JRF JOSEPH ROWNTREE FOUNDATION

INSPIRING SOCIAL CHANGE

IMPROVING QUALITY OF LIFE IN CARE HOMES THROUGH COMMUNITY VISITING

A pilot Community Visitor (CV) scheme in three Essex care homes has demonstrated potential to support community engagement in care homes and improve residents' quality of life. CVs visited care homes every week for around a couple of hours, aiming to befriend older people and enhance communication between care home managers, staff, residents and their families.

Key points

- Care home residents valued the company and conversation of CVs. They were less isolated and took part in a greater range of activities. They received better support and guidance when joining the home. There were signs that older people's personal choices and preferences were given greater priority, and that physical care improved.
- CVs found their role rewarding. They often made a big difference in addressing the 'little things' that mattered to older people, and acting as informal advocates. Different aspects of the CV role required different skills: some required volunteers to be integral to the care home (befriending, supporting) while others were more detached (observing, commentating, being a 'critical friend'). Future schemes need clearer role definition, specific training and more robust mechanisms for CVs to report concerns.
- CVs were able to make observations about the quality of care and helped care homes in developing a more personal, relationship-based approach. However the pressures of the care home environment and design of the pilot limited how far CVs could influence the culture of care homes.
- The experiences of CVs were shaped by home managers. CVs sometimes found it difficult to influence home managers. Home managers had to find the right balance in their relationship with CVs so they could maintain volunteer and staff motivation while retaining their own authority and accountability.
- CVs initially described their relationships with care staff as distant, and staff initially perceived that CVs were there primarily for the benefit of residents. Over time, CVs were able to build relations with staff. CVs gained a greater understanding of the demands of the staff role. Staff were able to witness CVs modelling relationship-based care, and received useful feedback about their practice.

The research

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JUNE 2014

BACKGROUND

As part of its work to support community engagement in care homes, Essex County Council has fostered the development of a Community Visitor (CV) pilot, operated by the My Home Life Essex Community Association (MHLECA). The Essex scheme was inspired by positive evaluations of the US Long Term Care Ombudsman Programme, a well-established programme under which every US state appoints a State Ombudsman who in turn establishes a team of volunteer ombudsmen.

The outline of the CV scheme was simple. MHLECA would recruit volunteer CVs for care homes, who would visit every week for at least a couple of hours. The intention was that the CVs would befriend members of the care home community, act both as critical friends and informal advocates, and witness the evolving culture of the care homes. Three care homes and five volunteer CVs participated in the pilot (two volunteers in two of the homes and another volunteer in the third).

Impact on older people and their families

Residents valued the company and conversation provided by CVs, particularly because they were able to take time to sit and talk together. Staff were often busy and conversations brief, while relatives may visit infrequently for short periods. Many residents had some degree of dementia or deafness, making fluid conversation with other residents sometimes difficult.

Older people wanted to be recognised as individuals with distinct needs, wishes and hopes. In a care home setting, homogenisation and restrictive routine can creep in when a few busy staff are looking after people who need a lot of help. CVs were able to spend time with older people, build relationships and notice what mattered to them. One resident, describing the impact of her relationship with the CVs, said, 'I feel like a person again'.

CVs used their own ideas and initiative to introduce a range of activities into the homes, which included: CDs, audiobooks, a visiting dog, reminiscence boxes, bingo and a residents' choir.

It was in addressing the 'little things' that CVs often made a big difference. Residents could be upset by things that were easily remedied by a short conversation or action such as moving the flowers, having something read out, letting them know the day of the week, holding a hand or passing a tissue.

It is the small things that are so important to the quality of care. Things like having your tea made right. Residents often don't like to say anything so little things like that often go unnoticed. The CVs may make a big difference in that respect.

Home manager

Family members reflected positively on the input of CVs, who were able to play a linking role between residents, families and the care home, particularly when new residents were settling in. Families were reassured by the fact that CVs were not part of the system and were not paid.

Impact on care home staff and managers

Staff were appreciative of the CV role, but focused on benefits to residents rather than to the care home community in general. CVs were occasionally mistaken for family visitors. While staff had warm relationships with residents, tight staff ratios meant they were caught up in the intensive work of caring for people with high support needs. Many of the staff interviewed had not spoken directly to CVs and could not recall specific feedback or suggestions from them.

Home managers spoke positively about CVs providing a 'fresh pair of eyes'. Through CV meetings and contact with MHLECA, CVs flagged up important observations about care quality. They also noticed things about the culture of care; for example, one CV noted that a staff member sitting down to chat with residents would be met with disapproval by other staff and be seen as 'lazy'.

Some CVs felt they had limited access to or influence on care home managers. Equally, managers could feel subject to negative criticism, with one commenting that the CV saw it as her job to 'tell me everything that was wrong'. Home managers appeared to be navigating a path between maintaining the motivation of volunteers, maintaining the motivation of staff and retaining their own ability to do what they felt right – this could mean adopting new ideas, delaying them in the interests of stability, or refuting them.

In making decisions about practice, care home managers are accountable to residents, families, regulators, owners and others. In contrast, the CV is freed of formal accountabilities. MHLECA asked all parties to sign an agreement that would clarify how matters raised by the CV would be tackled, but homes did not sign this agreement until the CV had 'bedded down' and some felt it was not always adhered to.

Impact on community visitors

The CVs found their role rewarding. It built their confidence and sense of purpose while enhancing their appreciation of the lives of older people.

Despite the challenges posed by physical frailties and social anxiety, CVs built close bonds with older people. Some CVs were deeply affected when residents they had befriended died; they were struck by the reality of death in care homes, and how the home responded. CVs could act as 'emotional antennae' for experiences that may be too difficult for others to give voice to in the home.

The home manager held great significance for the CVs, shaping the day-to-day reality of the role. With no formal authority, CVs relied on 'borrowed authority' from the manager.

CVs initially tended to describe their relationship with care home staff as distant, with a perception that staff might view CVs as 'spies'. Over time, there appeared to be growing relief from CVs that they felt they were increasingly seen as part of the furniture. CVs believed that an important part of their role was to show staff that the staff were valued and noticed.

A challenge for CVs was raising concerns about the welfare of residents, for example when one CV noticed a high incidence of bruising among residents. CVs were not always clear of their role in reporting these observations, and did not always feel able to share concerns with home managers.

Six-weekly CV meetings, and individual support via MHLECA, provided important opportunities for mutual learning and for concerns to be raised, so action could be taken in partnership with the homes.

Conclusion

While the pilot scheme was small in scale, it demonstrated that CVs can enhance the capacity of care homes to provide compassionate, relationship-based care. All three care homes are maintaining the CV role following the end of the pilot.

Evaluation of the pilot uncovered issues with the open-ended, multi-faceted nature of the CV role. There were questions over whether volunteers could be both integral to the care home (befriending, supporting, providing practical help) while simultaneously being an observer, commentator and critical friend. The more integral, befriending aspects of the CV role certainly had a positive impact on older people, but staff and CVs sometimes felt uncertain and uncomfortable about aspects relating to observation and feedback.

There is a need to define the CV role more clearly, and potentially select CVs so that that different volunteers focus on different aspects. CVs cannot be blind to care home failings, even if their role is primarily focused on befriending, so future schemes need clear lines of responsibility and robust mechanisms for CVs to report concerns without putting them in awkward positions. The CV role would also benefit from a specific, certified training programme.

One of the original intentions of the CV pilot was to encourage better communication and mutual understanding between residents and their families and staff. While there were examples of CVs being instrumental in flagging up concerns and influencing the culture of care, the pressures of the care home environment and the priorities and authority of managers and staff can present challenges in this respect.

CV meetings were an important means of sustaining the energy and focus of the CV pilot, but there was not an equivalent space for communication within the home. Participating homes should establish a regular facilitated meeting that allows CVs, older people, family members, staff and the home manager to reflect together on the practice and culture of the care home.

About the project

Three homes participated in the pilot – two with 38 residents and one with 18 residents. One of the homes was owned by a charitable trust, one was family owned, and one was owned by a regional private provider. The year-long evaluation of the CV pilot, conducted by researchers at the University of Essex, involved in-depth qualitative interviews and focus groups with care home managers and staff, CVs, MHLECA members, residents and relatives. The researchers also looked at documentary evidence (including care plans) and attended six-weekly CV meetings.

FOR FURTHER INFORMATION

This summary is part of JRF's research and development programme. The views are those of the authors and not necessarily those of JRF.

The main report, **"We'll meet again - don't know where, don't know when": Supporting Community Visiting in Essex Care Homes** by Chris Tanner and Bethany Morgan Brett, is published by the University of Essex and is available at http://www.essex.ac.uk/cps/documents/independent-evaluation-MHLECA-community-visitor-pilot.pdf

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ISSN 0958–3084

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