Institutionalised abuse of whistleblowers [1]

Written by Tim Ambler [2] | Tuesday 22 October 2013

A few weeks back I wrote about the criteria used by the Care Quality Commission (CQC) for inspecting dentists and their complete irrelevance to patient experience and assessing tooth maintenance. The CQC inspectors do not see what matters and if they do see evil, they do not correct it. Three brass monkeys preside over the CQC boardroom table: Speak no evil, hear no evil and CQC.

The Orchid View Care Centre is the latest example. According to this week?s reports [3] Orchid View was opened in 2009 and by 2010, when the CQC first inspected, abuse was already rampant. The CQC did find fault in 2011 but then took no steps to deal with the malefactors before the Care Centre closed four months later. 19 residents died in these two years and the coroner attributed five of the deaths to neglect.

As well as the residents and patients, the whistleblowers in care homes and NHS facilities also suffer from institutional abuse. That needs urgent attention too. Andrea Sutcliffe, CQC Chief inspector of adult social care, was interviewed on the Today programme on Saturday about the Orchid View case. She was asked if she thought it unfair that the whistleblower, Lisa Martin, not only had to endure all the stresses of whistleblowing and its workplace consequences but had been unable to find a job in the three years since. Sutcliffe agreed that it was unfair.

She was asked what should be done about that. After a pause which seemed to indicate that she had never previously considered the matter, she replied that a change of culture was required. Unfortunately the interviewer failed to press the point. What change? How could it be achieved? What is the CQC doing about it?

Every whistleblower in care homes and the NHS suffers the same abuse from the CQC and the other institutions involved: obstruction and putting on the frighteners to ensure nothing gets out and then, when it does, platitudes followed by a complete absence of practical help.

Lawyers and the compensation culture are part of the problem. Managers are not allowed to admit fault, malpractice or negligence in case victims and their families sue. Funding shortage contributes to care failures in the first place and paying compensation further reduces available funding. When the facts do finally become public, not via the CQC which has its own tracks to cover, platitudes are followed by a complete lack of support. Abandoning whistleblowers to their own fate is as much an abuse as failing to tend the elderly.

Yet the CQC needs whistleblowers and should be motivating and supporting them.

Every whistleblower, whether in a care home or hospital seems to suffer the same fate: The anguish of being disloyal to workmates and employers, legal obstruction followed by joblessness. After all, who would want to employ a troublemaker? So who would want to be a whistleblower?

This has a simple solution. Apart from those few cases where the whistleblower is crying wolf, the whistleblower should always be offered a job by CQC as an inspector. Who else is better qualified for the

job? And if the CQC needs to sack some of its current dozy inspectors to make room for whistleblowers, so much the better.

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