Improving Quality of Life in Nursing & Residential Homes

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The need to act now!

- Demographics – an ageing population.
- Changes in family size and structure, immigration, divorce, role of women in society.
- ‘Transforming Your Care’- residents with increasingly complex needs
- Chronic illness and dementia – By 2017, 23,000 people in N.I will have dementia (DHSSPSNI, 2011)… 80% of care home residents will have dementia or memory difficulty (Alzheimer’s UK, 2013).

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- Training in some homes meets mandatory requirements only.
- Work poorly remunerated, physically and emotionally challenging, low morale, staff turnover is high.
- Move to a care home result of necessity rather than choice.
- A time of conflicting emotion for older people and their families.
- Need to improve leadership and care provision in this sector.

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The Goal

To improve quality of life in nursing and residential homes in Northern Ireland

My Home Life

- My Home Life (MHL) aims to delivers positive change in care homes for older people.
- Aimed at improving quality of life for people living, dying, visiting and working in care homes.
- Originated in England in 2006 by the National Care Forum and Help the Aged in collaboration with City University…..Wales 2008, Scotland 2012.
- Achieved by supporting managers to develop their leadership skills through a programme of action learning.

MHL evidence base for quality of life in care homes centred around eight themes

- Maintaining identity
- Sharing decision-making
- Creating community
- Managing transitions
- Improving health and healthcare
- Supporting good end of life
- Keeping workforce fit for purpose
- Promoting a positive culture

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Theoretical Underpinnings

- Senses framework
- Relationship Centred care
- Appreciative enquiry

The Senses Framework

- The Senses Framework

(Nolan 1997, Davies 1999, Nolan et al 2001, 2003, 2006, Brown 2006)

Early clinical concerns about relationships between family (informal) and professional carers

Security	- to feel safe physically, psychologically, existentially
Belonging	- to feel part of a valued group, to maintain or form important relationships
Continuity	- to be able to make links between the past, present and future
Purpose	- to enjoy meaningful activity, to have valued goals
Achievement	- to reach valued goals to satisfaction of self and/or others
Significance	- to feel that you 'matter' and are accorded value and status

Relationship-centred care

Tresolini and the Pew-Fetzer Task Force 1994

- Major review of the bases for health care systems and the way that practitioners operate and are trained

- Relationship-centred care

‘The phrase ‘relationship-centred care’ captures the importance of the interactions among people as the foundation of any therapeutic or teaching activity. Although relationships are a prerequisite to effective care and teaching, there has been little formal acknowledgement of their importance, and few formal efforts to help students and practitioners learn to develop effective relationships in health care’

(Tresolini and the Pew-Fetzer Task Force 1994)

Appreciative Inquiry

- First developed by David Cooperrider in the 1980s and is increasingly being used to develop practice in health and social care.

- **Discover**
  people work together to discover what is currently working well in the organisation/unit (this may relate to what is working well generally or to a specific topic, such as caring conversations).
- **Envision**
  people learn what is working well and use this to help them to consider what practices they would like to see more of in the future.
- **Co-create**
  people work together to plan how they could work towards achieving aspirations set out in the envision phase.
- **Embed**
  people implement developments and consider what would need to happen to make this new way of working routine practice.

My Home Life NI

Implemented in NI with a new approach

- Leadership support programme strand
- Practice development strand ***new***

Leadership Support Strand

- 4 day workshop
- followed by a cycle of 8 monthly action learning sessions.
- delivered by trained MHL facilitators.
- Each LSP cohort comprises of sixteen participants who meet as a group for the 4-day workshops and who subsequently work in two smaller groups (n=8) for the action learning component of the programme (MHL 2015)

Action Learning

- Individuals learn best when they learn with and from each other by working on real problems and reflecting on their own experiences

Practice development

- In addition to ALS participant's also formed 4 subgroups
- Each subgroup focused on one theme
- Reviewed current research
- Developed initiatives around the theme to improve practice

Examples of PD Initiatives

- This is Me – Now
- A day in the life
- Decision trees
- FaN’s & youth Volunteers

Evaluation

- Qualitative study
- Focus groups

The initial focus groups

3 Main Themes

- Developing an insight
- Transitions for relatives
- Aspirations for staff

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Developing an insight

We need time to look outside the box', 'away from the distractions, demands and challenges

'This is a more collaborative approach that I would never of done before'

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Transitions for Relatives

I am so much more conscious now of relatives feelings

‘I need to speak to these people [relatives], you know with them not at them.”

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Aspirations for Staff

'*I am now giving them the power to lead things and change things'* to develop better relationships with residents. '*I find myself becoming more aware of how staff are relating to residents'*

The biggest thing for me so far is relationship centred care' 'it was like a light bulb moment for me, I thought yes, this is what we are doing and need to be doing'.

(Manager 1, focus group 1a)

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Aspirations for staff

Recognition of terminology used in care homes

- Feeders
- Doubles
- Wanderers

Its *'a lack of understanding [among their staff] that needs to change'*

(Manager 6 focus group 1a)

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At the end of the project

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Themes

- Leaders not managers
- Developing Staff
- Developing Relationships with Relatives
- Practice Development

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Leaders not Managers

I allowed myself to develop relationships more with the staff' (Manager 4 focus group 2a)

'It's nice to feel a bit more secure in yourself'

(Manager 3 focus group 2a)

'*my staff would say I involve them more' I am more open to suggestions' I allow them more time to have that lightbulb moment'* (Manager 10 focus group 2a)

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Developing Staff

they are advocating for our residents now',

'they question me now because they know they can',

'they are taking ownership'

'outcomes are changing'

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Relationships with Relatives

'It really is the little things that are making a difference, we've found a way to make those things happen, and count'

(Manager 12 focus group 2a)

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Practice Development

The subgroups enabled us to

‘*produce significant changes’* (Manager 14 focus group 2a)

it helps build a better relationship with residents’
(Manager 2 focus group 2b)

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Conclusion

A successful initiative with potential to support care home managers to improve and develop care

Next steps

- 2nd Cohort due to start in January 2016
- Explore additional funding avenues for future cohorts

Thank You.

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