



PERSON-CENTRED CARE IN CARE HOMES: WHAT ARE THE OUTCOMES THAT REALLY MATTER?

5 JULY 2018 - LYSAGHT INSTITUTE, NEWPORT

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ANNE THOMAS LINC CARE
VICTORIA SHEPHERD CARDIFF UNIVERSITY

MOVING TO...
MEDICAL MODEL
HOLISTIC APPROACH

SOCIAL SERVICES & WELL-BEING ACT

FOCUS IS USUALLY ON CARE
NOT ON THE CULTURE THAT CREATES IT.

“WHAT MATTERS TO YOU?”

PERSON-CENTRED CARE
UMBRELLA TERM
FOR QUALITY CARE

OUR RESEARCH SAYS...
WHAT IS THIS PERSON-CENTRED CARE PEOPLE TALK ABOUT?

PERSON-CENTRED CARE

WE WANT TO UNTANGLE THE KNOT

CREATE A PATTERN
DEFINITION

LITTLE + BIG THINGS

WE'RE EXPLORING THIS TOGETHER TODAY

REAL LIFE STORIES

EXPERIENCES

VIDEO-BOOTH

GOOD
PCP- WHAT DOES IT LOOK + FEEL LIKE?

PERSON-CENTRED ENVIRONMENTS

CENTRES AROUND PERSON
INTELLECTUAL SOCIAL
PHYSICAL EMOTIONAL
GOLDEN THREAD
PERSON-CENTRED CARE

PERSON-CENTRED HUMANISING SERVICES
A TOOL AND A WAY TO MEASURE THE CARE RECEIVED

TWITTER
#OUTCOMESTRATMATTERS

MY HOME

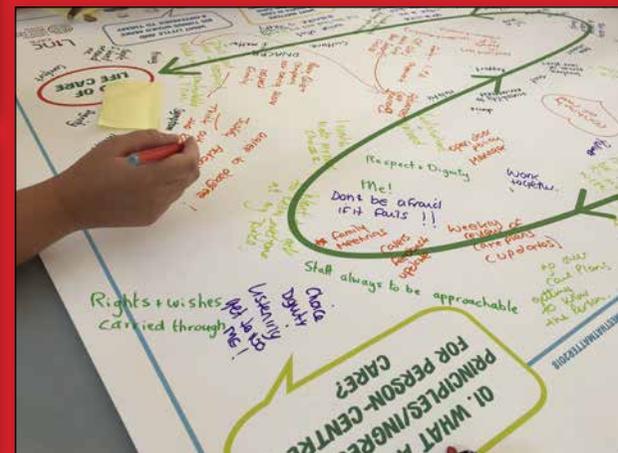
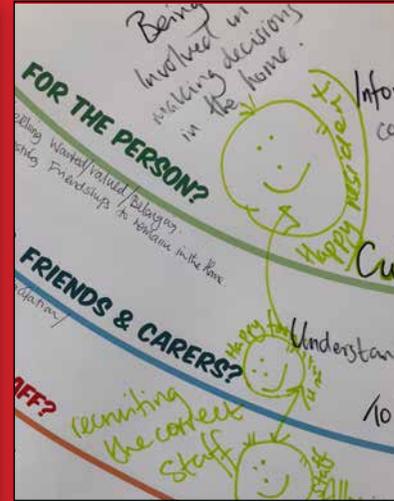
HOW CAN PERSON-CENTRED CARE BE DELIVERED IN CARE HOMES IN A PERSONALISED WAY?

INVOLVE FAMILIES AND CARE

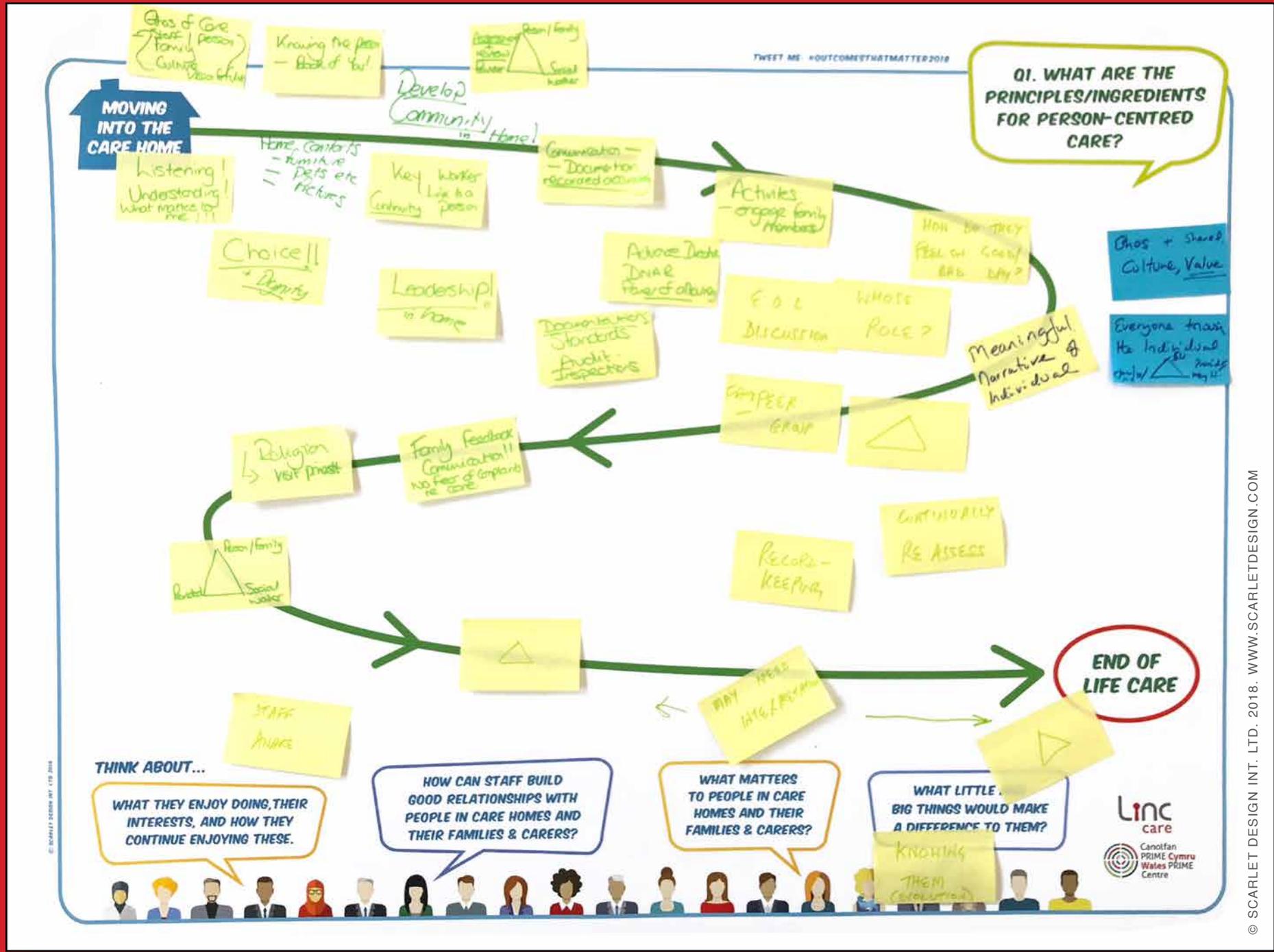
TAKE CONVERSATIONS
slido.com
NOTE Q1 Q2 Q3

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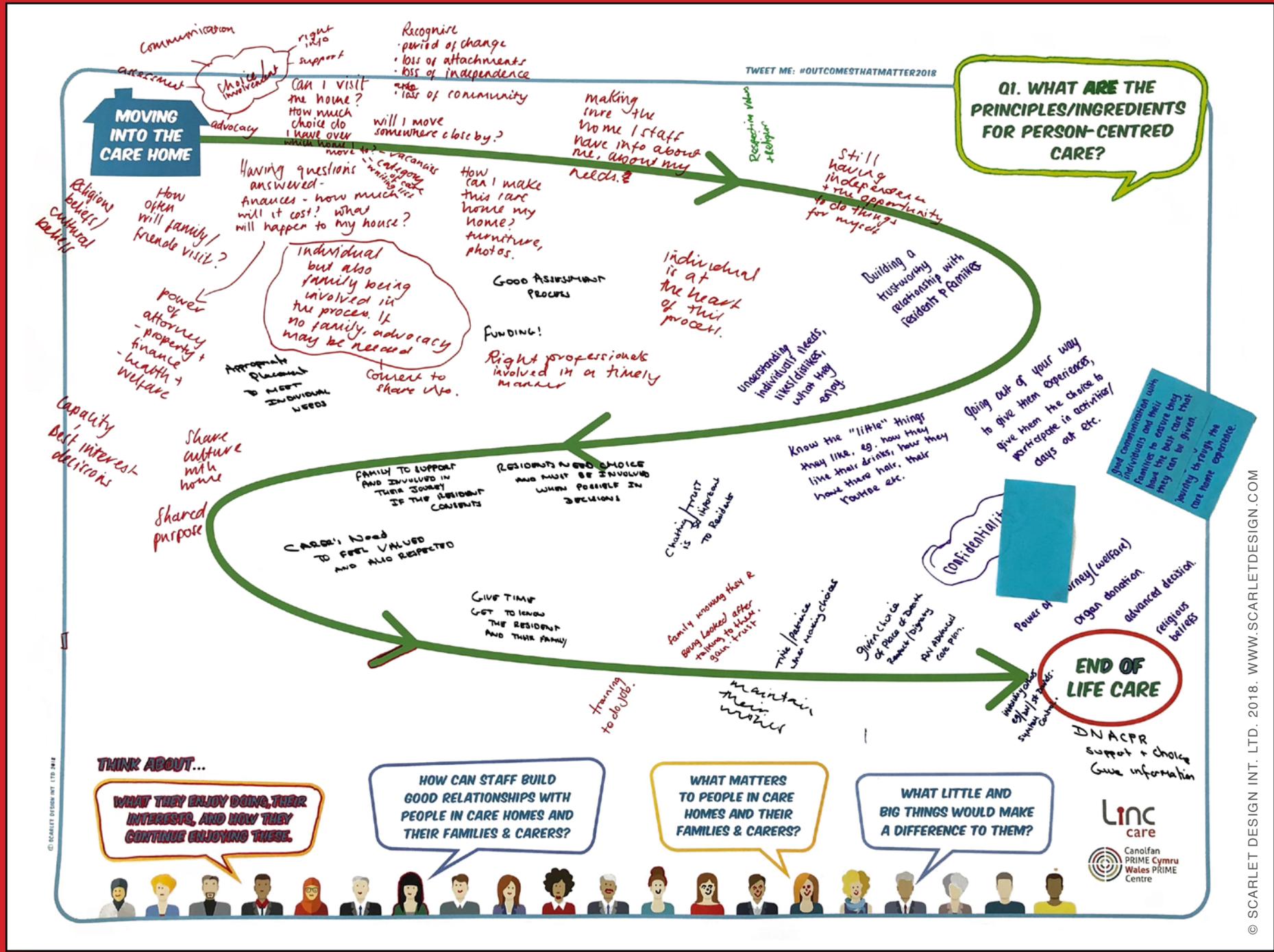
PHOTOSTORY OF THE DAY - USING VISUAL METHODOLOGY TO ENGAGE, AND RECORD THE TABLE DISCUSSIONS



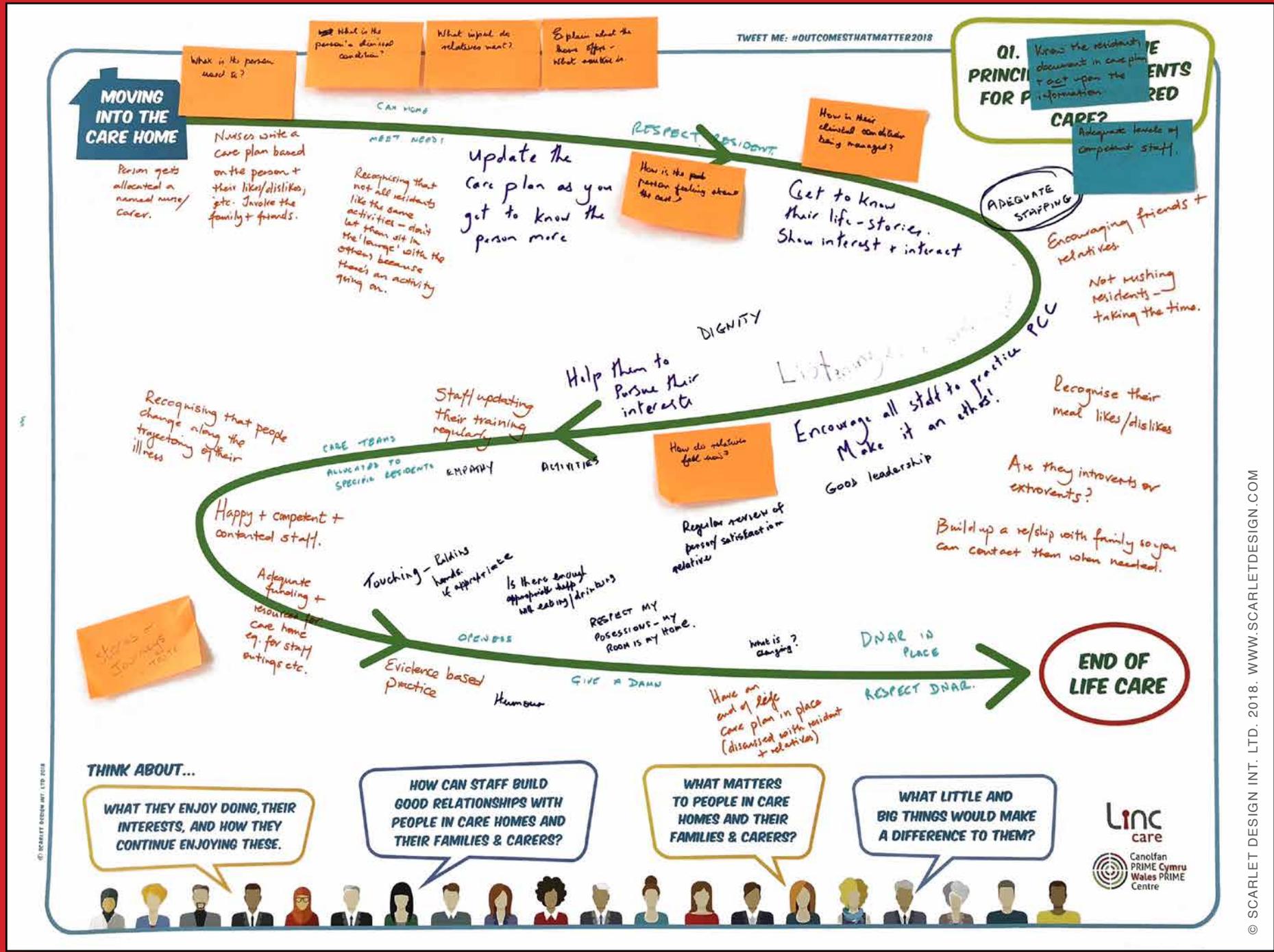
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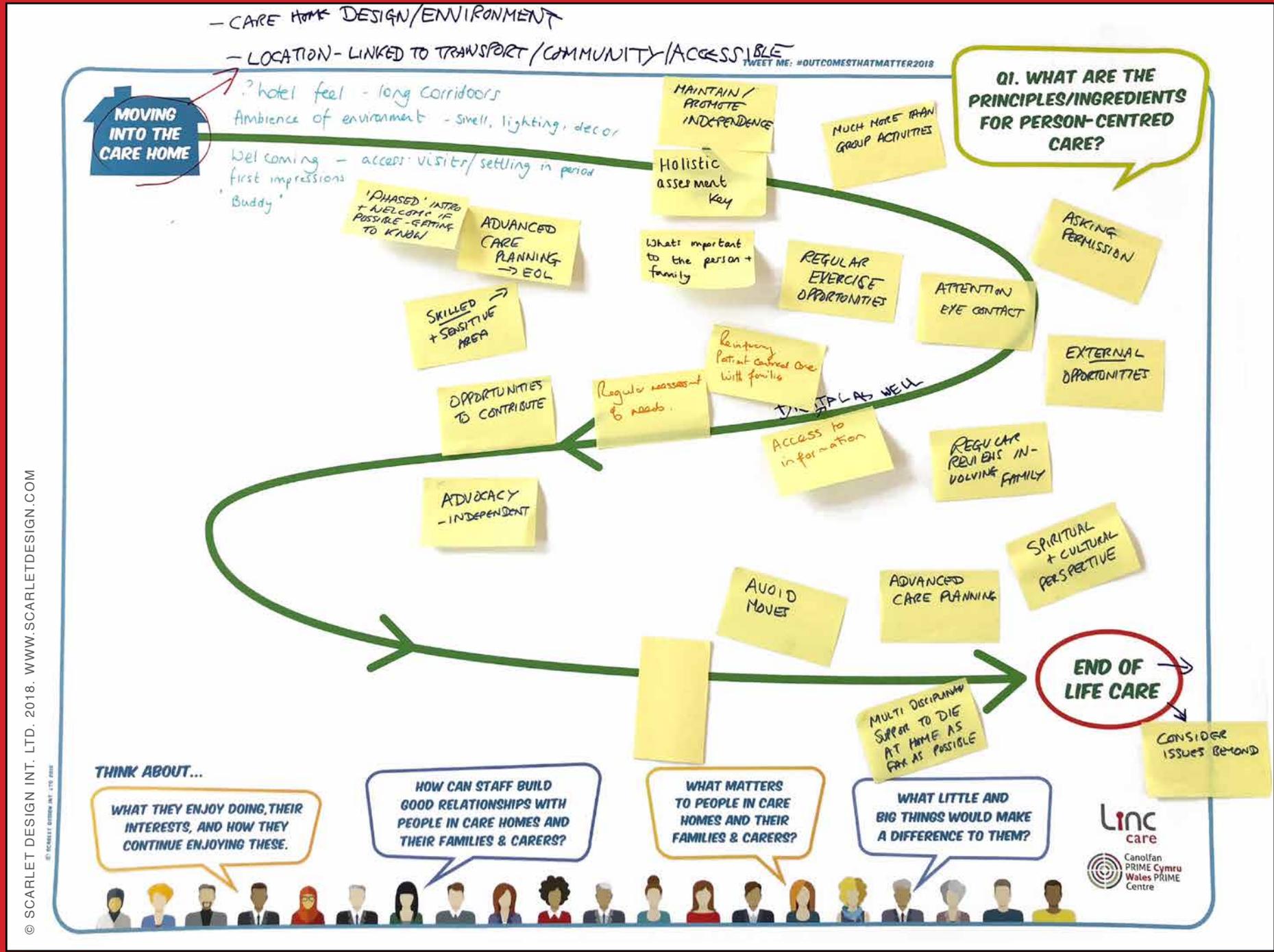
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PERSON-CENTRED CARE IN CARE HOMES - WHAT ARE THE OUTCOMES THAT REALLY MATTER?

TWEET ME: #OUTCOMESTHATMATTER2018

Q1. WHAT ARE THE PRINCIPLES/INGREDIENTS FOR PERSON-CENTRED CARE?

MOVING INTO THE CARE HOME

RELATIONSHIPS WITH FAMILY/FRIENDS/RESIDENT
 COMPREHENSIVE HISTORY - SOCIAL, PSYCHOLOGICAL, BIOLOGICAL
 FAMILY + RESIDENT INPUT KEY
 BASIC INFO e.g. preferred name, what/dishes
 PRE-ADMISSION VISIT
 -ve pressures on quick admission
 End of life discussion / hospital admission/TLC
 Accessible info in variety of formats

CHOICE

"Home from home"

Independence

Accessing the wider community

risk management & fear vs PCC
 Facilitating activities

OPPORTUNITY FOR FAMILY INVOLVEMENT

CONTINUITY OF CARE (CCP)

DIGNITY

OPEN CONVERSATIONS & transparency
 Timely review

Advance Planning + communication of choice *

Communication with families at End of life

Dignity.

Respect of individual + families wishes

END OF LIFE CARE

Risk management
 Content based
 Duty of care + PCC
 Building relationships
 Spine admission w/1
 Involving
 Building social picture

THINK ABOUT...

WHAT THEY ENJOY DOING, THEIR INTERESTS, AND HOW THEY CONTINUE ENJOYING THESE.

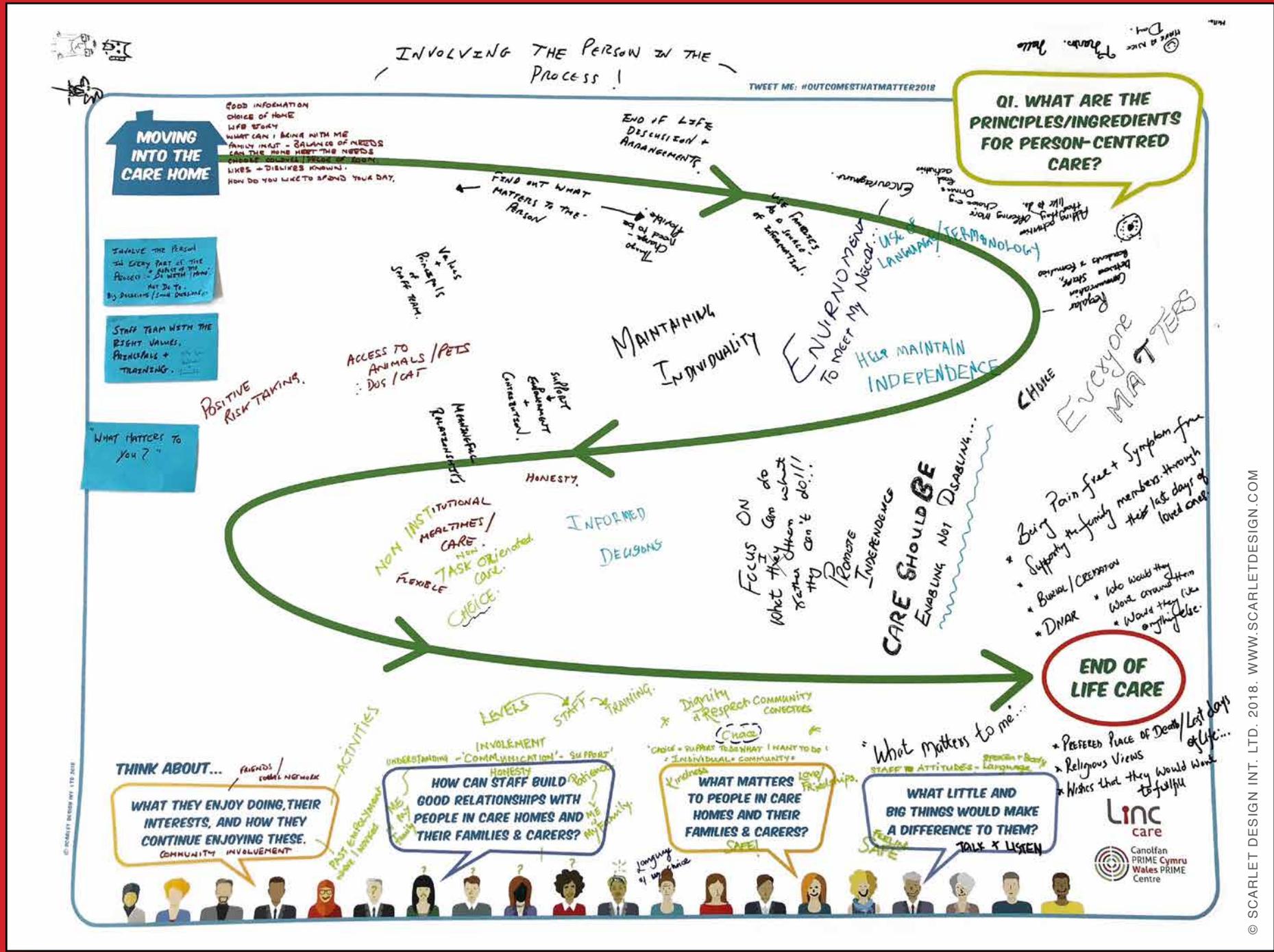
HOW CAN STAFF BUILD GOOD RELATIONSHIPS WITH PEOPLE IN CARE HOMES AND THEIR FAMILIES & CARERS?

WHAT MATTERS TO PEOPLE IN CARE HOMES AND THEIR FAMILIES & CARERS?

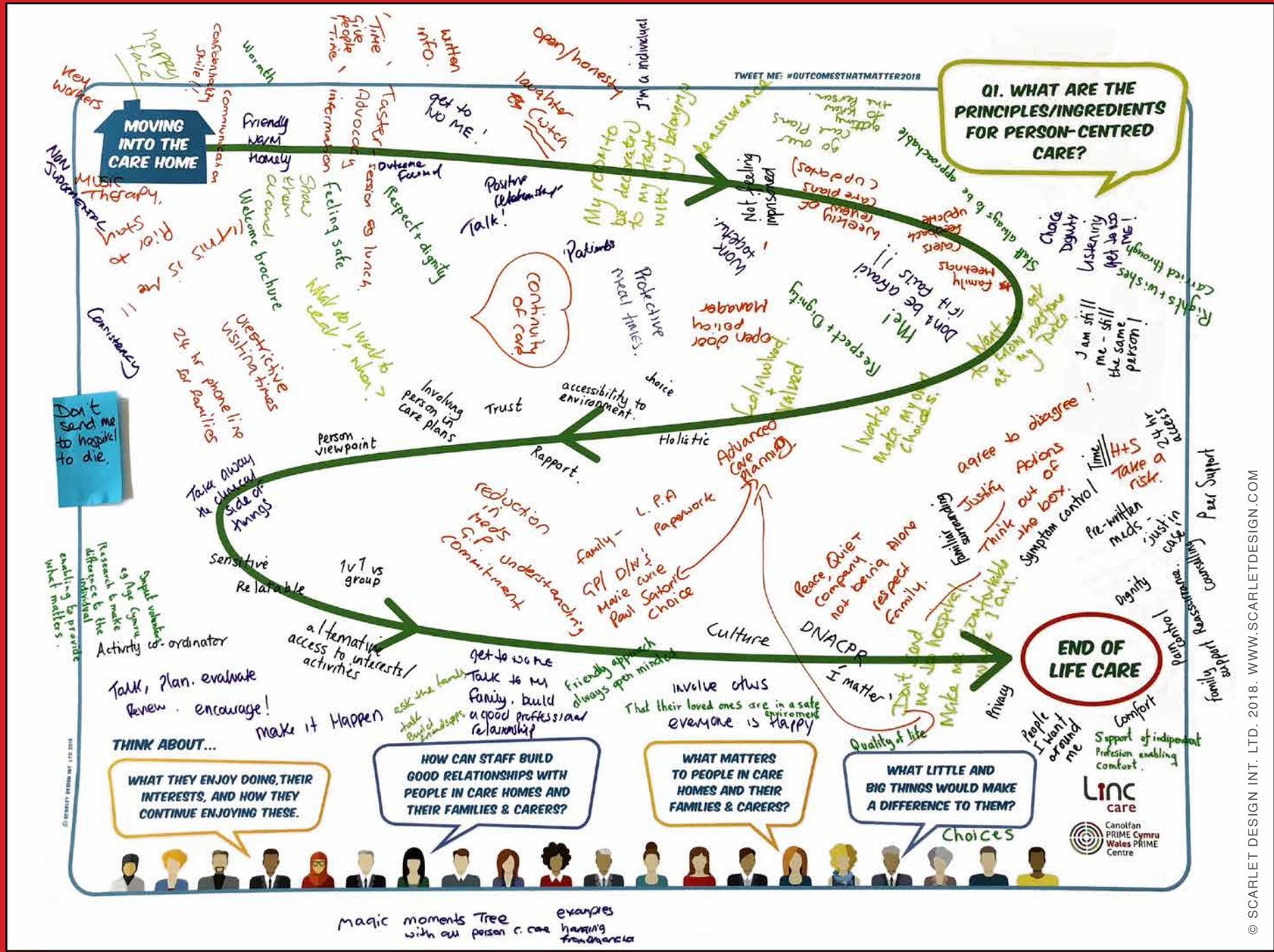
WHAT LITTLE AND BIG THINGS WOULD MAKE A DIFFERENCE TO THEM?



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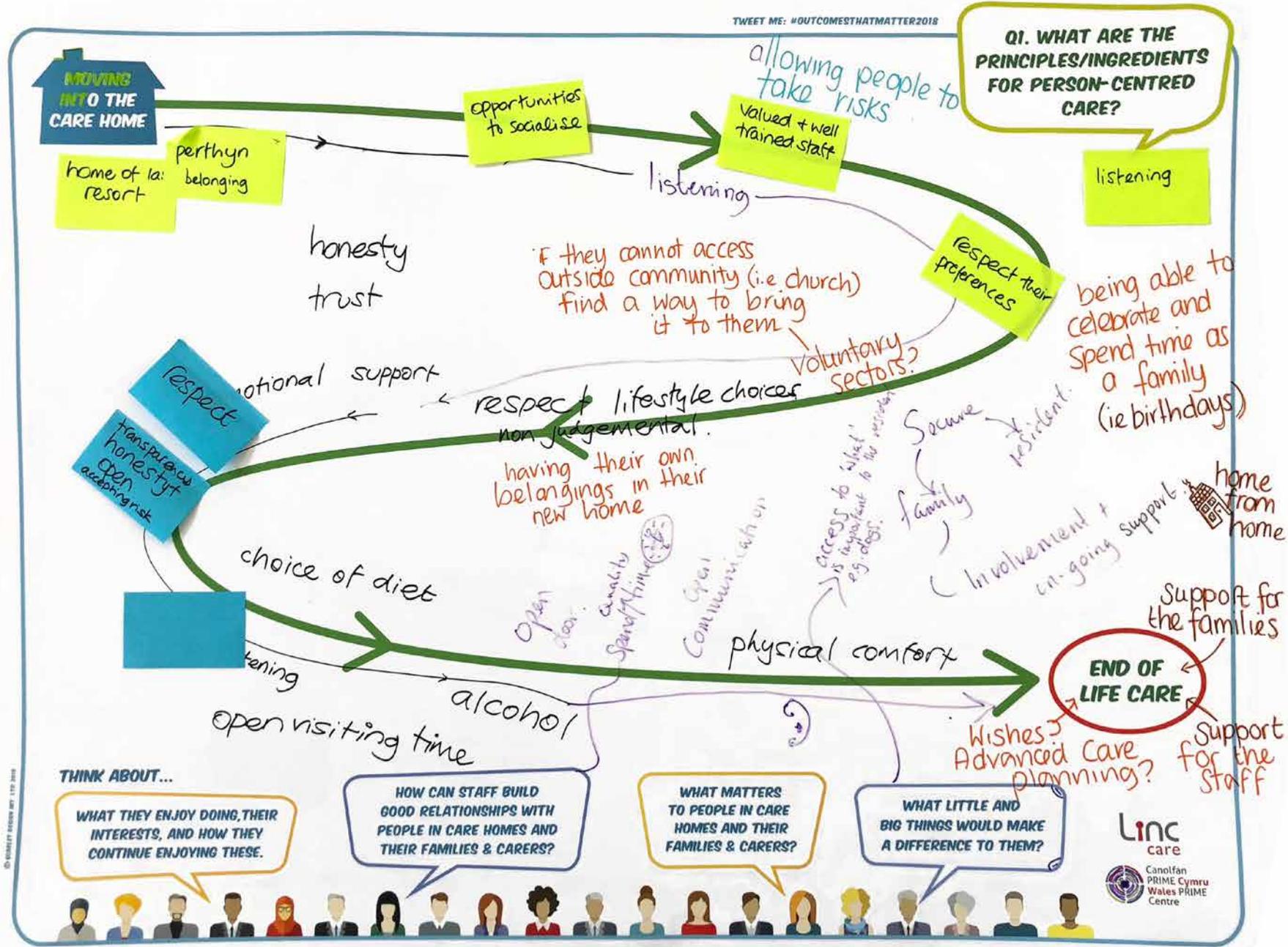


magic moments tree with all person c. care examples hanging from it

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Q1. WHAT ARE THE PRINCIPLES/INGREDIENTS FOR PERSON-CENTRED CARE?

MOVING INTO THE CARE HOME

Should be a positive choice by the individual

Some care homes should be part of the community/locally based organisations

Change perception of older people and care homes

ADVANCED CARE PLANNING

Plans should be seen as not just about end of life but about quality of life

Knowing me!
all of softest part of my preferences to me

STAFF TIME!

Underpinning resident's wishes to families and appropriate resident rooms

Whose reality is it?
Whose reality is driving expectations?

Access to family using skype

Environment + technology

DIGNITY CHOICE

END OF LIFE CARE

THINK ABOUT...

WHAT THEY ENJOY DOING, THEIR INTERESTS, AND HOW THEY CONTINUE ENJOYING THESE.

HOW CAN STAFF BUILD GOOD RELATIONSHIPS WITH PEOPLE IN CARE HOMES AND THEIR FAMILIES & CARERS?

WHAT MATTERS TO PEOPLE IN CARE HOMES AND THEIR FAMILIES & CARERS?

HOW CAN WE AND MAKE THEM?



Advanced Care Planning

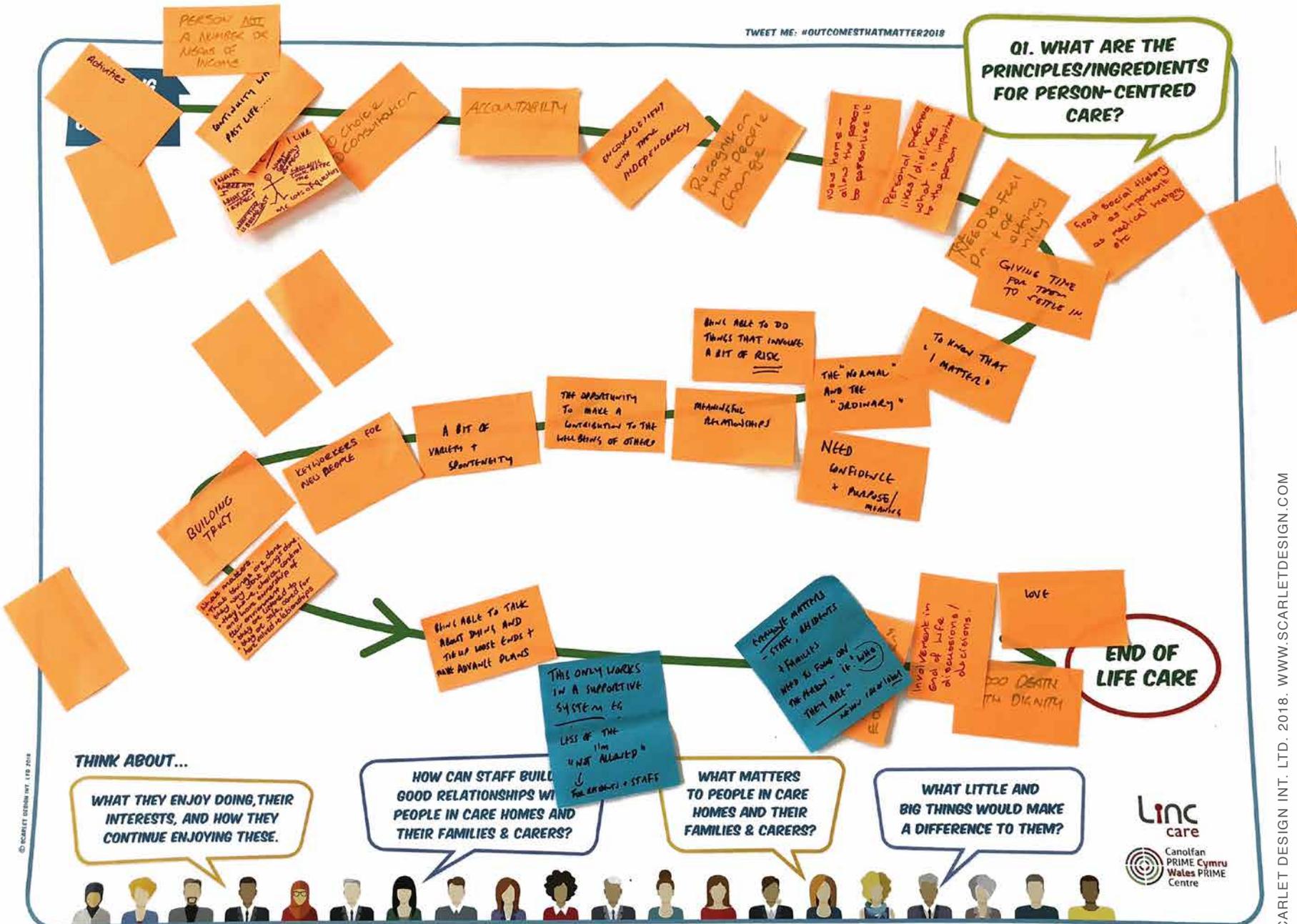
Staff time



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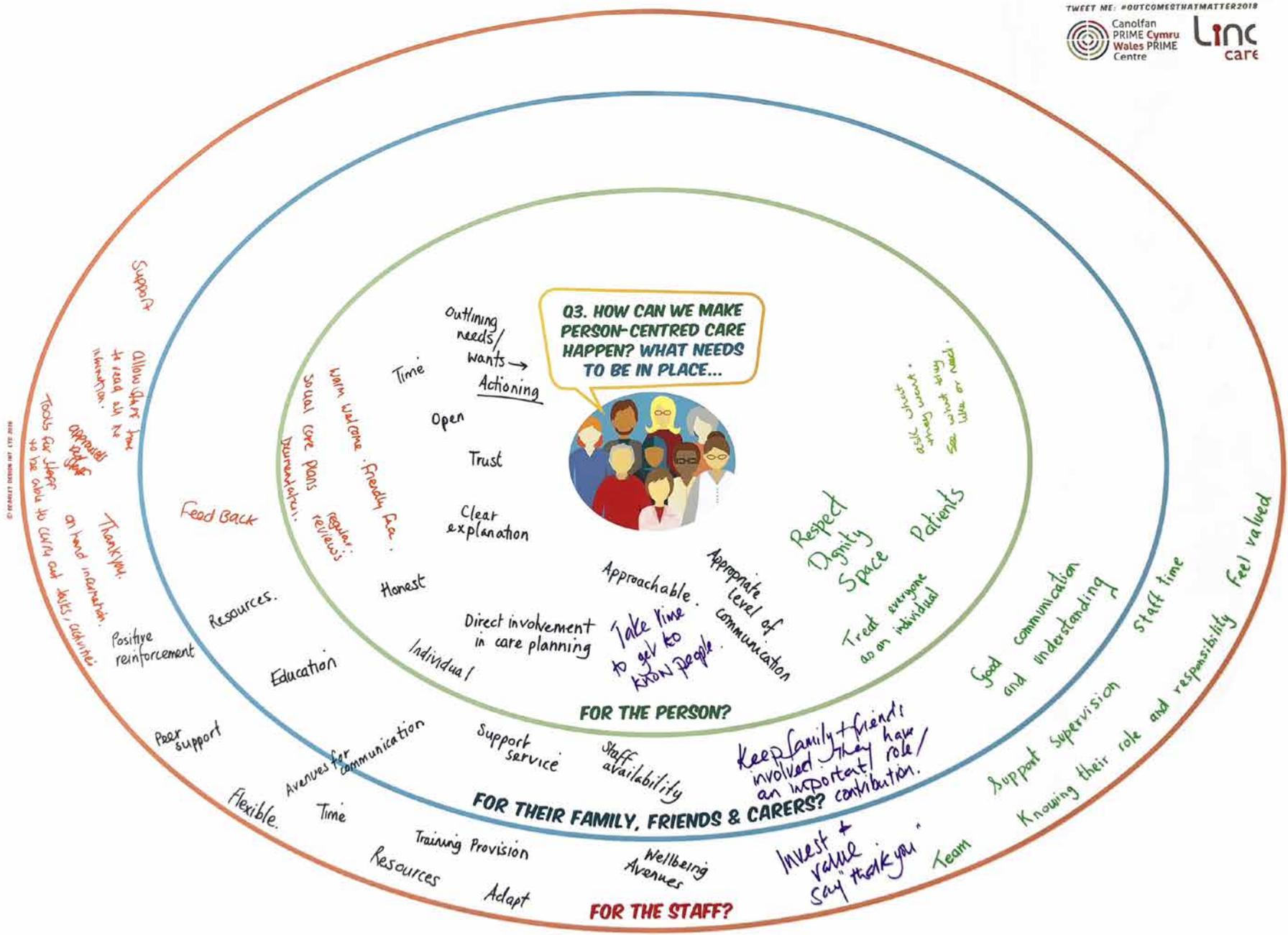
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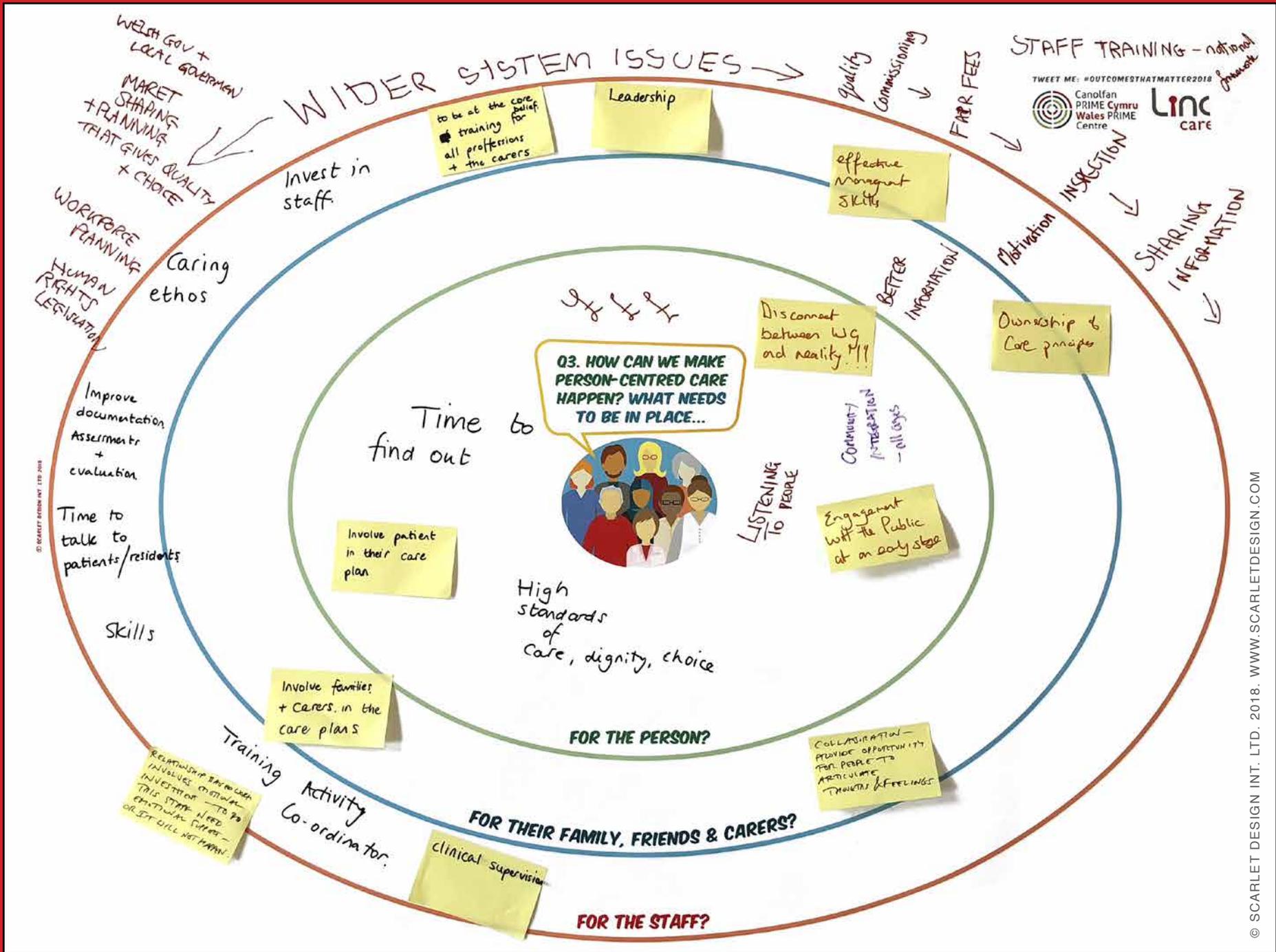
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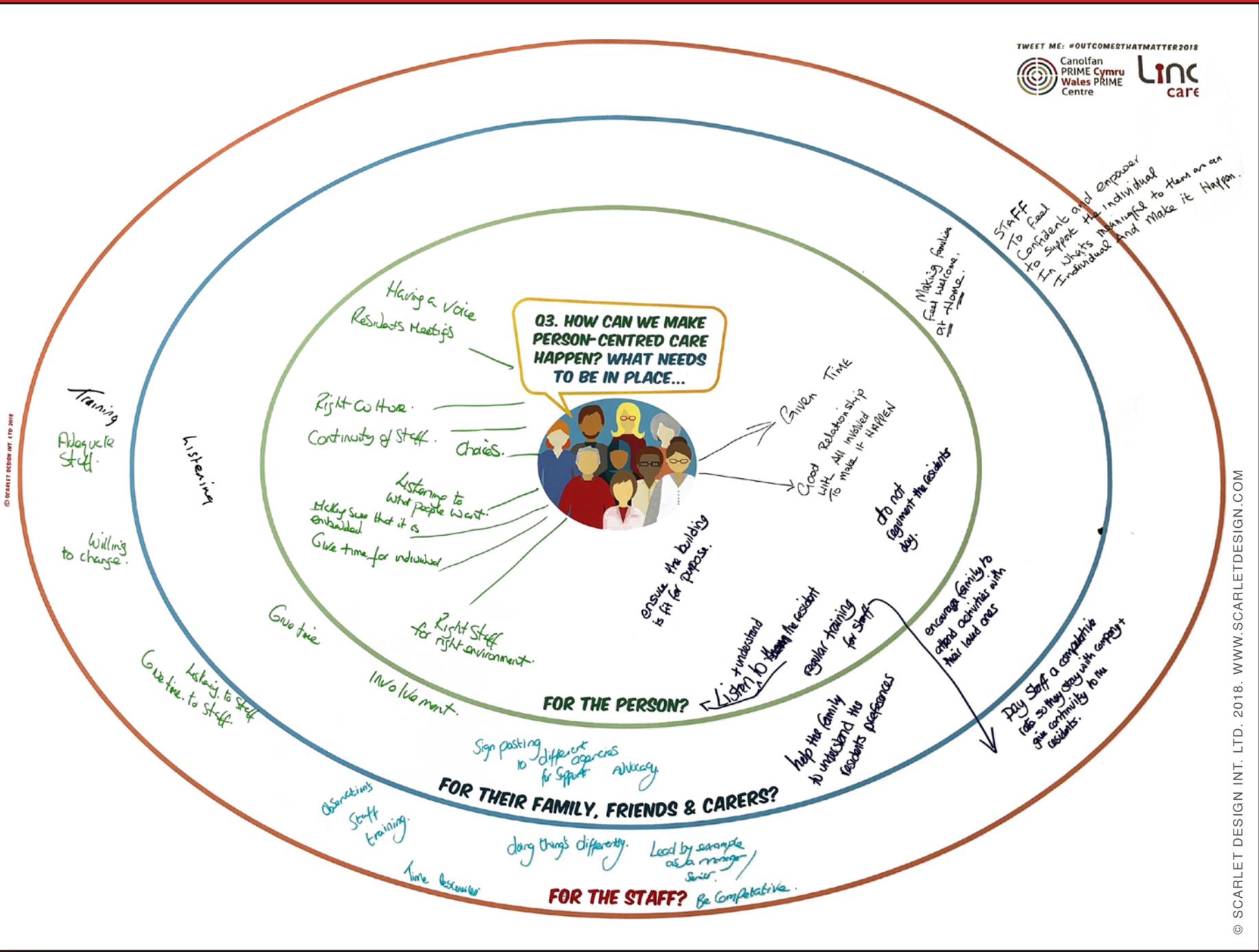
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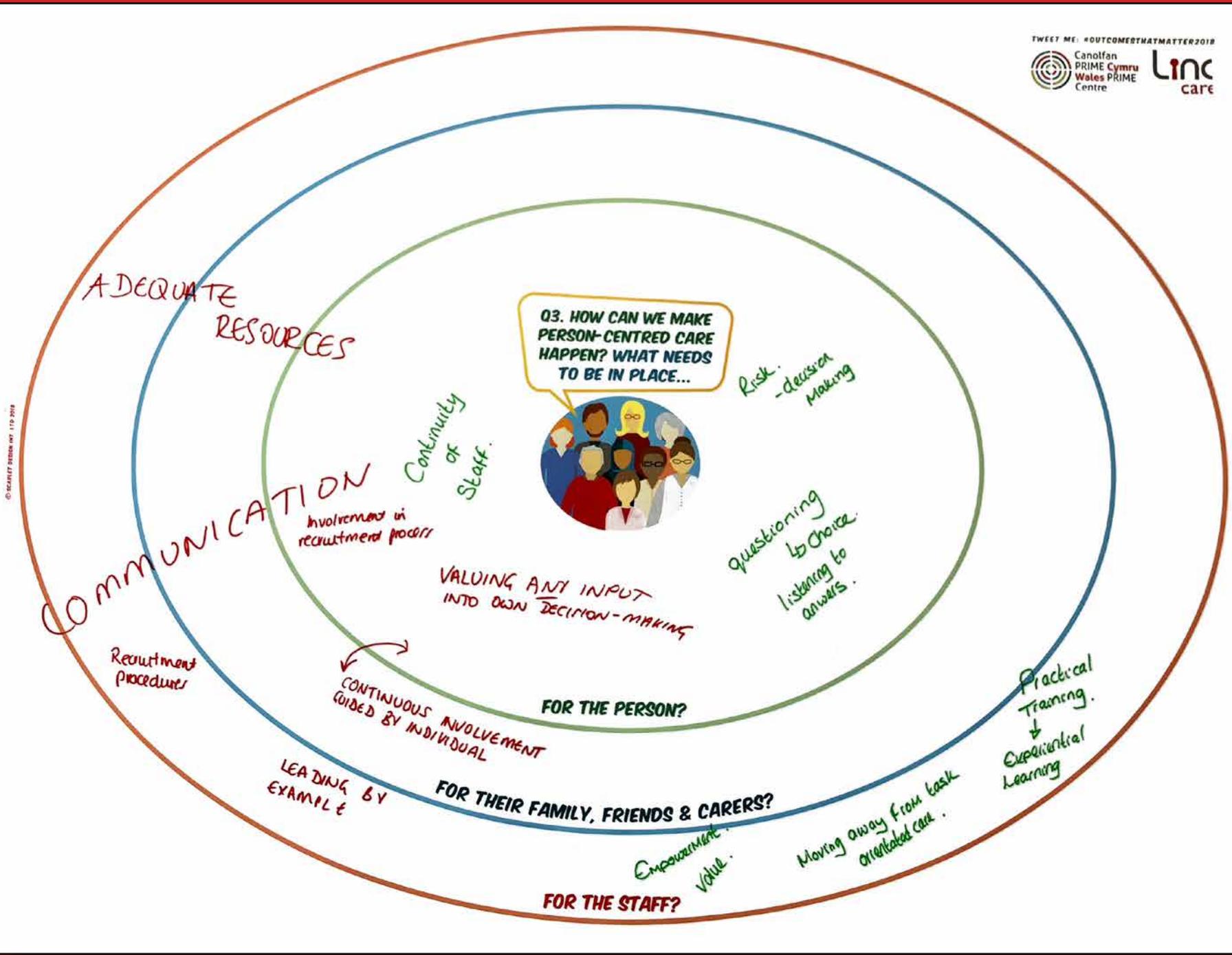
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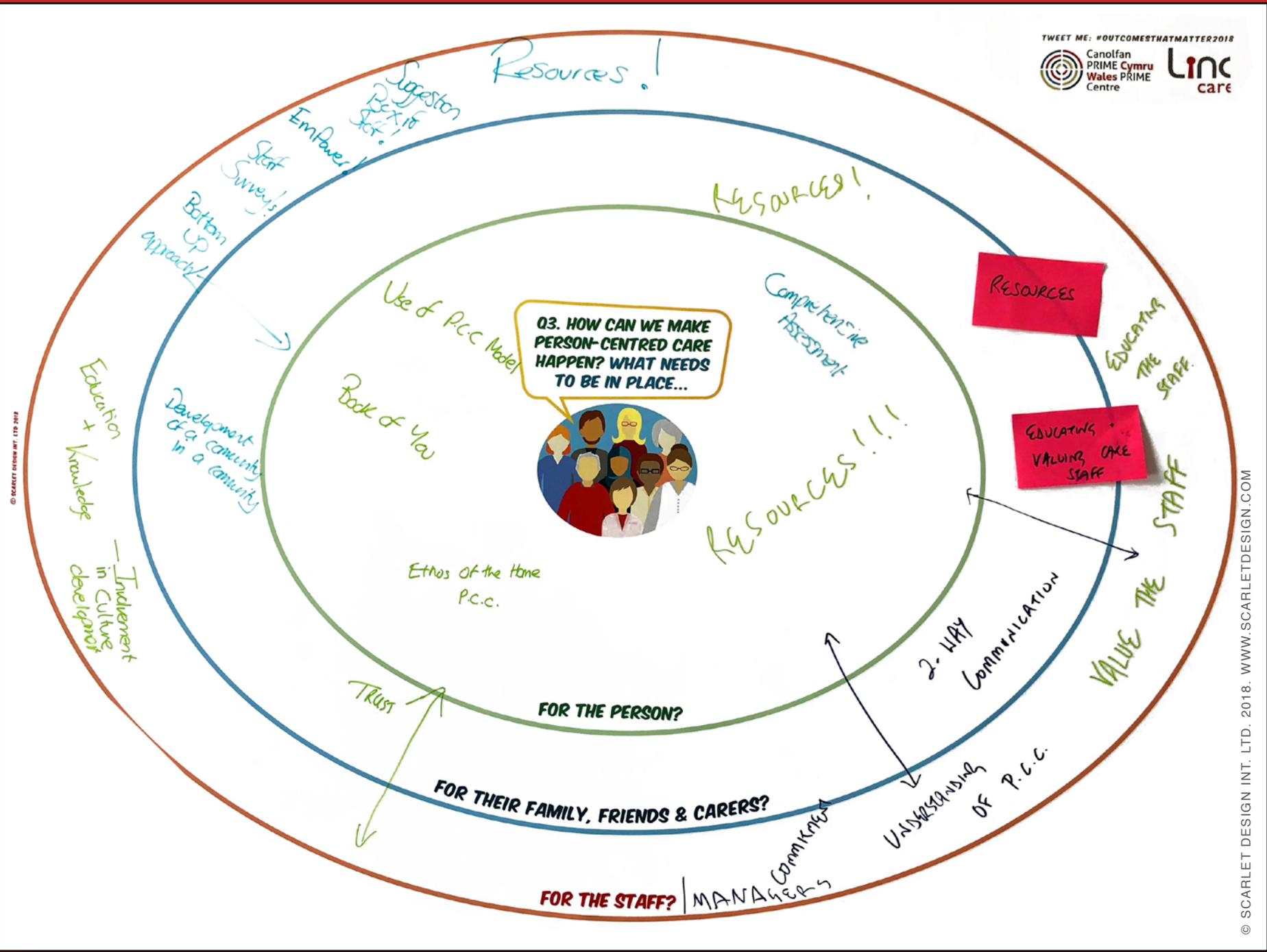
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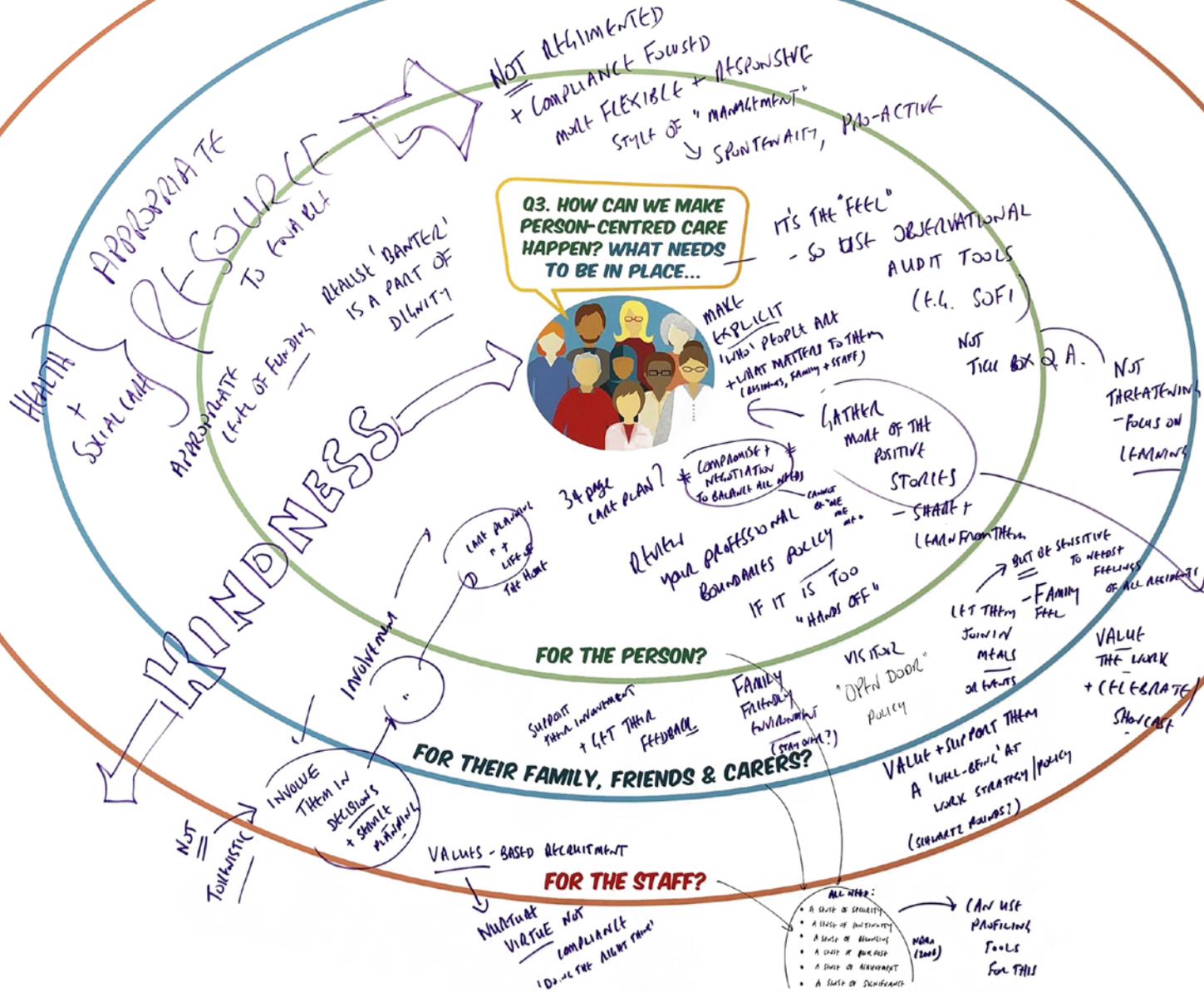


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PERSON-CENTRED CARE IN CARE HOMES - WHAT ARE THE OUTCOMES THAT REALLY MATTER?



Regulations aimed @ wellbeing rather than minimum stds.

Core qualifications & appropriate PCC content in training

Top-Down changes

holistic view of wellbeing not just physical health

resources + Time

Value profession & provide

Q3. HOW CAN WE MAKE PERSON-CENTRED CARE HAPPEN? WHAT NEEDS TO BE IN PLACE...



Ask the resident

A willingness to change

Empower to make decisions when possible

Lead by example.

Develop "This is me"

FOR THE PERSON?

engagement + communication
FOR THEIR FAMILY, FRIENDS & CARERS?

Lead by example; evidence good practice
FOR THE STAFF?

Same priority given to person centred care training as strategy / (Mandatory) ~~for~~ ~~corresponding~~

Involve person in new choices + toiletries choices.

An understanding of the positive impact of person centred care on the well being of the resident; and their families.

encourage a 'purposeful visit in a quiet area'

Regular family meetings about life in the home not just care plan

Share knowledge of the person.

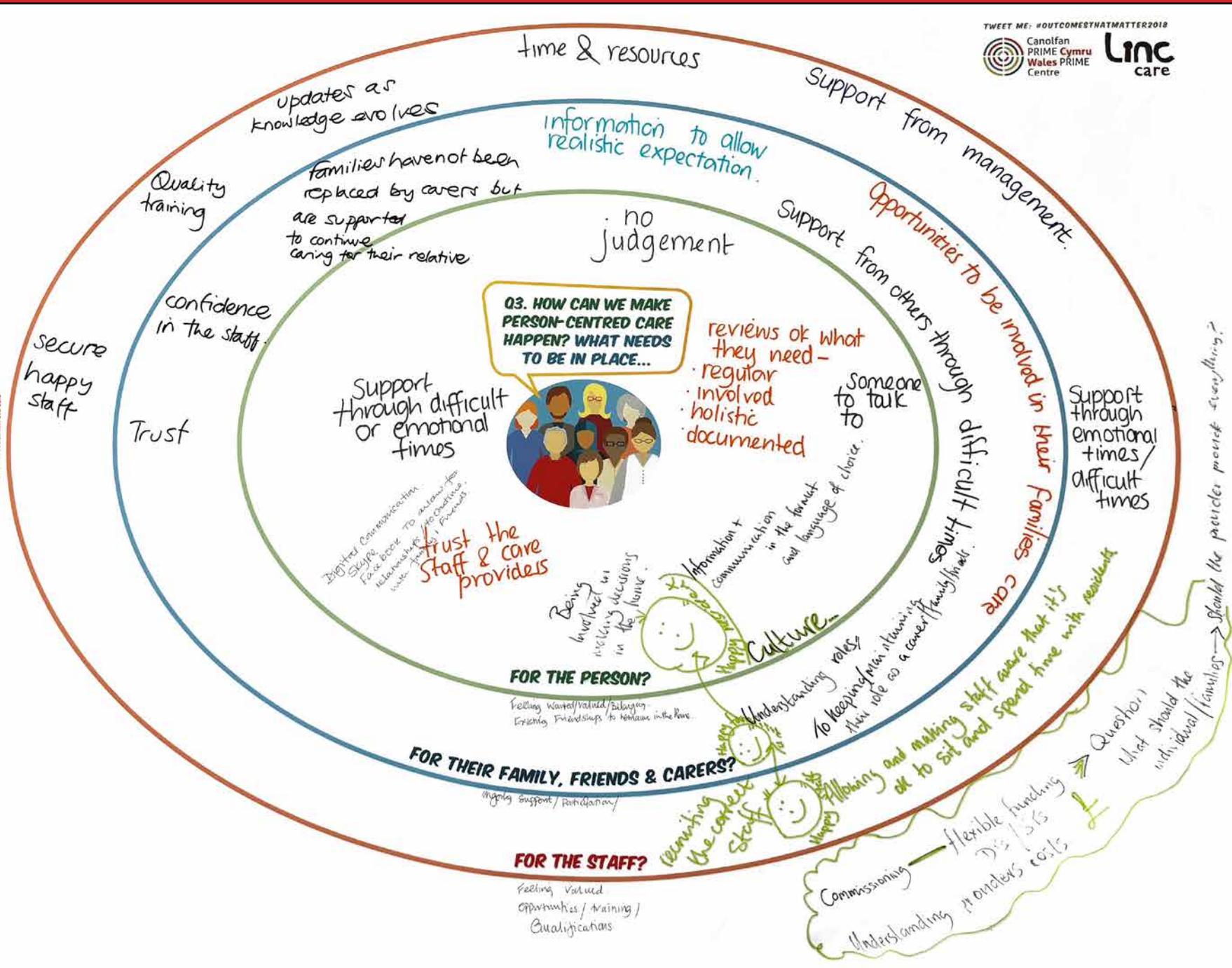
Blended training to support culture

Management Support for change.

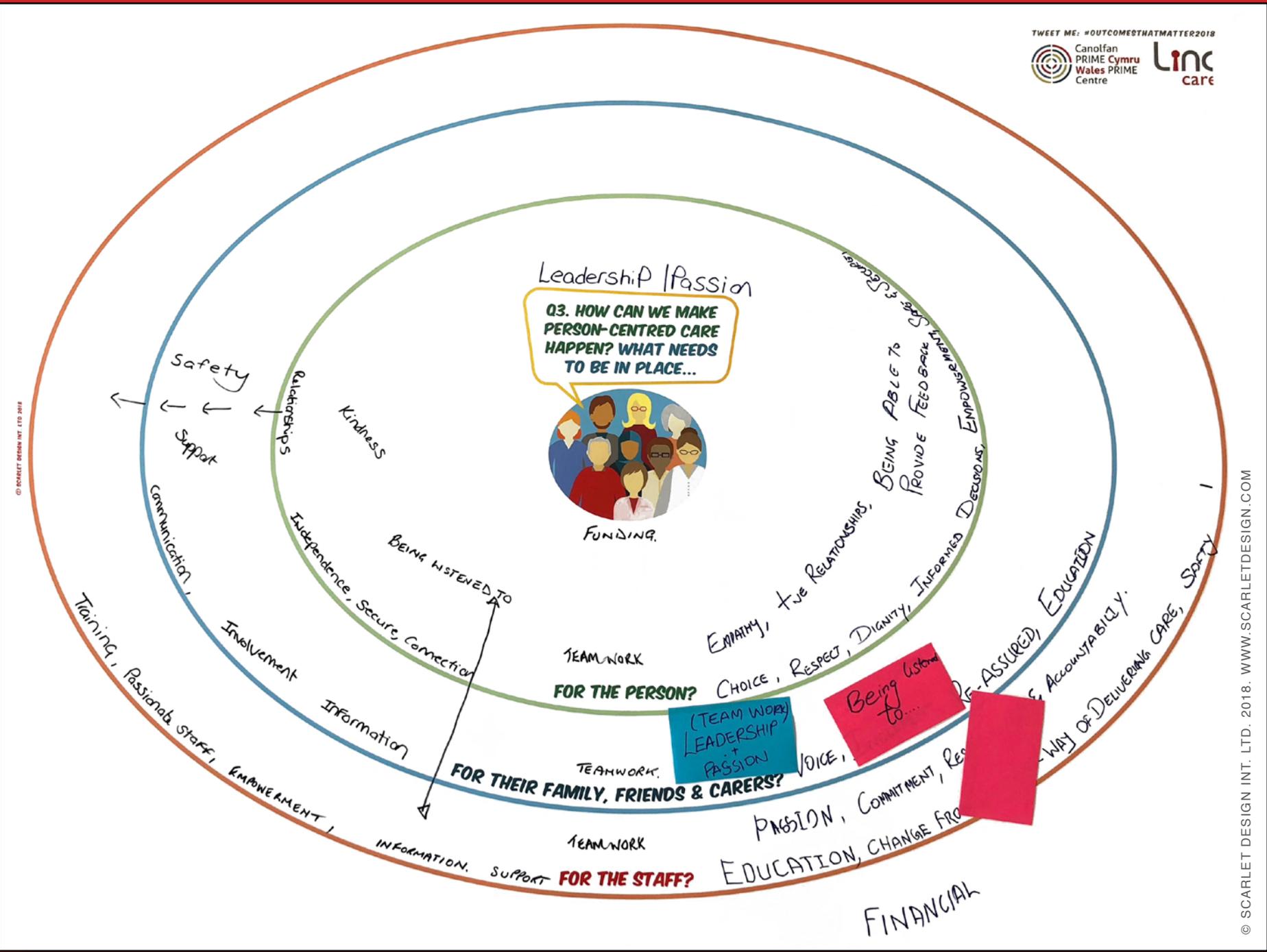
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PERSON-CENTRED CARE IN CARE HOMES - WHAT ARE THE OUTCOMES THAT REALLY MATTER?

TWEET ME: #OUTCOMESTHATMATTER2018

PEOPLE CAN'T ALWAYS EXPRESS WHAT MATTERS TO THEM - HOW CAN WE HELP THEM THEM TO DO THIS?

Q2. HOW DO WE RECOGNISE PERSON-CENTRED CARE? ...AND HOW CAN WE EVIDENCE IT?



HOW DO WE RECORD THIS AND KEEP IT UP-TO-DATE TO ENSURE THEY RECEIVE THE RIGHT CARE AT THE RIGHT TIME?

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PEOPLE CAN'T ALWAYS EXPRESS WHAT MATTERS TO THEM - HOW CAN WE HELP THEM THEM TO DO THIS?

- Body language
- Pictures - facial.
- Ask family members
- Ask previous staff or staff that know.
- include fun encouragement
- Make them feel valued

Belonging

Don't use jargon.

Q2. HOW DO WE RECOGNISE PERSON-CENTRED CARE? ...AND HOW CAN WE EVIDENCE IT?



- Daily Narrative
- Include Family Members
- ask the person
- Social plans. regular updates
- Pictures

Don't use jargon.

Care Plans up to date

Individual to each person to reflect how they want to be cared for.

Observation Not just about paperwork. What do you see? what do feel?

Welsh speaker

Recognising signs of discontent

- Eye contact / Body language.

Interpreter

person mood & outcome measures ie GDS / HADS.

person satisfaction ie. surveys/questionnaire

"This is me" - seeing the person. Visual aids

Atmosphere

Staff satisfaction Sign language

Body language

"Family" feel - feeling of belonging

Contented

Room is related to the individual

Simple calm sentences

Monthly reviews re care plans.

HOW DO WE RECORD THIS AND KEEP IT UP-TO-DATE TO ENSURE THEY RECEIVE THE RIGHT CARE AT THE RIGHT TIME?

Vital communication individual-staff-families documentation.

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ATMOSPHERE OF THE HOME

Forums run for residents + family



Good staff/resident ratio

Staff/Resident ratio will contribute to Personal Care plan + interventions Quality of interactions

Staff know their residents

Identify likes/dislikes etc. as early as possible so can focus on no longer able to express themselves

Activities tailored to residents

Radio tunes in to what residents want

Pictures on board of room

Records of events happen in home

no cups or tea/break left in front of residents

RELATIVES CONFIDENT THAT STAFF ARE END TO THEIR LOVED ONES - evidence brought home.



Q2. HOW DO WE RECOGNISE PERSON-CENTRED CARE? ...AND HOW CAN WE EVIDENCE IT?

WELL-CONSTRUCTED CARE PLAN PERSONALISED AND DAILY RECORD OF IMPLEMENTATION - MANAGED AS NEEDED OR REVIEW

HEARING AIDS IN PLACE WITH WORKING BATTERIES.

ZERO ABRASIONS

RESIDENTS' APPAREL ARE WELL-DRESSED AND PRESENTABLE

TVS WORKING IN ROOMS. STAFF TRAINING RECORDS

MEDICINES ALWAYS GIVEN/ADMINISTERED ACCURATELY AND ON TIME.

Flexibility
Non-institutionalized
Talking to Residents
Maintain Independence
- Shop within home

General atmosphere

HOW DO WE RECORD THIS AND KEEP IT UP-TO-DATE TO ENSURE THEY RECEIVE THE RIGHT CARE AT THE RIGHT TIME?

Happy residents - program & questionnaires
Happy relatives / questionnaires
Happy staff.
Happy residents - dementia friendly eg trips/outings environment stimulating according to each resident
Evidence of used model/Attends Imp Advisor Reputation of carehome
Nursing care: TV/Radio not left on all day.
Turnover of staff + residents
Residents' story "this is the"
Policy driven Standard Practices (SOPs)
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Q2. HOW DO WE RECOGNISE PERSON-CENTRED CARE? ...AND HOW CAN WE EVIDENCE IT?



Program of activities → cross-ref. to journal.

Observations.

Storybook ⇒ memorial

Resident & family feedback but this is difficult. -reluctance to criticise. -difficult question to answer.

Photos.

Meetings with family / residents / staff.

"Atmosphere - nappy, jovial, laughter"

Documentation written in a person centred manner it - I like to...

Personalised Rooms.

Community involvement

HOW DO WE RECORD THIS AND KEEP IT UP-TO-DATE TO ENSURE THEY RECEIVE THE RIGHT CARE AT THE RIGHT TIME?



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PEOPLE CAN'T ALWAYS EXPRESS WHAT MATTERS TO THEM - HOW CAN WE HELP THEM THEM TO DO THIS?

INVOLVE
Advocacy Services

Family Involvement

Communication Approaches:
- pictures
- body language

Finding a way to communicate
- Silver Paper

Care Planning

National Culture Framework
- Audit
- Research

*Community involvement & Activities evident in Plan

Tool
Deming's Get Happy Eden Initiative

Golden Thread
WJ -> Family -> Care Staff
-> Manager -> Prof
-> Residents

Opportunity for Choice, Working together

Q2. HOW DO WE RECOGNISE PERSON-CENTRED CARE? ...AND HOW CAN WE EVIDENCE IT?



Family's access to care roles daily activity

Choice + Control

Staff Satisfaction Surveys!

Family Perspectives:
- Activities
- care delivery

ELEMENTS IDENTIFIED

Carer's Perspective? delivered PCC.

Open Culture not defensive

Know THE INDIVIDUALS

Individual:
-> confirm
- Know what want
- He is responding
- identify

Handover re key updates between staff

behaviour

HOW DO WE RECORD THIS AND KEEP IT UP-TO-DATE TO ENSURE THEY RECEIVE THE RIGHT CARE AT THE RIGHT TIME? X



Canolfan PRIME Cymru
Wales PRIME Centre

Linc care

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TWEET ME: #OUTCOMESTHATMATTER2018

PEOPLE CAN'T ALWAYS EXPRESS WHAT MATTERS TO THEM - HOW CAN WE HELP THEM TO DO THIS?

Life Stories
 family / Friends
 Time
 Patience
 Communication Aids
 Body language & eye contact

Q2. HOW DO WE RECOGNISE PERSON-CENTRED CARE? ...AND HOW CAN WE EVIDENCE IT?



Communication
 Residents / relatives Meetings
 Person's / Staff Happy
 Recodings Photographs Surveys
 laughter
 OPENNESS HONESTY.
 COMMUNICATION AIDS
 CIVIL REPORTS
 COMPLIMENTS / CONCERNS / COMPLAINTS
 VISIBLE STAFF
 RESIDENT / FAMILY STAFF FEEDBACK.
 STAFF SICKNESS
 STAFF TURNOVER
 EVIDENCE BY WRITTEN RECORD IN LANGUAGE WHICH IS EASILY UNDERSTOOD.
 ENVIRONMENT
 THE LANGUAGE USED BY STAFF
 ANNUAL PROFESSIONAL REVIEWS.
 PERSONAL RECOMMENDATIONS

ME - STAFF FAMILY
 • Laughter
 • Environment
 • Everyone aware of my needs
 • Relationships
 • Commitment to meet special needs
 • Activities
 • Participation
 • Involvement
 • Community

PEOPLE CALLING IT A HOME....

OPEN-DOOR POLICY
 NOT ONLY CARE STAFF BUT NON-CARING STAFF AS WELL CARRY THE ETHOS OF PERSON CENTRED CARE...
 CULTURE CHANGE...

Enjoy
 RELAX
 GOOD FEEDBACK

RESIDENTS INVOLVEMENT & Families

* Photographs
 * SURVEYS

COMMUNITY INVOLVEMENT

RECORDING IN HAPPY STAFF
 A Non-Clinical EVERYDAY LANGUAGE
 Happy Residents
 Commenting about Social aspects... rather than clinical

HOW DO WE RECORD THIS AND KEEP IT UP-TO-DATE TO ENSURE THEY RECEIVE THE RIGHT CARE AT THE RIGHT TIME?

HAPPINESS OF BOTH STAFF & RESIDENTS RECEIVING CARE



Photographs, Surveys, being able to raise a concern & have feedback.

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PEOPLE CAN'T ALWAYS EXPRESS WHAT MATTERS TO THEM - HOW CAN WE HELP THEM THEM TO DO THIS?

relatives
advocates
friends

familiar music

Appetite

enjoying food.

- weight monitoring -

story books -



Q2. HOW DO WE RECOGNISE PERSON-CENTRED CARE? ...AND HOW CAN WE EVIDENCE IT?

Staff knowing things about the residents likes/dislikes family etc.

Tools - i.e. Dementia Care Mapping (Bradford University)

compiling reports for feedback

Paperwork

outcomes review? are they being met?

Daily Logs
Personalised Diaries?

residents being involved

Evidence preferences for the individual in "What matters To me" (or similar) - Care plan

involve histo

observation

General Atmosphere

residents smiling, laughing, showing positive behaviour, singing 😊

the way staff talk/act/interact

Observation -
Tools i.e. DCM
Atmosphere Staff
Behaviour of Residents
Daily Logs -
Reviews - WMM

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Positive Relationships
Good Conversations

Opportunity for the person to speak to people independent - Disability Can Do.

Resident's Choice
Resident's Preference
Resident's Health
Resident's Interests
Resident's Skills
Resident's Values
Resident's Views
Resident's Wishes
Resident's Needs
Resident's Goals
Resident's Hopes
Resident's Dreams
Resident's Aspirations
Resident's Ambitions
Resident's Passions
Resident's Talents
Resident's Strengths
Resident's Weaknesses
Resident's Challenges
Resident's Opportunities
Resident's Risks
Resident's Rewards
Resident's Benefits
Resident's Costs
Resident's Expenses
Resident's Income
Resident's Assets
Resident's Liabilities
Resident's Net Worth
Resident's Financial Situation
Resident's Financial Goals
Resident's Financial Needs
Resident's Financial Wishes
Resident's Financial Hopes
Resident's Financial Dreams
Resident's Financial Aspirations
Resident's Financial Ambitions
Resident's Financial Passions
Resident's Financial Talents
Resident's Financial Strengths
Resident's Financial Weaknesses
Resident's Financial Challenges
Resident's Financial Opportunities
Resident's Financial Risks
Resident's Financial Rewards
Resident's Financial Benefits
Resident's Financial Costs
Resident's Financial Expenses
Resident's Financial Income
Resident's Financial Assets
Resident's Financial Liabilities
Resident's Financial Net Worth

Regular Participation
Skills (e.g.)

Q2. HOW DO WE RECOGNISE PERSON-CENTRED CARE? ...AND HOW CAN WE EVIDENCE IT?



Care staff have Good insight into the person

Individualised Care Plans.

Resident Meetings
Resident Meetings for feedback + input for changes.

Listening to residents feelings, concerns + any positive/negative feedback.

observations

Monthly Review.

Person is more accepting of the support if it's done the way they want

Outcome - Happy individual

Reviews

Verbal diary
obb's
Residents Meeting

(Verbal) handover
Rebate writing
Communication Book
(Documentation)

Assessment



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PEOPLE CAN'T ALWAYS EXPRESS WHAT MATTERS TO THEM - HOW CAN WE HELP THEM THEM TO DO THIS?

make it a systematic approach to all care + actions

Wellbeing

language + communication style. Revisit choices + preferences

Qualitative research - alternative methods
 (writing, drawing, photos, audio, video, etc.)
 Put as much emphasis on the resident's voice as the professional's
 Put as much emphasis on the resident's voice as the professional's

Better recall (writing, drawing, photos, audio, video, etc.)
 Celebrate the positive impact
 (e.g. mobile systems e.g. WhatsApp)

Q2. HOW DO WE RECOGNISE PERSON-CENTRED CARE? ...AND HOW CAN WE EVIDENCE IT?



Photo's + video (with consent) stories

Menus co-created with residents to give choice when people want. Influence what people want on the menu.

Quality of interactions

5

Some people don't evidence it because it's normal.

Best form of communicating with each person.

Quality of life indicators (LW) based.

Discussing choices about all aspects of their life in their home

Individualised Care - Plans + Prioritising



Photographs
 reviews + participatory who arrive
 Activities Coordinator

HOW DO WE RECORD THIS AND KEEP IT UP-TO-DATE TO ENSURE THEY RECEIVE THE RIGHT CARE AT THE RIGHT TIME?

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PERSON-CENTRED CARE IN CARE HOMES - WHAT ARE THE OUTCOMES THAT REALLY MATTER?

TWEET ME: #OUTCOMESTHATMATTER2018

PEOPLE CAN'T ALWAYS EXPRESS WHAT MATTERS TO THEM - HOW CAN WE HELP THEM THEM TO DO THIS?

enable not help!

02. HOW DO WE RECOGNISE PERSON-CENTRED CARE? ...AND HOW CAN WE EVIDENCE IT?



MUST START WITH A BIOGRAPHY (WHO THE PERSON IS:)

PEOPLE NEED TO FEEL SAFE TO SHARE THIS

CAN YOU QUANTIFY relationships and person centred care - NOT IN TICE BOXES

photographic evidence

STORIES

case studies / 'magic moments'

measuring quality is elusive

creative activity + outputs

clear focus on "what matters" in the morning + practice

NOT A OPINION OF TASK BASED CARE

NOT ALWAYS ABOUT CHANGE

need to capture a journey

could be about starting the same + (un)resolvable outcomes

like all change + should take in mind

HOW DO WE RECORD THIS AND KEEP IT UP-TO-DATE TO ENSURE THEY RECEIVE THE RIGHT CARE AT THE RIGHT TIME?

and linked to what they do

(care plan as it feeds) what they do

+ ALSO THE WAY THAT SUPPORT IS PROVIDED (PROCESS OUT COMES)

Eg. she made me feel good about myself



PERSON-CENTRED CARE PRINCIPLES

Impediments

Having to consent by building a relationship

Understanding and negotiating risk together

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

Toward up holding good values to deliver person-centred care

Everyone Matters - communicating equally with residents, family, staff

Acting upon advanced care plan / resident choices

Planetary Environment - Start from the resident perspective

INVOLVE THE PERSON IN EVERY ASPECT OF THE MANT. Do WITH NOT Do TO!

Equity between Risk management vs PCC

STAFF TEAM WITH THE BEST VALUES, PRESENT + TRAINING -

You need a supportive system (structure) / management / leadership / resources / time / allowed / to do what you do best at

good communication with individuals + their families to ensure they have the best care they can be given + they deserve.

ADVANCED CARE PLANNING
- GREAT SPACE + ALLOWED TIME FOR PCC
- MUST SEE THE RESIDENTS - social skills input
- Record / include family

Person-centred care / understanding a philosophy / to deliver care / to be person-centred / to be person-centred / to be person-centred

Resident individuals are at the heart of every stage of their journey through the care home experience.

transparency
honesty
open
accepting risk

respect

EVALUATE PATIENT AND WE NEED TO FOCUS ON HOW THEY ARE (HEALTH, FAMILY, CARE)

Don't send me to hospital to die

ENVIRONMENT
- Dementia friendly
- Accessibility (to other community as well)
- Homely
- Personalised
- Quality of care

Get to know the residents needs as the first priority to be able to care for them

focused SPA time

Everyone knowing the individual, from social workers, nursing, individual family, provider

My Life / My Choices

Know the relevant document in care plan + act upon the information

Adequate levels of competent staff

A home with shared values ETHOS + Culture

Advanced care planning

Building relationships is an essential and iterative building social picture

Act upon information

PERSON-CENTRED CARE IN CARE HOMES - WHAT ARE THE OUTCOMES THAT REALLY MATTER?

How do we recognise person centred care?

Evidence through
reflecting photos

Explaining
interventions as
evidence e.g.
photos, videos

Evidence with...
Records
Photographs
Videos of events
Surveys, Postcards

Photos

Evidence that is clear
rather than documentation

Documentation - standard,
individual care plans, report
writing, verbal, communications
regular resident/staff
meetings, monthly reviews.

Don't
use
jargon.

Documentation
on Care Plan

Paperwork -
care plans
reviews
What matters to Me
Daily logs

Culture
How it feels to work
the way

STAFF RATIO and
INTERACTION

Opportunity for
choice, Working
together.

Smile on
Someone's
FACE

Happiness & Well-
being of both
Residents & Care
Staff

Observation - interaction
with residents, families,
Staff & management. Joint
approach - all working in
the same way & have the
same goals/values

Observation :-
Tools i.e DCM
General Atmosphere
Staff behaviours
Residents behaviours

Linking the history
from the individual out
to the family, staff & system

Golden Thread
Ind -> family -> Care
Plan
-> Manager -> Prof
-> Inspection

Care plan
Knowing
Person Treatment

Personalisation of
individualised care
plans & matching
staff to delivery

PC is not always about
choices - all of those
choices are made and
the way that is provided
through services, profession
forward to find ways
to - systematic way
Resident's responses to
choices, what matters to them

Being listened
to...

Leadership
Passion
&
Team work

Activities are done
together

Programme of
activities

How much
person
based
personalised
in care home

Stories are the
BEST FORM OF EVIDENCE
to capture PC
the way that we work

"Belonging"

WELL CONSTRUCTED
BUT PERSONALISED
CARE PLAN

ALL CARE HOMES ARE
A DANGEROUS THING!
BUT WE CAN DO BETTER
BETTER AND BETTER