



Person-centred care in care homes

What are the outcomes that matter?

Report from 'Person-centred care in care homes – what are the outcomes that matter?' event hosted by PRIME Centre Wales and Linc Care, 5th July 2018 Newport, South Wales

Introduction

Background to person-centred care in care homes

Person-centred care (PCC)* has become firmly embedded in residential and nursing home settings over the past few decades. PCC reflects a move away from a traditional medical model of care to a more holistic approach to providing care which focusses on the whole person, taking account of their unique abilities, interests, preferences and needs. It aims to provide a better quality of life for older people and make long term care settings more desirable places to live and work.¹

National guidance

NICE advice on Older People in Care Homes⁴ recommends that care homes work with residents to deliver person-centred care, which includes: taking into account the person's needs and preferences, involving family members and carers, promoting choice and control, not discriminating (that is, not exclude people with dementia from services to which others might have access), involving the person in care planning, taking account of the person's lifestyle, and taking account of the effect of dementia on relationships. NICE also states that care homes should ensure staff training emphasises the importance of person-centred care and use the quality statement on participation in meaningful activity from NICE's mental wellbeing in care homes quality standard to ensure older people in care homes can choose the activities they take part in.

Standards and frameworks

The National Service Framework for Older People in Wales 2006⁵ has person-centred care as one of its 10 key standards, and Care Inspectorate Wales' inspection framework for older adults⁶ includes evaluating whether timely and appropriate person centred care has been received.

*Whilst other terms are increasingly being used when talking about a philosophy of care that focuses on the person (patient-centred or patient-directed care) and their relationships (relationship-centred care), the term person-centred is used here to reflect the language currently used in policies, guidance and frameworks

Legal requirement to provide PCC

Over the last decade there has been a move towards the regulatory requirement for person centred care.

The Social Services and Well-being (Wales) Act 2014² which came into force in April 2016 made important changes to the way social services are delivered, primarily through promoting people's independence to give them stronger voice and control.

The Act requires care providers to 'ascertain and have regard to the individual's views, wishes and feelings' and to identify the outcomes that the adult wishes to achieve in day to day life – "What matters to you?"

The Regulation and Inspection of Social Care (Wales) Act 2016³ requires an integrated and person-centred approach to the provision of social care in Wales.



Definitions

The definitions used in the policy and guidance documents vary considerably, from ensuring the care centres around the person⁵, promoting choice and control⁴, and taking account of the person's social, physical, intellectual, cultural, emotional, health and care needs.⁷

However, person-centred doesn't exist in vacuum. Ensuring a culture of person-centred care includes caring about those who provide care as well. This aspect is captured in this definition from McCormack and McCance.⁸

'...An approach to practice **established** through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives.

It is **underpinned** by values of respect for persons, individual right to self-determination, mutual respect and understanding.

It is **enabled** by cultures of empowerment that foster continuous approaches to practice development'

McCormack & McCance 2017

Person-centred care in practice

A number of initiatives to improve person centred care have been developed, however the principal models of PCC used in long term care settings include culture change models (e.g Eden Alternative⁹), person-centred dementia care (e.g Dementia Care Mapping (DCM)¹⁰, VIPS framework¹¹), and person-centred nursing frameworks¹². Older people, however, are still reporting that the care they receive is often not person centred⁷, and care home staff themselves report a gap in its implementation in care homes.¹³

Do care homes deliver 'person-centred care'?

34% never/almost never aware of resident **being taken out** of the home for their enjoyment

13% never/almost never experienced **relatives involved** in care planning

15% never/almost never aware of an **activity** planned around resident's interests

Cooper et al 2018

There are links between staff empowerment and the quality of care provided, with growing evidence of the effect of the workplace culture on person-centred outcomes for residents. A recent study found that care staff's personhood is often overlooked.¹⁴ Organisations wanting to provide quality person-centred care must also create caring, person-centred workplaces in which staff personhood is recognised, respected and supported.¹⁴ Enhancing staff personhood may also result in improved care.¹⁵

Evidence gap

A recent research priority setting study found that the question of how person-centred care can be provided in care homes appropriate to the person's individualised needs was identified by care home staff as the highest priority for future research.¹⁶

This finding led the lead researcher from the study, together with a lead from the care provider sector, to collaborate on a project looking at person-centred care provision in care homes in Wales. The first activity was to bring together a wide range of stakeholders to explore what PCC meant to them. The aim was to help to define what the outcomes of PCC are - where outcomes are defined as the end result or the thing you actually want to make happen – and to inform future work.

Person-centred care in care homes – stakeholder event

The event had around 100 delegates registered from a broad range of stakeholder groups including: representatives from four Welsh health boards; six local authorities; three universities; Health and Care Research Wales; Social Care Wales; Older People's Commissioner's Office; third sector organisations; care providers; and people with experience of receiving care (older people and/or family members). A range of interactive methods were used to explore and gain consensus around the ingredients/principles of person-centred care, how it can be evidenced in practice, and what the barriers are to delivering PCC in care homes. Key priorities for providing person-centred care in care homes in Wales were identified by delegates.



What do you feel really matters when thinking about PCC?

To set the scene for the event, delegates were asked to identify what single word came to mind when thinking about person-centred care in care homes. These were entered directly into an online application that generated a dynamic 'word cloud' that was displayed live on a screen at the event. Choice, dignity, and respect were the most common principles identified.



Delegates then spent time in small working groups, with a broad mix of different stakeholders, to identify and discuss three areas: what are the principles of PCC, how can PCC be recognised and evidenced, and how can we make PCC happen? Visual facilitation methods were used throughout, with online 'voting' used to gain some consensus around each topic for the first two areas. The topics are presented below in the order of importance as identified by delegates at the event.



What are the principles or ingredients of PCC?

Knowing the resident through building a relationship together

Delegates emphasised the importance of 'knowing' the residents and building a relationship with them. This ideally starts before their admission to the care home and starts to build a social picture of the person. Delegates focused on the need to ensure that residents are at the heart of every stage in their journey through the experience of receiving care in a care home, and that residents are involved in every aspect of the home. Although meeting the resident's needs was important in the first instance, there was recognition that person-centred care goes beyond that and should aimed at 'doing with' and not 'doing to'.



Everyone matters

Effective communication between all those involved – residents, families, and staff – was seen as essential to ensuring the best person-centred care is provided. Delegates also emphasised the importance of everyone 'knowing' the resident from the start of their time receiving care, including the care provider and others involved such as social workers. The need for the care home to have shared values, ethos, and culture of person-centred care was highlighted.

Creating a caring environment – the resident's experience

The impact of the care environment on the resident's experience of care was identified. Delegates emphasised that a 'homely' environment is dependent on the resident's perception of 'homely' and not others who may have different perceptions. This can be thought of as personalising the environment for the resident, where environments are designed to ensure quality care can be delivered, with attention paid to ensure they are accessible and dementia-friendly spaces.

Staff trained in the principles and values of person-centred care

The need for staff teams to have the right values, principles, and training was identified, which centres on respect for the person. In addition, adequate levels of staff who are skilled and competent are needed, and who have focused time for person-centred care.

Joined-up working across sectors

There is a need for a supportive system of 'joined-up' working across sectors to enable person-centred care. This includes processes such as procurement, registration, and leadership. Restrictive permissions processes, and a focus on cost and value for money, impact on the ability to deliver person-centred care.

My life – my choices

Acting upon residents' choices and enabling Advanced Care Plans is important. Sensitive and honest conversations are needed, with skilled input from those experienced in Advance Care Planning and the involvement of the person's family. These should be in place from an early stage in the person's time in the care home and reviewed throughout their time receiving care.

Delegates stressed the need to record these conversations and outcomes, and ensure they are shared as appropriate. Maintaining individuality, and ensuring informed choices were seen as important.

Understanding and negotiating risk together

Delegates highlighted the potential conflict between risk management practices and person-centred care, where there may be risks or harms associated with the resident's choices or wishes. This potential conflict brings a need for greater transparency, honesty and openness, and acceptance of risks.

How can PCC be recognised and evidenced in practice?

Culture – how it feels and what we see

Observation was thought to be a sensitive way of recognising person-centred care in care homes. This includes observing the general atmosphere as well as interactions between staff and residents, staff and relatives, and with staff and management personnel. A joint approach should be observed between all those involved, who are working together in the same way, and where the same goals and values are seen to be shared.



This could be as simple as observing the happiness and wellbeing of both residents and care staff – the smile on someone's face – or observing that there are opportunities for choice or that staff are listened to, through to the use of tools like Dementia Care Mapping.

Linking the journey

Person-centred care can be recognised when there is a linking of the resident's journey between all those involved – from the resident, family, care staff, healthcare professionals, and those external agencies in the wider system. This was described as a 'golden thread' that should run throughout the person's care and includes all those involved feeding back in a systematic way. Delegates also highlighted that person-centred care is not always about change, it can be about staying the same or continuity.

'What matters' evidenced through documentation

Documentation as a way of evidencing that person-centred care has been planned and delivered was a common theme. This included individual care plans, written handovers, reports and daily logs. The need for regular reviews was also highlighted. Others talked about the need to ensure that there is a match between care planning and delivery of care. There were also concerns that focusing on care plans might be a negative thing – people's preferences, interests, and wishes are dynamic in nature, and the change over time can be difficult to capture within a process that focusses on assessment as an event at a given time point.

Evidenced through artefacts

Written care plans alone were not considered to adequately capture the experience of receiving person-centred care. Delegates considered alternative means of recording and illustrating the richness of the care experience including: the (appropriate) use of video of events, photographs, range of surveys to capture different perspectives. Stories were seen as a powerful tool for capturing person-centred care.

Activities we do together

The relational nature of care was recognised by delegates, who talked about the need for person-centred activities. These were seen to create a sense of belonging, and address the issues of loneliness, boredom, and helplessness that can be experienced in a care home.

How can we make PCC happen in care homes?

Resources

The need for adequate resources was a commonly identified by delegates. Sufficient numbers of staff who have the time to spend with residents, and continuity of staff who know the residents, was seen as essential to delivering person-centred care. The need to invest in staff, adequately pay staff, and actually value staff was seen as a core part of commissioning care in care homes.

Behaviours

Many behaviours that support person-centred care were identified. Communication generally was viewed as key, and in particular listening to others was seen as important for all those involved – listening to residents, relatives, and staff. Other important behaviours were promoting choice, providing support, empowering residents to make decisions where possible, building relationships, and being approachable.

Principles

Core principles or personal values were identified as being a requirement for providing person-centred care: kindness, empathy, respect, dignity, care, and honesty.

Knowledge and skills

The need for quality training and skills development was highlighted. This included training that focused on empowering staff, and principles and application of the Human Right Act. Methods of training suggested included experiential learning and blended learning focusing on culture of care.

Best practice

The importance of leadership was commonly listed by delegates. This included the need for top-down changes, leading by example, and having a flexible and responsive management rather than one that is compliance-focused. Other practices that can support person-centred care were values-based recruitment, workforce planning, open door policies to visitors, and importantly moving away from task-orientated care.



Moving forward - priorities for person-centred

Delegates were asked to identify up to three priority areas around the delivery of person-centred care. Responses covered a wide range of areas, from those operating at an individual resident or care home staff level through to structural issues with implications across the health and care sector.

Ensuring adequate staff time and resources needed to provide PCC

The greatest number of responses related to the need for sufficient resources to ensure there was time for staff to facilitate and provide person-centred care. Delegates recognised that a range of barriers currently impact on the availability of staff, and that there are limited resources which can leave insufficient time for spending with residents. One care assistant summed up the challenges of providing person-centred care when describing how they would like to spend more time listening and responding to residents, but they are very aware that other residents have pressing unmet physical needs and there aren't enough staff to go around.

The need to overcome these barriers was a priority area, and delegates stressed the importance of investing in and retaining good quality staff who are supported to dedicate time to getting to know their residents and develop meaningful relationships with them. Better rates of pay to ensure 'the right people' are recruited into caring roles, ensuring person-centred care philosophy is at the heart of values-based recruitment processes, and providing adequate ongoing support to care staff, were most frequently listed.

Recognising and valuing care home staff

In addition to adequate resources and rewarding staff financially, delegates cited the importance of recognising and valuing the role of care home staff – both within the care home and by the wider society. This included the need to challenge the negative perception of the role(s) in comparison with other health and social care professions, and the need to view the delivery of person-centred care as a source of pride. Prioritising the emotional wellbeing of staff, as well as wellbeing of residents (and families), and the need to ensure staff are supported with the emotional nature of their work were highlighted.

'Knowing' the person

Delegates talked about the importance of knowing care home residents - listening to them and learning from them and ensuring their voices are heard.

Developing more comprehensive methods of evidencing PCC

More creative methods are needed to evidence that person-centred care has been received. In addition to updated and relevant care plans, new methods which can comprehensively capture the experience of care may include picture boards and storybooks.

Empowering staff to make a difference

The importance of empowering staff and giving them the confidence to take action and make a difference to the individuals within their home was reported. This included empowering staff to engage individual residents in meaningful person-centred activities, as well as a larger scale to 'do things differently'.

Leading from the front

Delegates stressed the importance of care home managers leading by example to ensure that there is a cultural change to person-centred approaches to care, and that person-centred care is being provided by 'not taking your eye off the ball'.

Embedding a philosophy of person-centred care

Many responses related to the underlying principles or ethos of person-centred approaches to care. This included values such as respect, dignity, honesty, empathy, and kindness. Some stated that person-centred approaches should not require particular effort, but instead are core beliefs that are centred on respect for those who need support from others to live their best life. One delegate emphasised the importance of the positioning of care home staff in their relationships with residents – being 'alongside' them rather than doing things for them. To many, it meant ensuring residents had choices in all aspects of their care and supporting them to make those choices. Others highlighted that they need to be meaningful or 'real' choices – not just from a narrow list of available safe options.



Connected care homes

There is a need for greater collaboration between care homes and their partners to ensure that there is a joined-up approach to care and care homes remain connected to communities, rather than existing in a bubble. One delegate noted that working with partners to make the necessary changes is vital as 'it's a big ship to turn'.

System-wide and structural barriers

Delegates stressed that the responsibility to ensure person-centred care goes far beyond the care home staff, manager, and provider organisations. Developing a person-centred ethos and a passion for implementing person-centred care needs to be accompanied by a drive from higher services to provide an environment to make this happen. Examples given included Welsh Government policymakers, commissioners of services, and the care inspectorate. These stakeholders have a responsibility to ensure that adequate resources are available. This requires significant investment in staff and the costs associated with staff training and recruitment. Addressing system-wide issues, such as health and social care planning and funding, is needed in order to provide truly person-centred care.

Person-centred environments

It was stressed that care homes are 'homes' which need to make residents feel they are 'at home' and that they belong. The environment needs to be person-centred with attention to the design and location of the home, and provide more choices of food, personal toiletries, activities and entertainment that better reflect the residents' preferences. Attention also needs to be paid to the environment as a place which encourages staff to engage with residents rather than be segregated in workspaces or offices.

Whole organisation approaches

Many delegates emphasised the need for the whole care provider organisation to adopt a person-centred philosophy of care, as everyone has 'a role to play'. Organisations should develop an ethos that values person-centred care and creates passion for change which makes 'all things possible'.

Engaging with families

Continued engagement with the families of residents, together with the resident, is important when planning and delivering person-centred care. Communication with families and involving them in decision-making throughout the person's time living in the care home was seen to be a priority.



Creative approaches to staff training

Rather than general training in person-centred care, there is a need to develop training and interventions that are designed to overcome identified barriers to person-centred care. Delegates proposed that more creative approaches to learning and development are needed, including the use of narratives or stories and experiential learning techniques. Training needs to be practice-based (rather than classroom based) and to focus on equipping front line staff with tools that can be used continuously to embed person-centred practices. It was suggested that the type of activities used at the event might be a creative way of training staff.



Conclusions

A wide range of stakeholders with an interest in person-centred care in care homes in Wales brought a rich and invaluable range of experiences and perspectives. The event was a unique opportunity to explore what person-centred care actually looks like and feels like in practice, and to identify what needs to be in place in order to ensure person-centred care can be delivered.

At the heart of person-centred care is the principle that 'everyone deserves the best care possible', keeping the person at the centre of their care, and not 'doing to', but 'doing *with*'. Essential principles underpinning person-centred care are choice, dignity, and respect. Evidencing PCC is problematic, there are issues around viewing care plans as 'one off events', and there is a need for more creative approaches that can better capture the 'seeing' and 'feeling' of the care experience – the outcomes. It is important to create the opportunity and environment for providing person-centred care. Recruiting the right staff with the right values and ethos, and enabling and investing in relationships and supportive relationships, are essential in order for staff to be in a position to provide person-centred care. This includes valuing care home staff, involving them in decision making, ensuring appropriate staffing, effective leadership, and linking closely with commissioners.

Following this event, the next stage is to use this learning to start to develop more accurate and sensitive ways of evidencing that person-centred care has been received – the end result or outcome. An important part of this is gaining the residents' perspective of the experience of receiving care, which is the 'voice' missing from this account.

Thank you to all those who gave their precious time to attend to the event, who shared their invaluable experiences, and engaged in the discussions so enthusiastically. We look forward to continuing these discussions.

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<http://www.scarletdesign.com/>

Resources

My Home Life:
<http://myhomelife.org.uk/>
including the 'Relationship-centred care and the Senses framework':
<http://myhomelife.org.uk/good-practice/relationship-centred-care/>

Magic Moments in Care Homes:
http://www.careforumwales.co.uk/uploads/MagicMoments_PDF.pdf

Connected with communities:
<http://carehomefans.org/>

FoNS Centre for Nursing Innovation:
<https://www.fons.org/learning-zone/tools-and-resources>

Social Care Institute for Excellence
<https://www.scie.org.uk/person-centred-care>

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