not be everyone's choice to use technology to stay in touch, but I think most people would agree that at the moment it is the least worst option, and will therefore use it. And who knows, in the future we may not go back, and we may well all embrace the benefits, and prefer this more remote way of staying in touch?

We have a remarkable way of fearing anything new and saying it will be the end of the things we know. Remember how it was said that telephones would be the end of letters, video was going to be the

end of cinema and iTunes would be the end of music?

Emerging into the light

At the current time, you may well be being innovative in finding practical solutions to allow visitors into the service to meet their loved ones, devising strategies to deliver person-centred care while wearing PPE, looking at how to continue to support wellbeing by providing activities and keeping connected with the community.

These issues are compounded when supporting people with dementia, or other conditions that may limit understanding, as they may not realise why they cannot see their loved one, why people are wearing masks when approaching them or why they cannot do the activities they used to. In these situations choice has to be restricted for the wider good of society.

One fear is the CQC will not understand why choice is being limited, or feel that you are not doing enough to promote choice and independence. Yet the CQC has stated it will work with providers and will recognise the changes you are having to make.

To make it easy for the CQC, however,

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you should always have evidence of why you are doing something and document the journey you have been on during the pandemic to show how you have been innovative in trying to promote wellbeing and minimise the negative effects on peoples' lives.

A final point is that we have a light at the end of the tunnel, and it is getting brighter all the time. When we all finally emerge and are able to reflect on what we have all been through we should be proud of what we did, that we continued to provide choices and to treat people as individuals.

It might also be worth reflecting on what changes were forced upon us, and reviewing the benefits of these changes and not dismissing them out of hand in the rush to return what we perceived as 'normal'. **TCHE**