

# Mirror goes undercover to expose shocking nursing scandal

By Matt Roper [8/08/2008](#)

## Exclusive

The frail old lady is clearly in pain as she beckons me over to her bedside, whispering: "Nurse, nurse, can you help me please?"

She is in her 90s - she could be your gran or mother - a loved one supposedly entrusted to the care of professionals.

But despite my white, auxiliary nurse's uniform and official-looking name badge, I don't have a clue how to help her.

All I know is learned from just 22 hours in a classroom. And, until this week, I have never even set foot on a nursing ward.

What's even more shocking, nobody has checked to see if I have a criminal record for harming the elderly - or even asked me for any ID.

Today, the Daily Mirror exposes the scandal of how easy it is for unqualified auxiliary nurses to work unregulated in hospitals and care homes.

All those who have put their elderly relatives in the care of people like me will be shocked to discover how easily I "qualified" as an auxiliary nurse - and how quickly I gained access to some of the most vulnerable people in our society, the sick and the dying.

Just a week after signing up for a parttime, five-day course in being a nursing assistant, I was looking after chronically-ill patients aged over 80 in a nursing home.

From day one, I was feeding and helping them, and was often left alone with them.

I was given access to prescription drugs and provided with confidential information about patients - including details of their personal and medical history and the drugs they were taking.

Given that there are nearly half a million elderly folk in homes in Britain and our ageing population is growing all the time, this scandalous lack of regulation needs to be addressed - now.

As Kate Jopling, head of public affairs for Help the Aged, says: "This is a serious problem. While the vast majority of care staff want to do a good job, there are a tiny minority who would do older people harm, and there must be safeguards in place to assure that they do not slip through the net."

Last year, the Royal College of Nursing called for the regulation of healthcare support workers.

Howard Catton, Head of Policy at the RCN, says: "We believe that, given the work many of them are undertaking brings them into intimate contact with patients, there is an overwhelming case for regulation on the grounds of patient safety."

It's something the Government is now considering. Health minister Ivan Lewis says: "The Mirror is to be congratulated on highlighting this important issue."

"Older people have a right to be treated with dignity and respect and receive care from properly trained staff. Our current review of care and support is considering how we can meet the challenges of an ageing society."

For our expose, I joined a group of 20 trainees. We each paid £140 to attend a course run by Browncross Healthcare, a private training centre in East London - its leaflet promising a "possible job placement" had dropped through my letterbox.

Run by directors Adedokun Odukoya and Olugbenga Ololade, the course consists of a week's theory in the classroom - above a clothes shop in the East End - followed by a week's work experience.

In many countries, nursing assistants must undergo a government-approved training course and be certified by Social Services - but in Britain there is no system of regulation whatsoever.

Anybody can start work as an auxiliary nurse - a job which is one of the first points of contact with patients - with little or no experience. And anybody can run a "nursing assistant" training course offering a certificate at the end, which, we were assured, would quickly get us a job.

Adedokun told us: "Once you've got your certificate from us you can get a job in a hospital, nursing home, or with Social Services in people's homes. Nursing assistants are in high demand and I'd be surprised if you haven't got a job after two or three weeks. The sky's the limit."

We were also provided with a list of current vacancies for nursing assistants, including jobs at Barts & The London and Guy's and St Thomas' NHS Trusts.

Many of my fellow students had only recently arrived in the UK or were doing low-paid, unskilled jobs. One woman had been in the country for a matter of days, another worked in a sugar factory.

Many had difficulty grasping basic concepts and often could not answer the simplest question - even when the answer had been given moments earlier. When asked what was the purpose of a linen skip for dirty laundry, one woman replied it was for "leaning on".

Nobody knew what the word "domiciliary" meant, and when asked what type of person would be on insulin, few knew the correct answer.

Most alarmingly, when the tutor asked each student in turn what the emergency phone number was in Britain, only one knew the answer was 999.

With just four hours' study a day over the course of the week, including half an hour's lunch break, many of the course subjects were rushed through.

Materials and equipment used on the ward was covered in just one hour, as was the lesson on infection control - including preventing superbugs like MRSA - and common medications used by patients.

A lesson on First Aid took 20 minutes. There was one practical session where we were shown how to take a patient's temperature, pulse and blood pressure.

Sending us off to our practical placements, tutor Adedokun told us: "There is no difference between you and a qualified nurse. You can now walk the walk and talk the talk. People will be looking to you as their saviour."

My week's placement was at the Avondale Nursing Home in Woodford Green, north-east London. The £500-a-week home has places for 20 elderly relatives.

On my first day there, I was given an open packet of prescription drugs to deliver to the pharmacist. I was also allowed access to confidential patient information, and sat in on the staff handover meetings, where intimate health details of every patient were discussed.

During my week, I helped the care staff wake the elderly residents, feed them, take them to the toilet and put them to bed. I was often left alone with them in their rooms, in toilets or lifts.

On my last day there I was asked to guard the open drugs cupboard, and I was put in charge of recording a 94-year-old woman's fluid intake on a chart.

The residents called me "Nurse", unaware that the sum of my medical knowledge was a one-week training course. For all they knew, I could have been out to cause them harm.

Although I had paid £50 to Browncross for a criminal records bureau disclosure, I was told the process would take six to nine weeks. Instead, they said they would request a POVA (Protection of Vulnerable Adults) declaration that could be done in two days. It would check whether I had ever been convicted of abuse or violence towards the elderly.

But when I later asked Adedokun for a copy of my POVA declaration, he admitted he was unable to locate my form.

Last night, a spokesperson for Avondale Nursing Home said: "The arrangement we have with Browncross is that they do not send anyone here who is not CRB or POVA checked and the impression I had is that everybody had been vetted.

"From now on we will refuse to have anybody here to be trained from them. Before we accept anybody here to work they have to be CRB checked, and everybody here has an NVQ qualification in social care."

Brown cross director Adedokun Odukoya said: "We are performing wonders in people's lives. We are doing a lot of good for society and the community. Unfortunately, we are a private and independent organisation - we could do much more if we were recognised by the government.

As for the level of education of trainees, this is why we are giving them training. Considering that people could go straight to employment without doing any training, I think we are doing a good job."

His partner Olugbenga Ololade boasted: "We are actually helping to reduce criminality because we are working in Tower Hamlets, which is one of the poorest areas of the country, helping people here find employment.

"We would welcome a system that makes healthcare workers more accountable. Anything that safeguards the health and safety of the most vulnerable can only be a good thing."

Unions yesterday also warned against trying to get work through the unregulated world of auxiliary nursing.

Gail Adams, UNISON Head of Nursing, said: "Non-accredited courses will not be recognised by reputable employers, so certificates given to students may not be worth the paper they are written on.

"High quality patient care depends on staff being properly trained. We would urge anyone to think carefully before undertaking any non-accredited training as they may well be wasting their money."

[Richard Biggs](#), solicitor at [Ralli](#) in Manchester states:

"This expose is a shocking insight into the some of the appalling level of care provided for the elderly in this country. Ralli are one of the few firms in the UK to specialise in nursing home abuse cases and the stories we hear on a weekly basis can be upsetting and distressing.

It is estimated that each year up to half a million elderly people may be abused by relatives, strangers or whilst in care. Articles such as these highlight an often ignored problem as the elderly rarely speak out. We would urge anyone who suspects a family member is receiving a worrying standard of care to contact our team immediately."

## **TAKING THE BEST CARE**

How to make sure your elderly relative is properly cared for:

Ask how many of the staff are fully trained. The Commission for Social Care Inspection says at least 50 per cent of care workers must have a level 2 NVQ in health and social care or a nursing qualification if providing nursing care.

Ask for evidence that staff have passed a criminal records check, which includes a POVA check

Read inspection reports on care homes. In England at [www.csci.org.uk/findareport](http://www.csci.org.uk/findareport) or call 0845 015 0120). In Scotland at [www.carecommission.com](http://www.carecommission.com) or call 0845 603 0890. In Wales at [www.csiw.wales.gov.uk](http://www.csiw.wales.gov.uk) or call 01443 848 450). In N. Ireland at [www.dhss.psni.gov.uk](http://www.dhss.psni.gov.uk) or call 028 90 520 500.

For private residents, get a written statement giving fees and the level of care they will receive.

Help The Aged (020 7278 1114) will know the best homes in your area and hear about any problems.

Raise any concerns by complaining to your Adult Social Services (if resident funded by your local authority); Primary Care Trust ( if care is paid for by the NHS). If you pay privately, complain first to the home then to the CSCI (0845 015 0120).

## **WHY WE NEED RULES**

Unbelievably, nursing assistants - aka auxiliary nurses, healthcare support workers or care workers - are allowed to work with patients in Britain without ANY form of regulation.

The only sort of control is guidance issued by the Commission of Social Care Inspection (CSCI), which encourages nursing homes to make sure they have qualified staff working with residents at all times.

A summit in February by the Nursing and Midwifery Council called for our healthcare workers to be regulated, but so far the Government has not committed to any form of regulation.

A spokeswoman for the Health Professions Council, which regulates 13 other healthcare professions, said: "We would very much support the regulation of healthcare support workers who have contact with vulnerable people.

"Since 2004, the Department of Health has commissioned several reports, reviews and white papers looking at regulation.

"There is currently a pilot project in the NHS in Scotland which runs until December, and the Government is awaiting the outcome of that before taking it further."

9,340,606 the number of over 65s living in the UK

467,800 care home places available to the elderly

420,000 elderly people living in the UK's care homes

13,140 residential care homes for the elderly

4,664 care homes that also provide medical care for the elderly