My home life

Health and Social Care Committee

HSC(4)-06-12 paper 3

Inquiry into residential care for older people – Evidence from the My Home Life programme

Introduction

My Home Life (MHL) is a UK-wide initiative led by Age UK, in partnership with City University, Joseph Rowntree Foundation and Dementia UK; which has the support of the Relatives and Residents' Association and all the national provider organisations that represent care homes across the UK[1]. MHL seeks to promote quality of life for those living and dying, visiting and working in care homes for older people.

Summary of main points

The following messages have been synthesised from the emerging research on quality in care homes and from the lessons learnt from the more specific leadership support and community development work undertaken by the MHL team with care homes across the UK, over the last 6 years.

Research Message 1: Recognise, support and professionalise care home managers

Quality in care homes relies heavily on the skills, resilience and leadership of care home managers, many of whom work in isolation (care homes are often described as 'islands of the old'). The role of care home managers is complex (business manager; emotionally supporter; quality assurer; facilitator of best practice; change agent; workforce educator; organisational leader and expert practitioner in health and social care). They are caring for some of the most vulnerable citizens in our society, without real support to undertake the challenging and emotionally exhausting range of roles that are required of them. MHL has shown that regular monthly independently facilitated support through 'action learning' can help managers deliver quality and transformation.

- Care home managers should be enabled to form networks of support with each other.

[1] National Care Forum, English Community Care Association, Registered Nursing Home Association, National Care Association in England; Care Forum Wales; Scottish Care; and Independent Health and Care Providers in Northern Ireland.

- Care home managers should be required as a condition of their registration to demonstrate that they receive some form of professional supervision and engage in continuing professional development.

- Care home managers should be required to be members of an independent institute or body which represents their profession. This representative organisation should offer professional help and guidance (particularly in whistle-blowing) and work in their interests rather than those of the wider provider organisations who have many associations of their own. The organisation should represent care home managers, promote excellence in care home practice and help to shape health and social care policies

- Local commissioners should be required to contract only with those care homes where the Registered Manager is a member of the professional body, creating a lever for ensuring that managers are receiving professional supervision to deliver quality.

Research Message 2: Decrease the amount of paperwork

Over the past ten years we have seen a huge increase in the number of agencies and associated paperwork (regulation, fire risk assessments, business continuity plans, contracts and service specifications, employment law paper trail, resident care plans, risk assessments) that is pushed upon care home managers, taking them away from working with their teams to support quality.

- In line with the Government's desire to reduce red tape, an audit of paperwork required of care homes should be prioritised. MHL can help identify the sources of paperwork that care homes experience.

- Agencies should be required to work in partnership with care homes to co-create paperwork that is realistic, helpful and proportionate.

- A review of the respective roles of agencies responsible for fire, health & safety, commissioning, safeguarding regulation should be undertaken to reduce the burden placed upon care homes.

Research Message 3: Acknowledge the changing role of care homes

The role of care homes has radically changed over the past 5-10 years. Changes in policy have led to residents going into care homes later, sicker and staying for far shorter periods of time. Care homes are typically associated with end of life care and dementia. As a result of these changes, care home managers are making difficult clinical and ethical judgements with, and on behalf of, service users with little or no support from wider health and social care agencies. Where relationships with agencies exist, they are often based upon mistrust, suspicion, blame; and care homes are forced to deliver care from a position of fear and anxiety which can hinder

quality. There is often an inconsistency of message from the wider system about what is and isn't appropriate practice.

- Care home managers should be valued as professional experts in balancing rights and risks, and, through their national body, should develop evidence based briefings that offer clarity to the sector on key principles of good practice.

- Commissioners should recognise that care homes are seen as part of the portfolio of services in their local area, and actively support their professionalization through access to appropriate education and support.

- Government should recognise that a national star rating system delivered by the regulator has its advantages both to local authorities and to care homes themselves so long as there are sufficient resources for inspectors to properly assess safety and quality and an acknowledgement of the challenging work that care homes do often in isolation.

- Multi-agency and multi-professional national leadership should be promoted to support development and dissemination of good healthcare practice in care homes, supported by clinical guidance and quality standards. Messages need to be targeted in the right format

- Local authorities and PCTs should seek to create mechanisms to support care homes to deliver quality rather than simply reacting to problems and issues. There is some evidence that care home support teams can make a real difference both to care homes and in reducing unnecessary hospital admissions.

- Acknowledgement should be made in policy that given the multiple co-existing conditions that our care home residents experience, the needs of care home residents need to be seen as a priority group given the same range of access to health and support services to those younger and living in the community

- Policy should aim to outlaw the discrimination of access to services that is offered according to the likelihood of an individual resident being able to return home. Equal access should be provided to those who may still benefit from support even if ti will not mean a return to living independently

- Access to counselling services should be prioritised to our oldest citizens given the huge emotional upheaval and multiple losses experienced near the end of life

MHL recently worked with the British Geriatrics Society on a Joint Working Party Inquiry into the Quality of Healthcare Support for Older People in Care Homes[2] . The report the following recommendations:

- Local NHS planners/commissioners should ensure that clear and specific service specifications are agreed with their local NHS providers. These need to link with quality standards based on patient experience and appropriate clinical outcomes.

- Care home residents should be at the centre of decisions about their care. An integrated social and clinical approach should support anticipatory care planning, encompassing preferred place of care and end of life plans.

- Service specification for providing healthcare support to care homes should guarantee a holistic review for any individual within a set period from their move into a care home, leading to healthcare plans with clear goals. This will guide medication reviews and modifications, and clinical interventions both in and "out of hours".

- Healthcare services to support the achievement of these goals should be integrated. This should combine enhanced primary medical and nursing care with dedicated input from departments of old age medicine, mental health services, and other specialisms such as palliative care and rehabilitation medicine according to local needs.

- The UK nations" health departments should clarify NHS obligations for NHS care to care home residents.

- Statutory regulators should include in their scope of scrutiny, the provision of NHS support to care homes and the achievement of quality standards.

Research message 4: Encourage community engagement in care homes
Care homes are often isolated from the wider community and can benefit hugely in terms of quality by having better community engagement. Care homes typically do not have the capacity to identify or support volunteers and sometimes avoid opening their doors to the outside world for fear of criticism and poor press coverage. Greater community engagement leads to a higher quality therapeutic environment.

- Local authorities should work with local volunteer bureau to support the delivery of volunteer advocates to deliver a community presence in the home and receive training and support to offer real quality service to residents, relatives and staff.

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[2] BGS (2011) *Quest for Quality: British Geriatrics Society Joint Working Party Inquiry into the Quality of Healthcare Support for Older People in Care Homes: A Call for Leadership, Partnership and Quality Improvement*, London: British Geriatrics Society.

- Government may wish consider replicating the Long-term Care Ombudsman program developed in Massachewsetts which makes use of volunteer advocates to work within care homes (see paper1)

- A programme of better public understanding of the rules and workings of the long-term care system, what we can expect would help connect the public with the very challenging world of care homes.

- Funding should become available to support piloting work in care homes to offer more flexible range of services, in reaching out to those most vulnerable in the community, to offering a place for members of the public to learn more about ageing, frailty, dementia.

Research message 5: Open up new debate on funding.
While MHL cannot offer any conclusive evidence of the impact of funding on quality, the lack of equity between older people and other 'client groups' (e.g. learning disabilities) in terms of the level of state funding for individual placements must be addressed. Public opinion of care homes is varied, yet we know when properly funded and supported, the model of care homes can provide very positive outcomes for those who are highly frail and at serious risk of neglect at home even with regular domiciliary support.

- Policy should require funding levels for individual placements to be scrutinised in terms of the extent to which it is based upon ageist assumptions. Equity across client groups in terms of funding must be provided.

- Policy should begin with a frank discussion about the extent to which as a society we do want to properly invest in supporting our frailest citizens with dignity and quality care rather than pay lip service to it.

Care homes have the potential to respond to many of the issues that face us in supporting an increasingly frail population of care homes. There are now more care home beds than hospital beds. With support, encouragement and an injection of funding, care homes could potentially rebrand themselves to being viewed as experts akin to the hospice movement. Care homes could manage complex frailties thus avoiding the revolving door syndrome of older people facing on-going readmissions to hospital. Care home managers could act as advisors or consultants in supporting individuals living independently at home and offering flexible respite, intermediate care, counselling, physiotherapy etc.

This will not happen until we develop our workforce, particularly our managers, and support care homes to open themselves up to a more professional relationship with the wider health and social care system and wider community more generally.

My Home Life are at the heart of this thinking and are keen to continue to help shape future health and social care policy to better meet the changing needs of older people in care homes.

Research message 6: Need for an integrated vision for health and social care

Health and social care typically work in silos; however, the older person receiving care needs this work to be better integrated. The MHL vision is based on what older people 'want' from care and also 'what works' and provides an integrated vision of relationship-centred and evidence-based care. The care home sector are saying that the vision provides:

- Evidence of what customers (residents) want
- Articulates the expertise of the sector
- A framework for identifying evidence of good practice for self-regulation
- Accentuating positive (disassociating from bad press)
- Evidence base to inform commissioning and regulation
- Driven forward by the care home sector itself

A core component of this vision is the need to be relationship-centred. It is interesting to note that more recently, the importance of relationships and the need to move away from a 'tick box' culture to one that focuses more on relationships and the needs of individuals (users, carers and providers) is being highlighted as vital to ensuring dignified and compassionate care in acute care settings, where standards of nursing care are seen to be in need of improvement[3], [4] Other research has shown that older people in hospital find the relational aspects of care to be missing[5].

With this in mind, the Inquiry should consider recommending that a vision is articulated and shared at all levels of the health and social care system, so that all those working in the system can be singing from the same hymn sheet.

Factual Information

The MHL evidence base was developed by over 60 academic researchers from universities across the UK. The evidence identifies eight best practice themes which together offer a vision for quality in care homes[1]. The eight

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[3] Patterson M, Rick J, Nolan M, Davies S, Musson G (2011) From Metrics to Meaning: Culture Change and Quality of Acute Hospital Care for Older People, SDO Project - 08/1501/93, Southampton: NIHR Service Delivery and Organisation R&D Programme.

[4] Tadd W, Calnan M, Bayer A (2011) Dignity in practice: An exploration of the care of older adults in acute NHS trusts, SDO Project - 08/1819/218, Southampton: NIHR Service Delivery and Organisation R&D Programme.

[5] Bridges J, Flatley M, Meyer J (2010) Older people's and relatives' experiences in acute care settings: systematic review and synthesis of qualitative studies, International Journal of Nursing Studies, 47(1)89-107,

themes can be grouped into three different types: Personalisation, Navigation and Transformation (see attached diagram). The first two groups (Personalisation and Navigation) are aimed at all care home staff; whereas the last group (Transformation) is aimed at care home managers alone.

Personalisation themes (all staff)

Three of the themes for staff (Personalisation) are about an approach to care, which makes it more personal and individualised. These themes are commonly associated with Quality of Life and are drawn from an evidence-base often connected with best practice in social care. The Personalisation themes include:

1. Maintaining Identity (See who I am!): Working creatively with residents to maintain their sense of personal identity and engage in meaningful activity.
2. Sharing Decision-making (Involve me!): Facilitating informed risk-taking and the involvement of residents, relatives and staff in shared decision-making in all aspects of home life.
3. Creating Community (Connect with me!): Optimising relationships between and across staff, residents, family, friends and the wider local community. Encouraging a sense of security, continuity, belonging, purpose, achievement and significance for all.

Navigation (all staff)

Another three themes for staff (Navigation) are about what needs to be done to help residents, relatives and staff navigate their way through the journey of care. These themes are commonly associated with Quality of Care and are drawn from an evidence-base often connected with best practice in health care. The Navigation themes include:

4. Managing Transitions (Support me!): Supporting people both to manage the loss and upheaval associated with going into a home and to move forward.
5. Improving Health and Healthcare (Improve my wellbeing!): Ensuring adequate access to healthcare services and promoting health to optimise resident quality of life.
6. Supporting Good End of Life (Guide me to the end!): Valuing the 'living' and 'dying' in care homes and helping residents to prepare for a 'good death' with the support of their families.

Transformation (managers)

The remaining two themes are for managers (Transformation) and are concerned with the leadership and management required to transform care into best practice in service delivery and organisation. These themes are commonly associated with Quality of Management and are drawn from an evidence-base often connected with best practice in managing a business. The Transformation themes include:

7. Keeping Workforce Fit for Purpose (Educate me!): Identifying and meeting ever-changing training needs within the care home workforce.
8. Promoting a Positive Culture (Inspire me!): Developing leadership, management and expertise to deliver a culture of care where care homes are seen as a positive option.

What is Relationship-Centred Care?
Relationship-Centred Care (RCC) is at the heart of best practice and central to Quality of Life, Quality of Care and Quality of Management. In the MHL diagram, it therefore lies at the centre of the intersecting circles. RCC is different to the Person-Centred Care (PCC). PCC in policy tends to focus on individual patients, promoting their independence and consumer choice. It is argued that in long term care settings, positive relationships between residents, relatives and staff and interdependence matters more. For relationships to be good in care homes, we need to consider not just the needs of individual residents who live and die there, but also, the needs of relatives who visit and the needs of staff who work in care homes. RCC is represented by a star, made up of two triangles. One triangle depicts the importance of positive relationships between residents, relatives and staff. The other triangle depicts the importance of negotiating voice, choice and control between residents, relatives and staff.

Where does the Senses' Framework fit?
Based on empirical research in care homes in which older residents, their relatives and staff were asked what matters most to them in care homes, Nolan et al. highlight the importance of six senses (Senses Framework[ii]). Research has shown that each group (residents, relatives and staff) need to feel a sense of:

1. **Security** – to feel safe
2. **Belonging** – to feel part of things
3. **Continuity** – to experience links and connections
4. **Purpose** – to have a goal(s) to aspire to
5. **Achievement** – to make progress towards these goals
6. **Significance** – to feel that you matter as a person

In the MHL diagram, each tip of the star represents one of the six senses.

The handout of the Senses' Framework provides useful practical information of what residents, relatives and staff in care homes feel is important to them in relation to each of the six senses. For instance, in relation to feeling a sense of '**security**', residents suggest (amongst other factors) 'Staff being aware of your life story so that they really know you'; relatives suggest (amongst other factors) "Approachable teams/management"; and staff suggest (amongst other factors) "Effective teamwork and communication". The research has also been done on student nurses on clinical placement in

care homes and they suggest (amongst other factors) “Appoint a mentor”. For further information on the various factors for each of the six senses from the perspective of residents, relatives and staff, please see the Senses’ Framework handout.

What does the house represent?

Whilst relationships are important within the care home between residents, relatives and staff; relationships are also important between care homes and their local community and wider health and social care system. Quality of Life, Quality of Care and Quality of Management all depends on good partnership working. The roof of the house represents the need for health and social care policy to work in an integrated way to facilitate good partnership working.

Recommendations

1. **More funding** is needed to provide high quality care services, including care homes.
2. The **accountability** requirements for care homes need to be urgently simplified to streamline services.
3. **Integration of and an integrated vision for** health and care services would benefit care homes that work closely with both.
4. Increased **awareness and understanding of care homes** would help them become a more central part of local communities.

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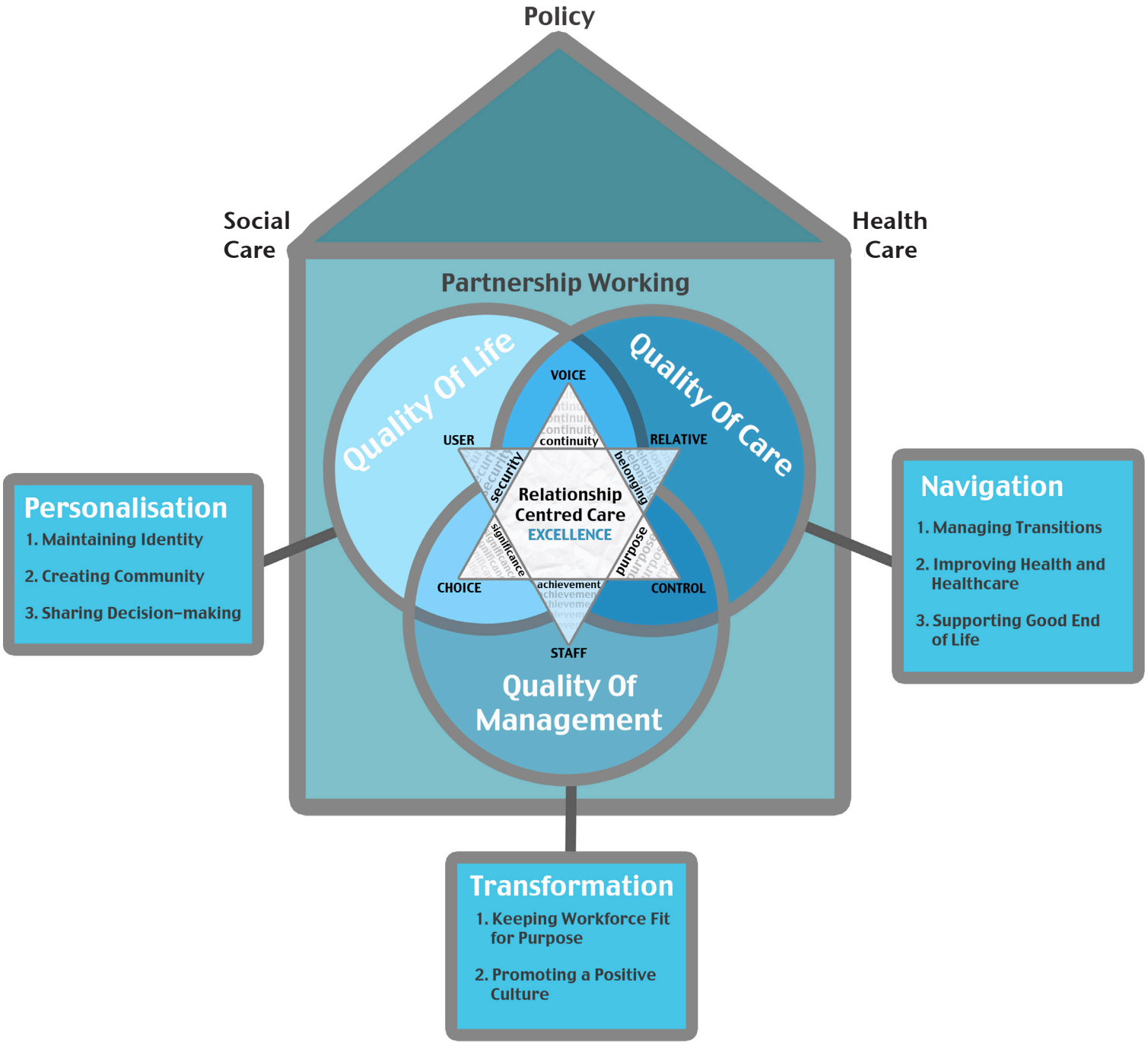
[i] NCHR&D Forum (2007) *My Home Life: Promoting quality of life in care homes, A review of the literature.* London: Help the Aged (now AgeUK). Downloadable from: http://www.myhomelife.org.uk.

[ii] Nolan, M., Brown, J., Davies, S., Nolan, J. and J. Keady. (2006). *The Senses Framework: Improving care for older people through a relationship-centred approach.* University of Sheffield. ISBN 1-902411-44-7

My home life

Promoting quality of life in care homes



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The Senses Framework:

Improving Care For Older People Through a Relationship-Centred Approach

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Factors Creating a Sense of Security

For older people

- Staff being aware of your life story so that they really know you
- Effective communication
- Introducing all staff so that you know who is who
- Encouraging visitors/people who know you really well, to be involved in your care
- Encouraging residents to bring in their own possessions – again to create a sense of familiarity
- Rearranging furniture if necessary
- Comprehensive assessment of needs on admission, including risk assessment
- Ongoing assessment and evaluation
- Allocation of key workers

NB *We do not always allow individuals to take appropriate risks due to legalities and possible recrimination*

For family carers

- Approachable teams/management
- Effective communication
- Feeling safe to complain without fear of recrimination
- Keeping appropriate people informed
- Advocacy
- Involving the multi-disciplinary team
- Staff being able to mediate between patients without taking sides
- Keep relatives informed of changes in care plan

For staff

- Effective teamwork and communication
- Effective leadership
- Accurate record-keeping
- Mutual respect – knowing you will be respected as an individual
- Appropriate staffing levels
- Adequate human and mechanical resources
- Training
- Open and approachable management
- Flattened management system
- Confidentiality
- Up to date records
- Compassion and understanding

For students

- Appoint a mentor
- Treat the student as an individual
- Clear aims and objectives
- Informing all staff of student's role within the home
- Comprehensive induction programme
- Allow student time to complete their own work (e.g. portfolio)

Factors Creating a Sense of Belonging

For older people

- Opportunities to visit the home prior to moving in
- Own room/belongings/privacy
- Wait until invited into resident's room
- Open visiting
- Own place in dining room
- Clarify expectations on admission
- Respect personal choice wherever possible
- Residents' groups with nominated chairperson

For family carers

- Make relatives feel welcome
- Encourage to take a more active part
- Ensure that staff are there fore relatives and residents, physically, mentally and financially
- Encourage involvement in all aspects of care and decision-making
- Value relatives' ideas
- Use appropriate terminology – avoid jargon
- Create care partnerships
- Educate relatives in promoting independence and optimising opportunities to enhance quality of care
- Make sure that relatives are informed of all changes
- 'Be there' for relatives and encourage them to talk
- Individual service planning to create social activities and opportunities

For staff

- Responsibility based on defined roles
- Opportunity to share
- Feeling valued, trusted and competent
- Thanking staff for their contribution
- Work towards common goals to deliver high standards of care
- Having a sense of camaraderie
- Not working in isolation
- Important for care assistants to have a sense of professionalism

NB *More important with big group companies*

For students

- Induction programme and booklet
- Explore student's expectations and objectives (possibly using a questionnaire)
- Value their new ideas
- Encourage students to realise that nursing home staff are progressive
- Involve all grades of staff in student learning
- Mentor relationship

Factors Creating a Sense of Continuity

For older people

- Life history sheet – developed with relative if possible/appropriate
- Consistency in key worker/associate nurse/support worker
- Visit hospital prior to discharge and ensure a familiar face on admission
- Comprehensive information on discharge from hospital and admission to hospital
- Involve activity co-ordinator in helping resident to continue with enjoyed past time

For family carers

- Residents/relatives meetings
- Being involved in care giving
- Involve relatives in reviews of care plans
- Update relatives with information regularly
- Opportunities to go on outing

For staff

- Monthly newsletter
- Regular staff meetings
- Clinical supervision and appraisal
- Audit
- Quality standards
- Follow policies/procedures

For students

- Good links with university
- Training for mentors to enable links with programme content
- Student induction pack

Factors Creating a Sense of Purpose

For older people

- Create personal profiles including hobbies and interests
- Assess actual and potential abilities
- Identify targets and goals
- Residents committees
- Consider potential for discharge

For family carers

- Relatives' committee
- Involvement in care planning and delivery (based on relative/resident choice)
- Communication

For staff

- Team nursing
- Care plans
- Standing orders
- Induction and training available
- Assessments of quality of care

For students

- Team allocation
- Named resident(s)
- Involvement in decision-making
- Targets for achievement of agreed goals by end of placement

Factors Creating a Sense of Achievement

For older people

- Promoting independence (where possible) in relation to activities of daily living
- Promoting mental well being and motivation
- Setting individual goals and needs
- Recognising own capabilities
- Multi-professional approach

For family carers

- Family carer interview on admission – identify expectations
- Open visiting
- Communication from care staff
- Opportunities to assist in providing care
- Support systems for relatives
- Acknowledgement of and help to deal with guilt
- Information about services and benefits
- Addressing conflicts and concerns

For staff

- Seeing clients improving and gaining confidence in their ability to achieve goals
- Keeping knowledge updated/sharing knowledge
- Regular appraisals/constructive criticism and practice development
- Written evidence of learning/acknowledgement of achievement
- Audit/quality control
- Support of manager/back up

For students

- Clear objectives – asking what they want to achieve
- Overview of service provided and learning opportunities
- Spending time with different members of staff
- Encourage students to use their own initiative
- Regular feedback/planned evaluation sessions
- Set objectives for placement and review
- Provide adequate support and mentorship
- Encourage decision-making
- Give feedback on developing skills

Factors Creating a Sense of Significance

For older people

- Find out how clients wish to be addressed
- Involve fully in care planning
- Individualised care planning in identifying individual needs
- One-to-one/forming relationships
- Show an interest in the individual and their family
- Social care assessment identifying family relationships
- Use of photographs

For family carers

- Opportunity for family to give positive and negative comments about the service provided
- Annual quality control (opportunity to make comments about services anonymously)
- Service user forum
- Choices about involvement in the care of a resident
- Welcoming atmosphere

For staff

- Feedback from clients and relatives (either verbally or evidence of contentment)
- Feedback from the local community – knowing you have a good reputation
- Feedback via letters and carers
- Sense of pride in the quality of care provided
- Having opportunity to feedback to education providers

For students

- Time invested in orientation and induction
- Provide student with a mentor who they will see a lot of
- Ongoing support and encouragement to apply theory to practice
- Telling the student that we can learn from them too.
- Direct feedback from clients
- Encouraging students to give feedback and letting them know that their opinions matter