

# My Home Life England Leadership Support Programme

## Summary Report

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# Executive Summary

This report summarises the collective findings from My Home Life England's Leadership Support Programme, providing a summary of a thematic analysis of 45 local reports describing the impact of 45 interventions across different parts of England.

It concludes that care home managers work in a mentally, physically, and emotionally demanding role which often leaves them feeling overburdened with a multitude of different responsibilities. By participating in My Home Life England's Leadership Support Programme, managers were able to share their challenges, feel supported, and ultimately, to learn a variety of tools, skills, and strategies that impacted not only the managers, the care home staff, and the culture of the care home itself, but also the residents, families, and successful operation of the homes.

# Introduction

This report will summarise the collective findings from My Home Life England's Leadership Support Programme, providing a summary of a thematic analysis of 45 local reports describing the impact of 45 interventions across different parts of England. This report includes the synthesised challenges faced by managers across England and the reported outcomes of the Leadership Support Programme to date.

The local reports describe 57 cohorts of the programme delivered to care home or homecare managers comprising 790 participants, of which 572 completed the programme (72%). We have learnt so much from the people we have worked with on the programme and continue to be inspired by their dedication to improving the quality of life of people who live, die, visit, and work in the care homes.

# Background

My Home Life England is part of an international initiative that aims to improve the quality of life of care home residents, to provide support for residents' families and visitors, to empower and enable a positive working environment for care home workers, and to foster meaningful relationships between residents, families, and those working in care homes.

To achieve this, My Home Life England works with care homes, care at home services, housing support, NHS, statutory bodies, community organisations and others to co-create new ways of working to better meet the needs of older people, relatives, and staff. One element of this initiative is the My Home Life Leadership Support Programme.

The programme began in England, hosted by City, University of London and since then My Home Life initiatives have developed in Scotland, Northern Ireland, Wales, Germany, and Australia supported now by the My Home Life charity.

So far, the Leadership Support programme has been delivered to over 2000 care home managers across the UK. A key philosophy that underpins the programme, Appreciative Inquiry, centres on the practice of determining what works well in the care homes and identifying strategies to build upon these strengths and successes. For more information on the Leadership Support Programme, please navigate to our [website](#).



# Application

The following sections will describe the application of the programme across England from 2014-2020.

## Four Day Workshop

The My Home Life England Leadership Support Programme is designed for care home managers and involves a four-day workshop consisting of group exercises, discussion, and reflection. The four-day workshop introduces the Leadership Support Programme and the My Home Life evidence base, as well as the opportunity for group learning activities. The broad outline of the workshop is provided and is consistent across localities, however, the actual delivery of the content is tailored and guided by the participants' discussions and questions. The workshop outline is detailed below:

1. Relationship with Self
2. Relationship with Others
3. Managing Change

The following My Home Life principles are explored across these workshops:

- **Developing best practice together:** A brief overview of the literature on what older people value and what works in care homes and other care settings.
- **Focusing on relationships:** An introduction to the Relationship-Centred Care Framework (Tresolini, 1994) and the Senses Framework (Nolan, Brown, Davies, Nolan, & Keady, 2006). These frameworks focus on improving care for older people through promoting positive relationships and meeting the needs of relatives, clients, staff, and people who use care home services whilst recognising the contribution

that they can make to the creation of a caring environment.

- **Being appreciative:** An overview of Appreciative Inquiry, which is a process for improving practice by focusing on core strengths of an organisation then using these strengths to reshape the future. It involves four steps: discover, envision, cocreate, and embed.
- **Having caring conversations:** The Caring Conversations Framework (Dewar and Nolan 2013) provides a method for enhancing communication and compassionate, dignified care by using the 7 C's (be courageous, celebrate, connect emotionally, be curious, collaborate, consider other perspectives, and compromise).

## Resources and Tools

During the programme, participants were given access to a resource pack that contains programme information as well as resources and tools for the managers to use in their care homes. During the workshops, these tools are introduced and used during group exercises to practice utilising the resources.

These tools were used during the workshop to spark self-reflection. Managers were then encouraged to use the tools and what they had learnt in their own care homes after the workshops.

## Action Learning Sets

To encourage continued engagement following the workshops, care home managers participated in monthly 'Action Learning Sessions.' Action Learning Sessions provide an opportunity for managers to continue to meet in a small, supportive group over the course of

eight months to reflect on successes and challenges in their respective care homes, to support and guide one another, and to continue to deliver meaningful change in their respective care homes after the workshop series.

The monthly sessions lasted for 3.5 hours per month and consisted of open, facilitated group discussion and peer-to-peer support.

### **Participants**

The Leadership Support Programme has so far been delivered to 57 cohorts comprised of 790 managers in England.

### **Results**

The following three sections will present the results of an analysis of the reports from the Leadership Support Programme. These results have been collated from 45 reports collected between 2014-2020 in England.

The reports were thematically analysed by experienced qualitative researchers from City, University of London and were synthesised into the two larger themes of challenges and outcomes, which were further broken into the sub-themes of organisational, interpersonal, and internal challenges, and leadership and management outcomes, outcomes for managers, and ripple effect outcomes, respectively.



# Challenges faced by Managers working in Care Services

The managers participating in the My Home Life England Leadership Support Programme have described a number of challenges they routinely face whilst working in care services. The nature of these challenges has remained consistent over the years that the programme has been in place (2014-2020) and has also been consistent across localities. Some of these challenges are organisational, like pressures related to staffing, processes, and paperwork, and some are interpersonal or internal in nature, like issues with maintaining good communication among team members and grappling with the emotional nature of the work. The major themes that have arisen from our data are described in more detail in the following sections.

## Organisational Challenges

Organisational challenges, like home closures, construction, staffing issues, and staff and resident turnover were frequently described by the participants in My Home Life England. Care home managers have struggled with:

*“...pressures of possible home closures, empty beds, winter escalation beds, absent and/or unsupportive owners, high staff turnover, underperforming staff and increased stress levels of existing staff.... Several managers...were also living with extensive overhauls of existing properties or new extensions and all manner of internal and external modifications and upgrading. Some had been in this state of disruption for months and years which added to the need for patience, creativity and flexibility as everyone in the care home worked around the upheaval.”*  
(Report A, 2014)

Additionally, processes and paperwork proved challenging, with participants describing their struggles in balancing increased administrative duties whilst also continuing to meaningfully interact with and care for residents

*“An increase in administrative duties, paperwork and computer related work whilst at the same time a growing expectation for managers to provide more ‘hands on’ care and working alongside staff across the shifts.”*

(Report B, 2014)

Managers felt that their work was further impeded by the ‘top down’ management structure:

*“Many managers shared similar staff concerns within the organisational hierarchy and in terms of a ‘top down’ management structure, which may well have had a role to play in the often- untenable situations in which the managers unwittingly found themselves.”*

(Report A, 2014)

Top-down management issues were exacerbated by senior managers and home owners lacking understanding of what happened on the ground at the care homes and what the needs and priorities of the residents were:

*“Administrative and inspection demands were very high; staff recruitment and retention were difficult, and high staff turnover caused a lot of work. Some senior managers or [care] home owners lacked understanding of residents’ needs and behaviours.”*

(Report C, 2019)

This led to a seemingly never-ending to-do list and ever-increasing demands that the managers struggled to cope with:

*“I always go in (to work) with a list of ‘to do’s’ but I never seem to even start the list ... it just grows and grows ... I feel I’m at everyone’s mercy, constantly trying to keep everyone happy with more and more demands being made on my time ... I just feel like the jam in the sandwich.”*

*(Report D, 2015)*

### **Interpersonal Challenges**

Within the context of this strained organisational environment and ever-increasing to-do list, managers also reported interpersonal challenges, particularly related to managing relationships and fostering positive workplace culture:

*“A number of participants raised the problem of how difficult relationships between particular individuals could sometimes have a negative impact on the atmosphere within the home. Whilst managers made every effort to solve this problem, it often remained.”*

*(Report E, 2016)*

In many cases, there seemed to be members of the team who caused tension. These issues were difficult to resolve because of the lack of relationship and mutual understanding between the individual and the manager:

*“Care Home Managers found managing underperforming or difficult staff challenging. Sometimes, this was partly because they knew very little about the individual in question.”*

*(Report C, 2019)*

Managers were aware of the implications of underperforming staff on the quality of care delivered in the home, but struggled for ways to improve staff performance:

*“Participants frequently described relationships that were not working well and were aware that this could impact on the quality of care being delivered within the home...In an attempt to manage such relationships effectively they either minimised their contact or tended towards being authoritarian in their style of interaction.”*

*(Report E, 2016)*

# Internal Challenges

Furthermore, whilst managing these organisational and interpersonal difficulties, managers also struggled with internal challenges related to their work. Managers felt as though they were not supported or appreciated when managing external and interpersonal complexities, which impeded their ability to confidently respond to challenges:

*“[There was] a sense of being undervalued, unappreciated, not being considered skilled ‘professionals’ ... In particular, qualified nurses feeling ‘second class’ within their own profession....As a result of above, not always feeling able or confident to take a stand for themselves as care home managers and take the lead in issues concerning older people and those with dementia and other disabilities, health issues and end of life care.... All of the managers were adamant that the best standards and quality of care was their aim in their care home and all wanted the opportunity to improve wherever possible. Generally, there was a broad perception that the managers were shamed, blamed, demeaned and disrespected by other health, social care and emergency staff as well as safeguarding, monitoring and inspection teams. These attitudes, encounters, meetings and investigations leave the managers, their staff, residents and relatives feeling exposed, vulnerable, insecure, and with mixed emotional reactions.”*

*(Report A, 2014)*

Navigating the complex and pressured work environment was challenging for the managers because they felt

undervalued and felt as though they were not respected, which led to decreased confidence and increased self-doubt when managing challenges independently. Managers also had difficulty delegating tasks to other team members, often completing the work alone rather than recruiting others to help, which created problems with maintain work-life balance and boundaries:

*“[They struggled with] feeling unable to say ‘no’ to some requests and to delegate leadership and managerial responsibilities to others. Not being able to start and finish work ‘on time’ resulting in a poor work life balance. The perception that care home managers do not have a life outside the care home.”*

*(Report B, 2014)*

Additionally, the nature of the work itself was inherently emotionally demanding for the managers and staff as they navigated grieving the loss of residents and providing support to grieving families:

*“All managers had to care for dying residents, but sometimes in overwhelming numbers. This of course required supporting relatives, residents and staff through their grief and loss before allowing themselves the same time and care.”*

*(Report A, 2014)*

On top of this, the impetus to continue to provide exemplary care was high, as managers cared deeply for the care home residents and believed in the importance of the work done at the care homes. Indeed, the managers felt a sense of moral obligation to the residents and their families:

*“The unequivocal priority for all managers on the programme was the provision of good quality care for residents and their relatives. During the action learning sessions there was a clear and palpable determination amongst the managers that the residents came first to the point that for some managers who realised they needed to ‘move on’, they felt they had to stay for the sake of their residents and families.”*

*(Report D, 2015)*

When they were unable to successfully complete elements of the job, it was incredibly distressing to the managers and they felt guilty for being unable to adequately care for residents, reporting that they felt like quality care was compromised to maintain efficiency in the system:

*“I have come to realise that managers are working within parameters that hamper their caring instincts. One thing we all want is for the people who live with us to be a little bit happier, but we are regulating happiness out of the system in favour of efficiency.”*

*(Report C, 2019)*

Ultimately, all three of these categories of challenges, organisational, interpersonal, and internal challenges, led to poor working conditions and inappropriate and unsustainable workloads for the managers:

*“[They had] overwhelming, unrealistic and unsustainable workloads, resulting in high levels of distress and stress in managers and staff.”*

*(Report E, 2016)*



# Outcomes of the Leadership Support Programme

The managers participating in the My Home Life England Leadership Support Programme were able to learn new skills, acquire new tools, and provide support for one another during the workshops and Action Learning Sets to combat some of the challenges that they raised during the programme. The following sections provide a synthesised summary of the outcomes of the programme. Some of these outcomes were leadership and management outcomes, like improved relationships with staff, some were internal outcomes for the managers, like increased confidence, and some were ripple effect outcomes, like renewed ability to give themselves to the residents. These three sub-themes that have arisen from the data are described in more detail in the following sections.

## Leadership and Management Outcomes

One of the biggest outcomes of the programme was that managers improved their inter-personal skills. Managers felt that because of the workshops and action learning sets, they were able to develop the skills and acquire the tools they needed to lead their teams proactively and positively. They reported using the tools to guide their conversations, meetings, and relationships with staff. This created a tangible shift in the tone of the conversations they were having:

*“I used to always comment to staff on what they had done wrong ... now I tell them what they did well and think about what they could do to make things better...and prior to meetings and conversations – particularly those that I know may be difficult, I remind myself of the caring conversations and think how I will approach the subject.”*

*(Report B, 2014)*

Managers reported that the main difference in how they now approached meetings was to focus on what people felt they were doing well and what could be done to make things even better. Managers believed that using this ‘appreciative inquiry’ approach left staff, residents, and relatives feeling empowered and involved in decision making. A culture was created that enabled team members to provide one another valuable and motivating feedback that resulted in meaningful change in the home and improvements in the way that staff spoke to one another:

*“Knowing how and when to deliver a skilled praise or reprimand that is motivating and gets more or less of the desired behaviour is a valuable skill. Giving good quality feedback means that staff think more about what they are doing with residents and with each other. They have learnt that everything they do has an impact. How they leave another feeling is extremely important. In the words of the manager, ‘you can be good at care, but if you are un-selfaware, this means little.’ ... There is less moaning and blame and happier teams of people working together better. So the culture is happier – and this means residents are in a better place to live a good life.”*

*(Report F, 2015)*

One of the biggest elements of this shift in tone and culture was to do with listening during meetings and empowering others to problem-solve independently, rather than running meetings and being prescriptive. They found that they were able to handle complex situations with more confidence and began to trust staff and other leaders with responsibilities that they had previously handled their own. They began to delegate tasks and empower others

to problem-solve independently. Many participants in the programme described this using the terminology from the transactional analysis worksheet (see Table 1), detailing how they were able to use their new skills to change their reactions to shift from a parent-child relationship to an adult-adult relationship:

*“I’ve changed my attitude to staff ... I used to do everything for them but now I give them the responsibility and they now don’t expect me to solve everything for them ... it has really taken some of the pressure off me.”*

*(Report D, 2015)*

The increased involvement in decision-making and conflict resolution from the staff, relatives, and residents also decreased the burden and stress levels of the managers themselves.

### **Outcomes for Managers**

At the beginning of the programme, most managers described feeling overwhelmed with their role and responsibilities. Being able to trust others to take on some of the burden of responsibility was initially very challenging for many managers. However, by empowering others to take on more responsibility, managers found their stress levels were reduced. Managers were able to improve their work life balance and create boundaries between work and home as a result:

*“I used to phone the home every time I was away, and I don’t do that so much anymore. My senior has my number and I know she will call if it is important.”*

*(Report A, 2014)*

Delegating and empowering the team to manage additional responsibilities also made the staff feel valued and important. Furthermore, the boundaries that delegation and shared responsibility created for the managers meant that managers had more energy and capacity to lead when they were at work:

*“You realize that as a manager, you are not perfect – that you can’t be a superwoman and that it is ok to fail. Our own quality of life is extremely important as without it we’d not have the energy or the resilience to do such a big job well. Paying attention to our own quality of life means that we can bring this to the home - we can remain open rather than be closed down - we can lift morale because we have more energy and staff really pick up on that. This is all to do with having better personal boundaries and being able to patrol those boundaries.”*

*(Report F, 2015)*

Another internal outcome of the programme was that managers began to feel more valued, supported, and confident in themselves and in their roles. The self-reflection elements of the programme helped them to discover their strengths and weakness and to feel more secure in their capabilities. Managers felt more comfortable to ask for help, to show their vulnerability, and felt reassured that they were valued and doing a good job:

*“MHL has helped me think about my strengths and weaknesses and has helped to increase my confidence in my role... I learned that when I take risks others follow. If I can be vulnerable and say what I am feeling, others are more likely to do the same... I learned that it’s OK to say ‘I don’t know’ and that I don’t always have the answers to every problem. I don’t have to be perfect. It’s OK to ‘fail’ but to learn from the process and start again.”*

*(Report G, 2017)*

### **Ripple Effect Outcomes**

In addition to the effects on the leadership and management of the home itself and the personal outcomes for the manager, the Leadership Support Programme also led to several ripple effect outcomes. For example, as a result of creating boundaries

and empowering staff to take ownership over creating change in the home, the managers found that they had more time to prioritise other elements of their work. Prior to the programme, managers described feeling bogged down in paperwork and administrative duties. Because the programme enabled them to take some of their time back, managers were able to better stay on top of their responsibilities:

*“I used to ‘file’ certificates etc on my desk but now I file them away immediately in their appropriate files”*

*“I used to be so disorganised with my paperwork but now I make sure I deal with it within a week of receiving it”*

*“I used to leave my monthly reports until the deadline date which really stressed me out ... but now I complete them and send them off a week prior to the due date.”*

*(Report B, 2014)*

Managers began to leave work on time, create separation between work and home, and also began to feel more in control of their time at work which gave them time back to focus on other priorities like their management tasks and paperwork. This enabled the care home to run more smoothly and eliminated a great deal of stress from the managers.

Managers also used the extra time to engage with the residents, an element of their job that they felt had been cast aside in lieu of other more pressing responsibilities prior to the programme. Managers had more energy and capacity to do the part of their work that had driven them to work in care homes to begin with, which was developing meaningful relationships with and spending time with the residents:

*“I used to see service users on a regular basis and spend a couple of minutes with each one, but now I take time out each day at least 25 – 20 minutes to spend quality time with them e.g. taking them out for a walk in the front garden, not with other staff.” (Report B, 2014)*

*“If it all gets too much I go and have a cup of tea with the residents and remind myself why I did the job in the first place!”*

*(Report E, 2016)*

As a result of re-prioritising work and relationships within the home, and by creating better work-life divide and reducing their own stress, the managers were more available to enhance the lives of residents:

*“This renewed approach allows for living life alongside the residents and their relatives, sharing a simple moment in the garden, exploring individual’s desires for their present and their future, planning larger events in the home together. Feeling less hurried and stressed allows the manager more opportunity to share certain aspects of self with the residents which encourages a relationship that is mutual. This experience generates feelings of well-being in residents allowing us to reflect on the Senses Framework in practice. Managers report feeling connected once again to the heart of their work – making a difference in the lives of older people who live and die in their home.”*

*(Report A, 2014)*

The increased engagement from the managers also set the tone for the home, with staff beginning to follow suit by engaging more meaningfully with residents and families as well.

Finally, the programme led to the natural creation of a supportive community of managers. Managers described how engaging with their peers during the monthly Action Learning Sets created a real sense of community. The managers were bonded with a collective experience and there was a sense of camaraderie and reassurance that came from hearing that other managers had struggled with similar issues in their own homes:

*“Being part of a group of managers is essential to maintain morale and confidence. The knowledge and experience of this group is considerable and should be heard.”*

*(Report A, 2014)*

*“It has been very helpful to have a professional group from across [location] to discuss problems and share advice with as I am not aware of anything else like this which exists...I have met a lot of*

*lovely people who I hope to stay in touch with and feel were very supportive... Interacting with others has let me see that I am not alone...The support & openness has been so important throughout this program. It has made me stop and reflect and given me a new drive to improve my own abilities and how I manage others...”*

*(Report C, 2019)*

This created a safe environment where managers felt comfortable to speak-up, to share their experiences, to lift each other up, and to help each other to come to meaningful and lasting solutions. Managers were able to share their challenges, learn from the wisdom of the community’s experience, celebrate their successes, and establish a lasting and rich peer support network, many of whom reported that they had stayed in touch even beyond the completion of the programme.



# Conclusions

This report has synthesised the reported challenges and outcomes and provided an overview of the application of the programme to date. Care home managers work in a mentally, physically, and emotionally demanding role which often leaves them feeling overburdened with a multitude of different responsibilities.

By participating in My Home Life England's Leadership Support Programme, managers were able to share their challenges, feel supported, and ultimately, to learn a variety of tools, skills, and strategies that impacted not only the managers, the care home staff, and the culture of the care home itself, but also the residents, families, and successful operation of the homes.



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My Home Life England is part of an evidence-based, research informed international initiative focused on supporting quality of life for people who live, die, work in and visit care homes.

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