

My home life

Promoting quality of life in care homes for older people

Issue #8

FOR THE
STAFF
ROOM!

In this issue

Personalisation in care homes

Voice, choice and control



This is *My home life*

My Home Life is a UK-wide initiative aimed at promoting quality of life for those living, dying, visiting and working in care homes for older people, through relationship-centred care and evidence-based practice.

There are eight evidence-based themes for **My Home Life**

1. Maintaining identity
2. Sharing decision-making
3. Creating community
4. Managing transitions
5. Improving health and healthcare
6. Supporting good end-of-life
7. Promoting a positive culture
8. Keeping workforce fit for purpose

The first three themes are focused on how you approach and **personalise** care. The next three themes are concerned with how you help **navigate** residents and relatives through the journey of care. The last two themes are aimed at managers to help them support their staff, put the other six themes into practice and thus **transform** care.

This guide is being distributed to 18,000 care homes on behalf of **My Home Life** through Care Management Matters.

Latest NEWS

My Home Life Essex moves forwards...

Last week, almost 200 managers from all over Essex came together to share best practice in a conference supported by Essex County Council.



A number of new My Home Life resources were unveiled at the event, including the My Home Life fairy tale and an extensive new online resource for Essex. Visit www.myhomelifeessex.org.uk to watch some highlights of the event, see the results of the manager's brain storming, and view some of the new **My Home Life** films.

A word from Age UK

“What struck me most as I facilitated a table of nine care home managers and activity coordinators, was the buzz and dynamism! Everyone seemed to be ignited by the exchange of ideas and views that were zinging around. There was certainly no shortage of passion for their work, and ideas on how they might improve the quality of life for their residents.

As short films were shown from the new **My Home Life** Essex website, the whole room was audibly moved in empathy with the residents who took part. The whole day resonated with warmth, and a determination to change things around so that care homes get the better press they deserve in the future.”

Dorothy Seymour

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‘Personalisation’ in

At My Home Life, we hear some amazing stories about the extra of life for your residents. Here are just a couple of inspiring stories



Starting a new chapter

Jean came into the care home as an emergency measure because her husband and carer, Alan, was not coping. He had mild, but increasing dementia. They were a charming, intelligent couple who found it



hard to be apart, so when a room was found for them both, they were delighted.

Alan, however, missed his book collection so staff decided to accommodate it in the home. But it soon transpired that his collection was actually 50ft of bookcases! After a great deal of compromise on both sides. Alan installed half his books in one of the lounges. He has since catalogued his collection, which is now a library for all to enjoy.

Food for thought

John was 83 and suffering from Parkinson's disease. Due to swallowing difficulties, he was fitted with a PEG feeding tube, but this affected his quality of life dramatically.

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raordinary efforts that you are making to promote quality
es:

Upset that his basic human right to eat had been taken away, John despaired that he could not even have the simplest of things, like a cup of tea in the morning. Plus, he felt excluded socially because he was the only resident who could not eat.

On his birthday John requested a cake so that 'everyone else could have a piece'. At Christmas, he had to endure the waft of roast potatoes and turkey. Staff felt so bad, they requested his referral back to the Consultant for Parkinson's disease who agreed he could try a small amount of pureed food if he was carefully monitored.

The cook made him a meal and John tasted food for the first time in over a year. Gradually, staff experimented with his food to see what he could eat safely. Each mealtime a carer sat with him in case he got into difficulties.

Through the support of staff, John was delighted that he could not only eat, but at last travel freely around the home and garden without the PEG feed.

What's cooking?

At Elizabeth Court in Caterham, the main meal of the day has been changed to 5pm in response to residents' requests. Residents are now supported to make their own sandwiches at lunchtime. This has helped involve residents with the running of the home as well as meeting their own nutritional

needs. This is quite a simple idea, but one that does seem to be improving the quality of life in this home.



The early bird

Bill had been a dairy farmer, always getting up at 4am to round up his cattle. He became distressed and frustrated if he could not start his day as he always had. To reassure him, Bill's working trousers would be waiting for him when he awoke and staff would give him a glass of milk and talk about the cows by name. Then, Bill would settle happily in his arm chair and await his cooked breakfast around 6am after 'milking'.

Find out more

Find out about how residents turned their care home into a farm – visit the MHL website www.myhomelife.org.uk

Some other things to think about...



- Be aware of ageism. Try not to impose your personal values about 'what older people want'. Think about what would be important to you if you were a resident.
- Quality of life means supporting residents to be independent and, where possible, to take informed risks. Relatives and staff need to understand why positive risk-taking is so important.
- Resident's views on what is important to their quality of life may change as their circumstances alter or they grow more frail. We need to constantly review what is important to people throughout their journey of care.
- Think about how to help residents manage transitions, such as moving into a care home and learning to live with the losses that this – and increasing frailty – may entail. How can we help residents access the right healthcare services to enable them to live a full life? Also, how can we support them at the end of life?
(see MHL best practice themes in relation to Managing Transitions, Improving health and healthcare, Supporting good end-of-life)
- You should try to make the time to develop trusting relationships with residents, relatives and other staff. Relationships with your residents and relatives is crucial. Many residents may struggle to talk about their feelings in a large formal group. It might be easier to talk to them on a one-to-one basis, in the course of their daily lives. Making real time to build up trusting relationships with residents allows them to feel safe in talking about what quality of life really means to them.



Listen and learn

In order to hear what people are telling us, we need to listen. Some residents, for example, may want a say in the running of their care home, whereas others might need more independence.

For some, simply knowing that a member of staff understands how they like things done is enough to feel heard. For all residents, being able to speak out when things don't go right, without fear of retribution, is absolutely crucial.

Getting a handle on what 'quality of life' means for each of your residents is no mean task. How often have you organised

- a residents' meeting only to have the same
- residents turn up each time? Then there are
- the residents who never say anything, or the
- ones who sit at the back and can't hear.
- Meetings, surveys and complaints boxes all
- have their value, but it's often the informal,
- relaxed day-to-day interactions between
- staff, residents and relatives that yield the
- most useful insights.
- Positive relationships are at the heart of
- real voice, choice, and control. Without
- them, residents are at risk of being unseen,
- unheard and being treated as 'objects of
- care' rather than human beings.

Learn more

Watch our film on sharing decision-making and find out how one manager found an alternative to unsuccessful residents meetings – Visit the MHL DVD site at www.myhomelivedvd.org.uk

TOP TEN TIPS!

For promoting voice, choice and control

1. Try to make the time to develop trusting relationships with residents and relatives, especially those who lack confidence, or have low expectations, or who may be anxious about complaining.
2. Instead of a formal residents meeting, look at more creative ways to engage residents. You could, for example, invite a few residents to join you for an afternoon tea, and invite suggestions and ideas for change.
3. Explore the possibility of staff sharing a meal with residents, simply sitting and taking the time to talk with them in a calm and relaxed environment.
4. Don't assume residents will automatically want to share their own views. It takes time to build confidence in a relationship.
5. Try asking residents less direct questions, such as 'What would a perfect day look like in this care home?' or 'What works well in the home and what should we do more of here?' You could also share something about yourself – your own likes and dislikes – to encourage them to talk about theirs.
6. Pick the right time of day to encourage discussion, when residents are not too tired or in pain. Make sure the environment is conducive to conversation – not too much background noise, people rushing around, good lighting etc.
7. Think about bringing in friends, family or other advocates of the residents. Talk to visitors – they may know something that could help improve residents' care.
8. Be aware that talking can bring up many emotions, including feelings of despair. Be prepared to support residents and staff with outside counselling if necessary.
9. Tackling some of the small issues with residents might give them the confidence to make larger requests.
10. Don't forget your own quality of life. If you feel stressed or too busy to engage with residents, that will affect your ability to promote a resident's voice, choice and control.



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