

Creating Community within care homes

This briefing sets out the key findings of a research review on ‘creating community’ undertaken by Sue Davies and Christine Brown-Wilson, in 2006, as part of the My Home Life programme¹. The briefing also provides examples of promising approaches for improving practice within this area.

The full review providing further tools and examples of ‘best practice’ can be accessed at the My Home Life website (www.myhomelife.org.uk). This review is currently being updated.

Introduction

Creating a sense of community within a care home is very important and is different to creating a ‘home-like’ environment. ‘Home’ promises autonomy and a sense of long-term security, and these characteristics are difficult to replicate in even the smallest of care homes, thereby raising expectations that cannot be met.

Concentrating instead on fostering a sense of care homes as communities allows reciprocity of relationships and the opportunity for those residents who are able (and choose to) to contribute to the care home.

Evidence shows that relationships between staff, residents, family, friends and the wider community are the most important factor in determining the quality of life of residents. Continuity of staff, good communication, staff responsiveness, dependability, trust and a degree of personal control by the resident all help improve quality of life.

Staff can help residents who want to have relationships with fellow residents but who

find it difficult – perhaps as a result of sensory impairment, for instance.

Most family members are keen, often desperate, to maintain their relationship with a relative in a care home. Families who feel secure in their relationships with staff are more likely to be involved in the home and can make a vital contribution to humanising and personalising residents’ lives.

Main points

Community means different things but shared notions include membership, influence, integration, need-fulfilment, emotional connection, commitment to the collective good, and celebration. Community life is not always easy and becoming part of a community involves effort. Any community will be likely to mirror the complicated relationships existing in an environment where people live and work closely. But there are key areas that should be recognised as promoting community within care homes. These are:

- *understanding and respecting the significance of relationships;
- *recognising roles, rights and responsibilities;
- *creating opportunities for giving and receiving;
- *creating opportunities for meaningful activity;
- *building an environment that supports community;
- *committing to shared decision-making.

Relationships with staff

The quality of interpersonal relationships with staff has been found to be the most

¹NCHR&D Forum (2007) ‘My Home Life: Quality of life in care homes. A review of the literature’, Help the Aged, London, available at: www.myhomelife.org.uk.

important aspect of quality of care for care home residents. Continuity of staff, adequate communication, staff responsiveness, dependability and trust, and a degree of personal control, are all important to residents.

For staff too, relationships with residents and their families can be key to shaping their experience of work and many nursing assistants have identified their relationships with residents as their main reason for staying in the job.

Many homes use rotating staff assignment to residents believing that this makes scheduling easier and ensures that residents with complex needs are shared equally. However, consistent staff assignment can allow flourishing relationships between staff and residents, leading to improved quality of care alongside lower staff turnover. Without consistent staff who have detailed knowledge of a resident, individual care such as continence management is much harder to develop.

Relationships between residents

Studies reveal that older people in care homes often value the chance to develop relationships with other residents and make new friends. For those residents with sensory impairments this is more difficult because a visual and/or hearing impairment prevents them identifying cues in social conversation. Some residents may need staff members, relatives or volunteers either to help facilitate conversations or to re-position chairs to allow residents to be involved in conversations.

Being able to maintain long-standing friendships is also important. Friendships provide mutual companionship and support. Reports describe reciprocity between care providers and older residents who take time to talk and show an interest in each other's lives, although this can be difficult for frail older residents.

A 1996 study concluded that in-service education can help staff to **recognise**

- **opportunities for reciprocity. Sometimes residents may want to make things easier for the staff by fitting in, for example, with the timing of a bath. This could be an important aspect of reciprocity that should be recognised by staff.**

Roles and responsibilities

- Each person who is involved in a care home, whether staff, resident or visitor, has the potential to make a unique contribution to the community within that home. Studies suggest that staff need to permit greater resident participation in the home and to listen to residents' views more.

- Residents' need to feel useful has been reported in several studies. This needs to be meaningful and regular such as housekeeping chores, for example, assisting at mealtimes or folding laundry. In one home staff went to great lengths to ensure residents had access to a greenhouse; the registration and inspection having originally argued that it represented a health and safety hazard.

Relatives' needs

- Most family members are keen to maintain their relationship with the cared-for person and seek to work with care home staff in order to do this. They often see their role as maintaining continuity, helping staff to get to know the resident, monitoring care and being part of the community within the home.

- Some family members report feeling like interlopers or adversaries in their relationship with home staff but where staff are able to work with families both the families and the resident feel reassured. It is often small acts that make a difference: A wife visiting her husband in a care home reported how staff supported their wish to sit together quietly in a corner when she visited.

- However, relatives must also appreciate the balance between rights and risks that have to be negotiated in a care home and this is where

regular discussions are essential.

Staff needs

Recent reports have shown how demanding and complex the role of staff in care homes has become, particularly if the outcome of such labour is to be therapeutic rather than simply custodial. A recurring theme is the need to acknowledge the emotional component of work with older people and family caregivers if true partnerships are to be created.

Staff are often unclear about the therapeutic direction of their work and yet studies suggest this is essential if they are to experience job satisfaction. A key responsibility is to ensure that residents are treated equitably. However, staff sometimes find that their perceptions of individual residents influence their approach to care. Staff need to be aware of their reactions to and perceptions of residents and how these might influence their decisions about care.

Staff need to work in a safe environment, with adequate resources, and with access to the skills to meet the needs of residents and their families. They also need to feel they are appreciated.

Meaningful activity

Many older people in care homes continue to spend much time in passive inactivity, with a study finding that only 14 per cent of a resident's day was spent in some form of communication with others and only three per cent involved constructive activity.

Meaningful activities do not just happen. They require support from everyone involved.

Sharing oral histories provides residents of care homes with opportunities to share their knowledge and experience. Reminiscence activities impact positively on quality of life and promote morale and emotional wellbeing. Art, movement and dance, musical exercise and dramatherapy also all

have valuable roles in social engagement.

However, some care staff have also expressed concern that these types of social care involving talking, listening and sharing are not recognised as 'real work' within their organisations. It is also reported that activities need to be ongoing to continue to have benefit.

Many staff and family members are unaware of the kinds of activities that frail older people, particularly those with cognitive impairment, will find enjoyable and meaningful and there is an expectation that activities must be highly structured, usually involving groups. On the contrary, one-to-one activities for a short period of time may be more appropriate and beneficial. These might include looking at a newspaper or magazine together, singing or listening to music. This is a potential role for families and volunteers.

Several studies have shown the positive impact of pets on residents' wellbeing. One found a significant, positive change in mood for those receiving visits from volunteers with a dog compared with a visitor alone, and another reported that sessions of animal-assisted therapy decreased agitation and increased social interaction among nursing home residents with dementia.

Engaging volunteers or individuals and organisations from within the local community can be very helpful in developing a sense of community and responding to the interests of residents, particularly those who do not have regular visitors. Such developments could be the responsibility of activity co-ordinators working with residents and family members.

Other practice examples

Mealtimes represent the familiar patterns of family life and can bring comfort, especially at time of stress. Introducing variety into what can be a very routine activity can enhance the experience for everyone involved. Making a meal in the dining room where residents

can see the food preparation, smell the food cooking and choose their favourite food can result in residents with dementia eating more and staying in the dining room longer. Occasional takeaways or celebrations give residents something to look forward to.

There are a variety of creative ways of making mealtimes more interesting: One care home designated the occupants of a dining room table as 'hosts' who would then be supported to select a food that for them was a reminder of home.

- The Pets as Therapy charity has 90 area-co-ordinators managing volunteers with
- 'vetted' (for temperament) dogs who visit care establishments providing stimulation and companionship and an opportunity to 'relieve
- sickness, suffering and distress'. 'Joan was overjoyed when she put out her hand and felt the fur of the lurcher who had come to visit her.
- Joan chatted away happily for some time, and when it was time for us to go, told the volunteer how much she had enjoyed the visit and how she would be counting the days to the next one.'

This summary was written by Christine Moss in partnership with Sue Davies and Christine Brown-Wilson for **My Home Life**.

The **My Home Life programme** is a UK-wide programme of work aimed at promoting the quality of life for those who are living, dying, visiting or working in care homes for older people.

More information can be found on www.myhomelife.org.uk

