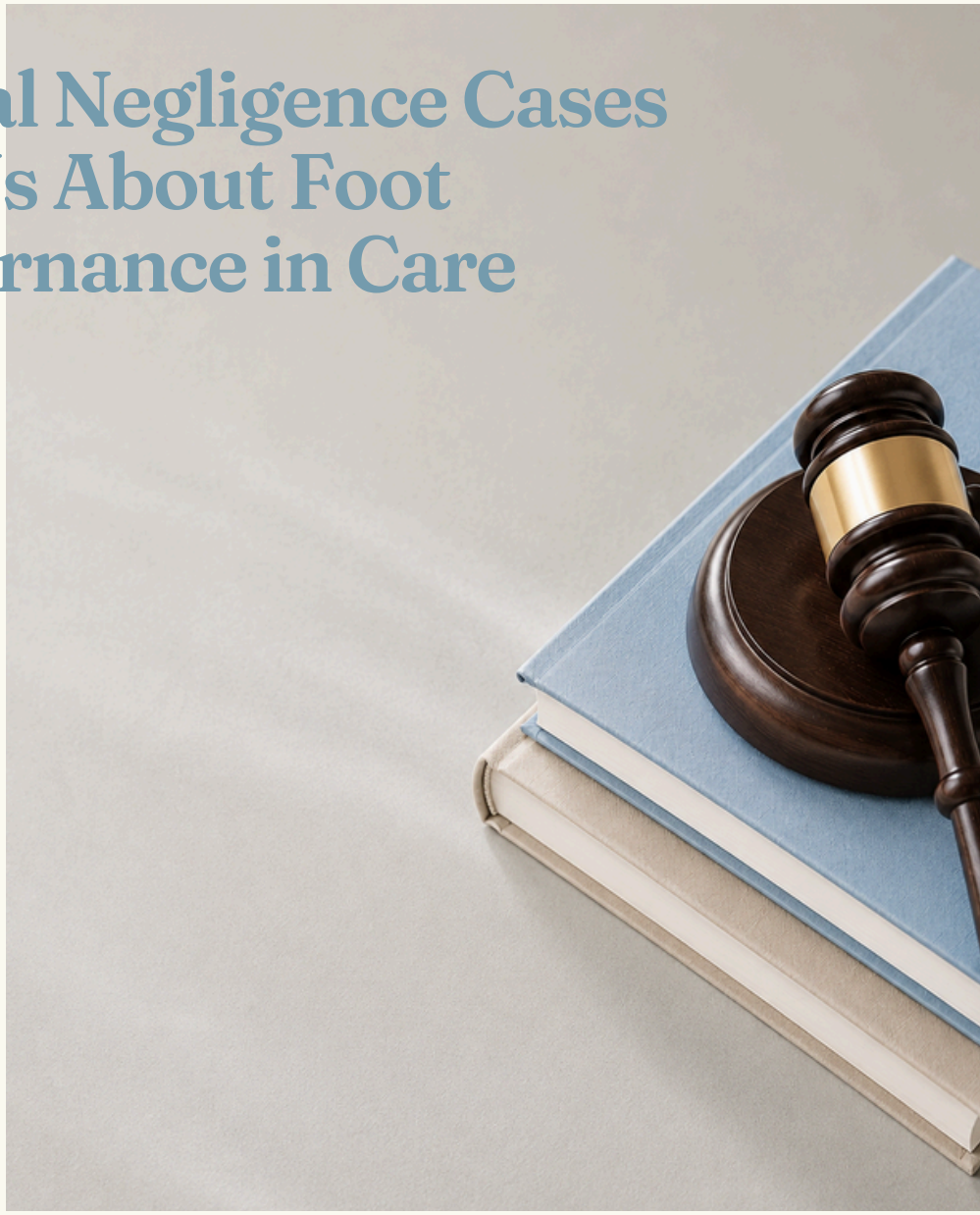
What Clinical Negligence Cases Can Teach Us About Foot Health Governance in Care Homes



Insights from David Holland, Podiatrist & Expert Witness

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> *The usual problem is that a full assessment has not been carried out, and a robust care plan is nowhere to be found.*
>
> – DAVID HOLLAND, PODIATRIST & EXPERT WITNESS

Introduction

As an expert witness, David is asked to provide an independent opinion where concerns have been raised about the standard of foot health care provided.

While individual or ongoing cases cannot be discussed, David has become involved in cases relating to care homes. Reviewing these cases provides a unique perspective on the recurring themes that can contribute to poor outcomes and allegations of clinical negligence.

The purpose of sharing these observations is not to focus on litigation or assign blame. Rather, it is to highlight the practical aspects of clinical governance that help protect residents, support clinicians and reduce organisational risk.

The themes explored below are not unique to one organisation. They represent recurring issues that care providers, commissioners and clinicians can all learn from to strengthen the quality and safety of foot health care.

Lesson 1: Clinical assessment must come before treatment

One of the most consistent themes David encounters when reviewing cases is the absence of a comprehensive clinical assessment.

Assessment is far more than identifying a nail that requires treatment. It is the process of understanding the resident's wider clinical presentation, identifying clinical risk, documenting findings and determining the most appropriate plan of care.
Care home residents frequently present with frailty, diabetes, peripheral arterial disease, peripheral neuropathy and multiple long-term conditions. Their clinical needs are often more complex than they first appear.

Without a comprehensive assessment, it becomes far more difficult to demonstrate that subsequent clinical decisions were appropriate.

Lesson 2: A robust care plan is just as important as the assessment

Assessment alone is not enough.
It should lead to a clear, documented care plan that explains the clinical findings, the proposed management, review intervals and any recommendations made to the wider care team.

Good documentation supports continuity of care, demonstrates the clinical reasoning behind decisions and provides clarity for everyone involved in the resident's care. When a robust care plan is absent, it becomes much harder to evidence why particular clinical decisions were made.

Lesson 3: Clinical judgement should determine the level of care

Care home residents should receive the level of assessment, treatment and ongoing review that their clinical presentation requires.
One of the concerns David has identified is where the scope of assessment or frequency of review appears to have been influenced by financial arrangements rather than clinical need.

Clinical judgement should determine how often a resident is reviewed, what assessment is required and whether the current management remains appropriate.
When those decisions are influenced by factors other than the resident's clinical needs, opportunities to identify deterioration may be missed.

Lesson 4: Professional judgement requires professional autonomy

A podiatrist's responsibility extends beyond providing treatment. It includes assessing the resident, exercising independent clinical judgement and documenting a plan of care based on that assessment.

Recommendations relating to treatment, review intervals and escalation should reflect the clinician's assessment of the resident's needs.
Clear communication with the care home, together with robust documentation of those recommendations, forms an essential part of good clinical governance.

Lesson 5: Responsibility is often shared

One of the biggest misconceptions is that responsibility rests with one individual.

In reality, responsibility is rarely confined to a single person or organisation.

In the cases David has been involved with, defendants have included the treating chiropodist/podiatrist, the care home itself and, in one case, the GP.

Good clinical governance depends on every professional understanding their own responsibilities, communicating effectively with one another and ensuring that clinical concerns are appropriately documented and acted upon.

Final thoughts

Clinical negligence cases represent situations where something has already gone wrong.

The real opportunity lies in preventing those situations from arising in the first place.

Comprehensive assessment, robust care planning, clinically justified review intervals, clear communication and good documentation are not simply administrative processes. They are fundamental components of safe, high-quality resident care.

For care providers, investing in strong clinical governance is not simply about reducing organisational risk. It is about creating an environment where clinicians are supported to exercise professional judgement, care teams understand their responsibilities, and residents receive care that is appropriate to their individual clinical needs.

Ultimately, the greatest measure of good governance is not how organisations respond when something goes wrong, but how consistently they put the right systems in place to prevent harm from occurring in the first place.

About the contributor

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David Holland has worked as a medicolegal podiatrist and expert witness for more than 17 years, providing independent expert opinion in clinical negligence and personal injury cases across the UK. His work includes instructions from legal teams and the Health and Care Professions Council (HCPC), reviewing whether the standard of podiatric care provided met accepted professional standards.

Alongside his medicolegal work, David has over 50 years' clinical experience in podiatry, with expertise spanning biomechanics, diabetes, general podiatry and gait analysis.
While individual cases remain confidential, his experience reviewing clinical negligence cases provides a unique perspective on the governance themes explored in this article.