

Models of change for care homes

Introduction

This publication draws on the findings of a study carried out by Skills for Care for Thomas Pocklington Trust. It aims to stimulate discussion about how care homes may support people with sight loss and suggest areas for further research and development. The study used a rapid evidence assessment (REA) and qualitative work with five care homes to identify:

- published models of change and their impact on the quality of care homes
- key characteristics for successful change in care homes
- changes in practice that may facilitate new ways of working in care homes which could enhance the lives of residents with sight loss.

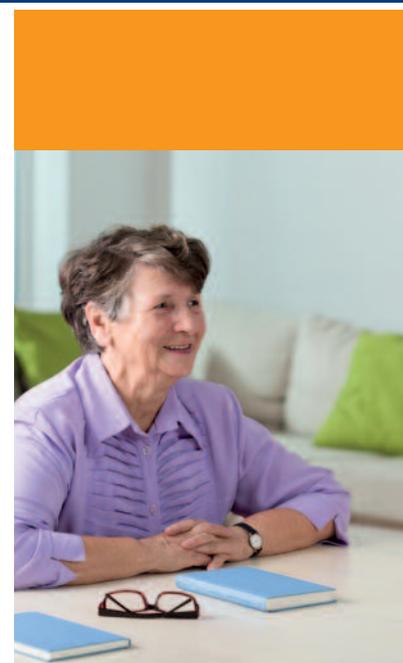
The study emphasised the lack of a firm research evidence base in this area and highlighted points for discussion.

Background

The need for change

RNIB suggests that one in two people living in the 18,000 care homes in the UK has a degree of sight loss that affects their daily life (around 200,000 people). Staff in care homes may not appreciate the impact of sight loss on residents' wellbeing or how it can affect daily life and there is no mandatory requirement for knowledge or skills related to sight loss to be demonstrated among staff. Residents and their families too often believe that sight loss is an inevitable part of the ageing process and therefore may fail to find out about or respond to sight loss.

When neither staff nor residents realise the importance of regular eye examinations or know what can be done to make the most of residents' sight, it becomes clear why there is a need for change in care home practices.



Current perceptions of care homes

Care homes have sometimes been perceived as task focused, inflexible, lacking a sense of purpose and institutionalised. The current focus on person-centred care challenges such approaches and means that care homes are under increasing pressure to demonstrate good services. Older people have identified freedom of movement, ability to continue with individual routines, a positive environment and a sense of belonging to a community as important features of care. This quality improvement agenda, and changes to regulation and registration, encourage improvements in care homes.

Person-centred care, which was already being adopted by most care homes involved in the consultation, focuses on relationships, quality of care, flexibility and engagement.

Making the shift

While policy and public demands are encouraging change, there is a lack of evidence of how effective change is achieved in care homes and even less information available on the impacts of change. The study found no theoretical discussion of models of change in care homes. Instead, it found discussion and guidance on practical aspects of change, such as tools to facilitate or manage change.

Research method

The study undertook a Rapid Evidence Assessment (REA) which involved a systematic search of relevant databases and websites, including detailed searches to locate published and unpublished (grey) reports.

To supplement the REA, primary research was undertaken with stakeholders and care home providers to identify and explore effective models of change. This enabled the inclusion of the views and experiences of care home staff and managers who had experienced the change process. From a shortlist of twenty care homes, five were selected for this primary research on the basis of the approach to change, care delivery, and organisation size.

Some examples of models of change in care homes

The REA identified seven models which care homes could adopt to change culture and service delivery which were:

- **The 'Butterfly Service'** is specifically aimed at homes working with people with dementia and focuses on review, leadership and workforce development to break down barriers between staff and

residents. Feelings are placed at the forefront and organisations are encouraged to remove barriers which promote a 'them and us' environment, e.g. uniforms, 'staff only' signs.

- **The 'Eden Alternative'** aims to reduce loneliness, boredom and helplessness through shared decisions and meaningful activities.
- **'Social pedagogy'** promotes an holistic approach, where residents' beliefs and ideas are valued.
- **'My Home Life'** is a UK evidence-based model of care which defines eight themes to shape care delivery that encourage relationship-focused care.
- **'Dignity in care'** is a major policy theme focused on encouraging a cultural shift to person-centred care.
- **The 'Devon Kitemark'** is an evidence-based framework designed to drive up quality in dementia care. It has been developed by local providers to support each other's care environments.
- **'360 Standard Framework'** promotes relationship-activated care to improve quality through the involvement of residents, families and staff in decisions about their health, care and support.

Each of these models is predominantly linked to the prevailing policy drive towards person-centred care, along with choice, flexibility and quality improvements.

Seven characteristics for change in care homes

A number of key threads emerged from the study that can be described as important characteristics that support change. They include:

- Person-centred and relationship-based care
- A positive organisational culture of care
- Well-trained staff
- Participation from staff and residents
- Strong leadership and supportive management
- A positive physical environment where residents feel 'at home'
- Meaningful activities and positive engagement.

Consultations with staff and managers in the five care homes highlighted, in particular, the need for strong leadership and participation from staff and residents.



The impact of change

While the evidence of the impact of change, either positive or negative, was limited, some formal evaluations indicated positive outcomes for residents' physical and mental health, as well as improvements in staff satisfaction (indicated by a reduction in staff turnover).

The study as a whole identified the benefits of change to more appropriate services, as set out below:

Benefits identified for residents included:

- Flexibility
- Greater choice
- A more creative and stimulating environment
- A sense of purpose
- Something to look forward to in their day
- Scope for approaches focused on the individual

Benefits identified for staff included:

- Job satisfaction
- Autonomy
- Increased career and development opportunities
- A more positive working environment
- Increased confidence
- Improved staff morale

Benefits identified for employers included:

- More confident workforce
- A greatly improved local reputation

Benefits identified for families included:

- A greater degree of trust and confidence in the care being delivered, which allowed family members to concentrate on other aspects of their lives.

“One of the biggest changes was to encourage staff to walk and accompany people, [for residents to] get out and about and feel better for being out in the garden. Do things with people and be flexible It's a lot more relaxed.”

(Staff participant)

Discussion points for care home owners and managers

- **How can care homes be encouraged to adopt the seven characteristics for change?**

Evidence from the REA reinforced the importance of the seven characteristics for change. Where care homes had adopted them, there were strong indicators of success in achieving person-centred care and good outcomes for residents.

These characteristics form a model of future care highlighted by some authors, such as Musselbrook, as being a way to fully achieving the personalisation agenda. Future services should be person-centred, flexible, outcome-focused, strengths and assets-based, and should facilitate individual decision-making and responsibility. This model was, to a large extent, demonstrated by the five care homes consulted in the primary research.

- **How can care homes best consider the implications of new regulations, policy and commissioning processes within a local context?**

There is every indication that the drive to deliver person-centred care will continue and that failure to review existing practice in line with that is likely to impact on the quality of care provided within care homes.

- **How can care home owners ensure that managers and leaders are supported, developed and committed to change, and that resources are available to make change happen?**

Strong leadership was a consistent theme throughout the research. Without this, the process of change faces more challenges and may not be driven through or sustained. This was a clear message from the primary research, where the need for a champion at the top of the organisation, someone with a clear vision reflecting local market needs was highlighted.

- **How can care homes be encouraged, when considering change, to use existing resources to audit their environment, taking on board views of staff, residents and families?**

There was evidence from the REA and the primary research that improvement in the physical environment is a practical move toward change that can positively affect care homes. This is an area where changes can be made immediately, or in the future, to encourage a 'homely' atmosphere and facilitate person-centred attention to detail.

"Perhaps, most significantly, this [person-centred care] involves doing things 'with people' rather than 'to them'"

(Musselbrook 2013)

- **How can care homes ensure high levels of communication and engagement with stakeholders in order to support success and sustain change?**

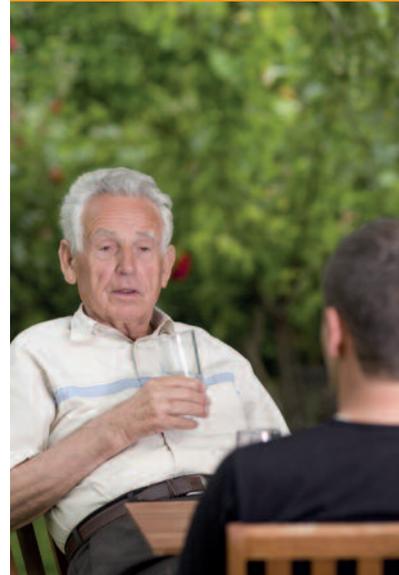
The importance of involving stakeholders (including staff, residents and family members) when introducing and sustaining change was evident. In particular the primary research illustrated the need to involve staff through effective communication, joint working to identify and understand the need for change and teamwork to introduce and maintain change. While the literature focuses mostly on processes rather than impact, there was some evidence that when staff are involved they feel more supported and valued. This has potential benefits for staff satisfaction and staff recruitment and retention.

- **How can current models of care that support people with sight loss be extended?**

There is a need for care homes to reflect and review on the changes they have introduced and to share both positive and negative learning points.

Further areas for research and development

- Although there is literature available on general change management, there is little published work on approaches to change within the care home sector and the impact of change on quality of care.
- Organisational and cultural change are increasingly being seen as a way to bring about improvements in care homes and the Care Quality Commission (CQC) has included culture of care within its inspection agenda. There is an opportunity for stakeholders, such as CQC and Skills for Care, to develop and promote resources that could support care homes in embracing organisational change to improve practice and quality of care to achieve excellence.
- Although the literature around undetected sight loss in care homes has highlighted its impact on quality of life for residents (Watson and Bamford 2012), there is currently no available evidence on the extent to which person-centred planning incorporates this within a care home setting or the action taken as a result.
- More evidence of the impact of person-centred care across all aspects of care homes is needed, together with research that examines cost:benefit implications of change which might support care home owners and managers to make changes.



References

Musselbrook, K. (2013). Imagining the future: Workforce (Vol. December). Glasgow: IRISS. National Development Team for Inclusion (2009). Finding out what determines 'a good life' for older people in care homes. York: Joseph Rowntree Foundation.

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Published by Thomas Pocklington Trust
Registered Charity No. 1113729
Company Registered No. 5359336

ISBN 978-1-906464-74-5



www.pocklington-trust.org.uk