

*Our vision is a world where all care homes are great places to live, die, visit and work.*

## Creating Community

This updated research briefing paper was written by Edel Roddy and based on a review of the literature on quality of life in care homes, undertaken by the National Care Research and Development Forum in 2006<sup>1</sup>, which was later updated by a review of reviews (2006-2016), undertaken by the My Home Life team. My Home Life is an international 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.

Overall, research on creating community seems to reflect many of the findings of the original review (NCHRD, 2007). Post 2007, new evidence suggests:

- Resident concerns about lack of autonomy and difficulty in forming appropriate relationships (Bradshaw et al., 2012).
- Social interaction, connection and engagement has a positive impact on health and wellbeing for older people in long term care (Cooney et al., 2014).
- Several interventions developed to enhance meal time experience of residents to improve health and nutrition and also quality of life (Vucea et al., 2014; Green et al., 2010).
- The interpretation of 'at home' informs ongoing clinical practice and theory development focused on shaping environments for healing and enabling experiences of home during residential transition (Molony, 2010).
- Supporting residents (if they wish) to become involved in community and/or intergenerational activities (Ciprani, 2007).

## 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 (Peace and Holland, 2001). 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 life (Gubrium, 1993).

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 (O'Rourke et al., 2015; Cooney et al., 2014; Bradford et al., 2012; Molony, 2010; Bowers et al., 2001). Alongside reciprocity, kindness, love and respect were named as being features of relationships which enhance quality of life (O'Rourke et al., 2015). Continuity of staff, good communication, staff responsiveness, dependability, trust and a degree of personal control by the resident can all help improve quality of life (Rantz et al., 1999; Bowers et al., 2001; Edwards et al., 2003).



<sup>1</sup>NCHR&D Forum (2007) My Home Life: Quality of life in care homes – Literature review, London: Help the Aged.

Staff can help residents who want to have relationships with fellow residents but find it difficult, perhaps as a result of sensory impairment (McGilton et al., 2003). Residents may have concerns about lack of autonomy and find it difficult to form relationships. Bradford, Playford and Riazi (2012) detailed four key themes from their review that supported relationships for residents within care homes:

1. Acceptance and adaption
2. Connectedness
3. A homelike environment
4. Caring practices.

Most family members are keen, often desperate, to maintain their relationship with their relative in a care home (Sandberg et al., 2001; Kellet 2000). Families who feel secure in their relationship with staff are more likely to be involved in the home and can make a vital contribution to humanising and personalising residents' lives (Nolan et al., 2004; Hertzberg et al., 2001).

### Main points

Community means different things to different people, but shared notions include membership, need-fulfilment, emotional connection, commitment to the collective good, and celebration (Macmillen and Cahvin, 1986; Roberts, 1993). Community life is not always easy and becoming part of a community involves effort (Reed and Payton, 1996). Any community is 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;

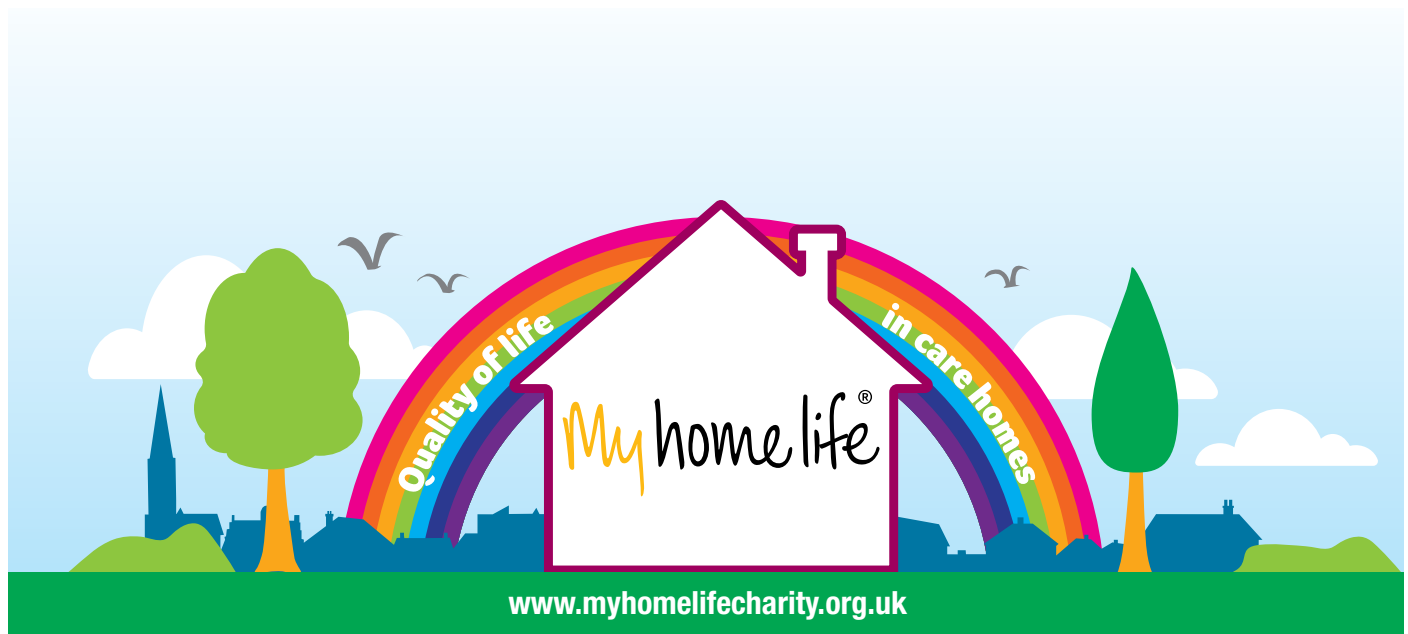
- Creating opportunities for giving and receiving;
- Creating opportunities for meaningful activity;
- Building an environment that supports community;
- Committing to shared decision-making.

### Relationships with staff

The quality of interpersonal relationships with staff has been found to be the most important aspect of quality care for care home residents (Bowers, 2001). Continuity of staff, adequate communication, staff responsiveness, dependability and trust, and a degree of personal control, are all important to residents (Ranz et al., 1999; Bowers et al., 2001; Edwards et al., 2003). For staff too, relationships with residents and their families can be important in shaping their experiences of work and many nursing assistants have identified their relationships with residents as their main reason for staying in the job (Parsons et al., 2003).

Many homes use rotating staff assignments 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 (Sumaya-Smith, 1995). Without consistent staff members who have detailed knowledge of a resident, individual care, such as continence management, is much harder to develop.

Assistive technologies like Socially Assistive Robots (SAR) are being considered as enablers to support the process of care giving or keeping older adults at home longer. SAR can potentially enhance wellbeing and decrease the workload on caregivers (Kacouhie et al., 2014).



## Relationship between residents

Studies reveal that older people in care homes often value the chance to develop relationships with other residents and make new friends (Mattiasson and Andersson 1997; Mc Derment et al., 1997; Raynes, 1998; Tester et al., 2004). For those with sensory impairments this is more difficult because a visual and/or hearing impairment prevents them from 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 (Davies et al., 2001).

Being able to maintain long-standing friendships is also important. Friendships provide mutual companionships and support. Reports describe the 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 (Cook 2006).

Connectedness is critical to enhancing the quality of life of older people in long-term care settings. Social interaction and engagement has a positive impact on health and wellbeing (Cooney et al., 2014). For people with dementia their quality of life is influenced by the degree of connectedness or disconnectedness in four key factors:

1. Relationships
2. Agency in life
3. Wellness perspective and
4. Sense of place (O'Rourke et al., 2015).

## 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 (Rowles and High, 2003; Davies, 2003; Anderson et al., 2003). Studies suggest that staff need to permit greater resident participation in the home and to listen to residents views more (Fletcher, 2000).

The need for residents to feel useful has been reported in several studies (Fletcher, 2000). Involvement has 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 their 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 (Davies and Nolan, 2006; Rowles and High, 2003; Sandberg et al., 2001). Some family members report feeling like interlopers or adversaries in their relationship with care home staff; but where staff are able to positively engage with families, both the families and the residents 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 (Ryan et al., 2003).

## Staff needs

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 (Hansebo and Kihlgren, 2002). 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 (Gattuso and Bevan, 2000).



Staff members are often unclear about the therapeutic direction of their work and yet studies suggest that is essential if they are to experience job satisfaction. A key responsibility is to ensure that residents are treated equitably (Campbell, 2003). However, staff sometimes find that their perception of individual residents influences their approach to care (Hantilkainen, 2001). Staff members need to be aware of their reactions to and perceptions of residents and how these might influence their decisions about care (Campbell, 2003).

Staff members furthermore need to work in a safe environment, with adequate resources, and with access to the required skills to meet the needs of residents and their families. They also need to feel they are appreciated (Atkin, 2005; Wicke et al., 2004; Perry et al., 2003).

### Meaningful activity

Many older people in care homes continue to spend much time in passive inactivity, with a study finding that only 14 % of a resident's day was spent in some form of communication with others and only 3% involved constructive activity (Ballard et al., 2001).

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 (Brooker and Duce 2000). Art, movement and dance, musical exercise and dramatherapy also have valuable roles in social engagement (Byres, 2004; Bunce, 2004; Langley, 2004). Live singing by professional care staff with residents during activities of daily living was an example of activity that can have a mutual benefit to both caregivers and residents, as it can reduce the agitation expressed by the resident and can enhance the care givers perception of the care giving (Chatterton, Baker and Morgan, 2010). However, some care staff also expressed concern

that these social care activities (talking, listening and sharing) are not recognised as 'real work' within their organisations (McKee et al., 2002). It is also reported that activities need to be ongoing to continue to have benefit (Hagen et al., 2003).

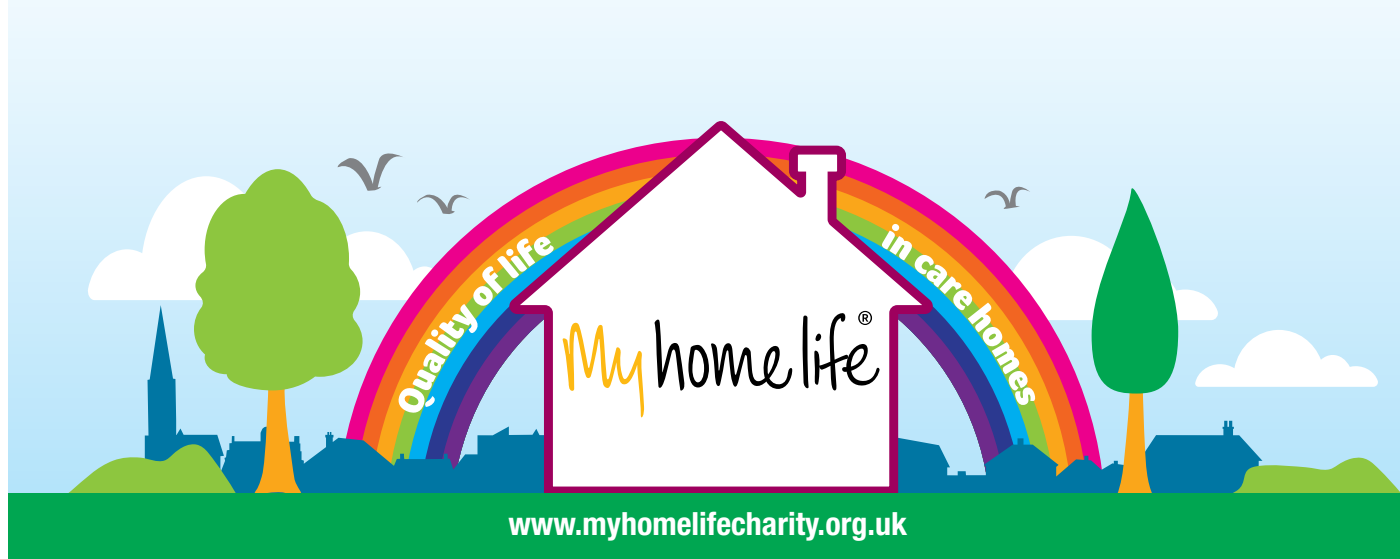
Many staff and family members are unaware of the kinds of activities that frail older people, particularly those with a cognitive impairment, will find enjoyable and meaningful and there is an expectation that activities must be highly structured, usually involving groups. On the contrary, one-to-one activities for a short period of time may be more appropriate and beneficial. These might include looking at a newspaper 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 (Steed and Smith, 2002; Edwards and Beck, 2002; McCabe et al., 2002; Savishinsky, 1992). One found a significant positive change in mood for those receiving visits from volunteers with a dog compared with a visitor alone (Lutwick-Bloom et al., 2005), and another reported that sessions of animal-assisted therapy decreased agitation and increased social interaction among nursing home residents with dementia (Richeson, 2003).

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 (Marken, 2004). Such developments could be the responsibility of activity coordinators working with residents and family members.

### Other practice examples

Mealtimes represent the familiar patterns of family life and can bring comfort, especially at times of stress (Evans, 2005). Introducing variety into what can be 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. Green et al's (2011) review found that interventions on enhancing meal time experiences were more successful if staff were involved and audits and feedback were included, alongside due consideration for the local context e.g. facility, staff and resident differences. Several interventions developed to enhance meal time experience of residents to improve health and nutrition and also quality of life. Interventions included making the dining room more homelike, decreasing noise and distractions, meal time volunteers and creating a pleasant dining experience (Vucea, Keller and Ducak, 2014; Green et al., 2010). Occasionally takeaways or celebrations give residents something to look forward to (Mallott et al., cited in Beck, 2001). 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 be supported to select a food that for them was a reminder of home (Evans, 2005).

The review of the literature reviews (2007-2017) in keeping with the original review (NCHRD, 2007), highlighted the importance for reciprocity within relationships in care homes (Bradshaw, Playford and Riazi, 2012). Relationships and the value of eliciting relative and staff perspectives are also highlighted in the review of the literature (Verbeek et al., 2009).





## References

- Atkin, M. (2005), Factors Influencing Staff Turnover in Long-term Care. Report to Anchor Housing, University of Sheffield.
- Ballard, C., O'Brien, J., James, I. et al., (2001) Quality of life for people with dementia living in residential and nursing home care: the impact of performance on activities of daily living, behavioural and psychological symptoms, language skills, and psychotropic drugs. International Psycho-geriatrics. Vol 13(1), pp. 93–106.
- Bowers, B.J., Fibich, B., Jacobson, N. (2001), Care-as-service, care-as-relating, care-as comfort: understanding nursing home residents' definitions of quality. The Gerontologist. Vol 41(4), pp. 539–45
- Bradshaw, S.A., Playford, E.D., and Riazi (2012) Living well in care homes: A systematic review of qualitative studies. Journal of Age and Aging. Vol 41 (4), pp. 429-440.
- Brooker D and Duce L (2000) Well-being and activity in dementia: a comparison of group reminiscence therapy, structured goal-directed group activity and unstructured time. Aging and Mental Health. 4: 356–60
- Bunce J (2004) Mary and Martha: Dance Movement with the Elderly. Generations Review. 14 (20): 20–21
- Byers S (2004) Art therapy with elderly people. Generations Review. 14 (2): 22–3
- Campbell, S.L. (2003), Empowering nursing staff and residents in long-term care. Geriatric Nursing. Vol 24(3), pp. 170–5.
- Chatterton, W., Baker, F., Morgan, K. (2010) The singer or the singing; who sings individually to persons with dementia and what are the effects? American Journal of Alzheimers Disease, 25(8), 641-649.
- Cook, G. (2005), Living with Care Rather Than as an Object of Care: a hermeneutic inquiry of life as a care home resident. Forthcoming PhD thesis. Northumbria University.
- Cooney, A., Dowling, A., Gannon, M.E., Dempsey, L., and Murphy, K. (2014) Exploration of the meaning of connectedness for older people in long-term care in context of their quality of life: A review and commentary. International Journal of Older People Nursing. Vol 9 (3), pp. 192-199.
- Davies, S. (2003) Creating community: the basis for caring partnerships in nursing homes. In Nolan, M., Grant, G., Keady, J., and Lundh, U.(eds.) Partnerships in Family Care, pp. 218–37. Open University Press, Maidenhead
- Davies, S. and Nolan, M. R. (2006), 'Making it better': self-perceived roles of family caregivers of older people living in care homes; a qualitative study. International Journal of Nursing Studies. Vol 43(2), pp. 281–91.
- Edwards, H., Courtney M. and Spencer L. (2003), Consumer expectations of residential aged care: reflections on the literature. International Journal of Nursing Practice. Vol 9(2), pp. 70–7.
- Evans B, Crogan N and Shultz J (2005) The meaning of mealtimes: connection to the social world of the nursing home. Journal of Gerontological Nursing. 31 (2):11–17
- Fletcher, J. (2000) The role of the resident: a personal view. Nursing and Residential Care. Vol. 2(3), pp. 114–16.
- Gattuso S and Bevan C (2000) 'Mother, daughter, patient, nurse': women's emotion work in aged care. Journal of Advanced Nursing. 31 (4): 892–9
- Green S.M., Martin H.J., Roberts H.C., and Sayer A.A. (2011) A systematic review of the use of volunteers to improve mealtime care of adult patients residents in institutional settings. Journal of Clinical Nursing. Vol 20 (13-14), pp. 1810-1823.
- Gubrium, J. (1993) Speaking of Life: horizons of meaning for nursing home residents, pp. 128–9. Aldine de Grueter, New York.
- Hagen B, Armstrong-Esther C and Sandilands M (2003) On a happier note: validation of musical exercise for older persons in long-term care settings. International Journal of Nursing Studies. 40: 347–57
- Hantikainen V (2001) Nursing staff perceptions of the behaviour of older nursing home residents and decision making on restraint use: a qualitative and interpretative study. Journal of Clinical Nursing. 10 (2): 246–56
- Hansebo G and Kihlgren M (2002) Carers' interactions with patients suffering from severe dementia: a difficult balance to facilitate mutual togetherness. Journal of Clinical Nursing. 11 (2): 225–36
- Hertzberg A, Ekman S and Axelsson K (2001) Staff activities and behaviour are the source of many feelings: interactions and relationships with staff in nursing homes. Journal of Clinical Nursing. 10: 380–8
- Kellett, U.M. (2000) Bound within the limits: facing constraints to family caring in nursing homes. International Journal of Nursing Practice. Vol 6, pp. 317–23.
- Langley D (2004) Dramatherapy with elderly people with mental health problems. Generations Review. 14 (2): 12–14
- Marken D (2004) Enhancing the dining experience in long-term care: Dining with Dignity program. Journal of Nutrition for the Elderly. 23 (3): 99–109
- Mattiasson, A. and Andersson, L. (1997) Quality of nursing home care assessed by competent nursing home patients. Journal of Advanced Nursing. Vol 26(6), pp. 1117–24.
- McCabe BW, Baun MM, Speich D and Agrawal S (2002) Resident dog in the Alzheimer's special care unit. Western Journal of Nursing Research. 24 (6): 684–96



McGilton, K., O'Brien-Pallas, L., Darlington, G., Evans, M., Wynn, F. and Pringle, D. (2003), Effects of a relationship-enhancing programme of care on outcomes. Journal of Nursing Scholarship. Vol. 35(2), pp. 151–6.

McKee, K., Downs, M., Gilhooly, M., Gilhooly, K., Tester, S. and Wilson, F. (2005), Frailty, identity and the quality of later life. Understanding Quality of Life in Older Age. A. Walker (ed.), pp. 117–29. Open University Press, Maidenhead.

Molony, S. L. (2010) The meaning of home: A qualitative meta-synthesis. Research in Gerontological Nursing. 3. Pp. 291 – 307.

O' Rourke, H.M., Duggleby, W., Frazer, K.D., and Jerke, L. (2015) Factors that affect quality of life from the perspective of people with dementia: a meta-synthesis. Journal of the American Geriatric Society. Vol 63 (1), pp. 24-38.

Parsons, S., Simmons, W., Penn K., Furlough, M. (2003), Determinants of satisfaction and turnover among nursing assistants: the results of a state-wide survey. Journal of Gerontological Nursing. Vol 29(3), pp. 51–8.

Peace, S. and Holland, C. (2001) Inclusive Housing in an Ageing Society: innovative approaches. The Policy Press, Bristol.

Perry, M., Carpenter, I., Challis, D., Hope, K. (2003) Understanding the roles of registered nurses and care assistants in UK nursing homes. Journal of Advanced Nursing. Vol 42(5), pp. 497–505.

Rantz, M.J., Zwyzgart-Stauffacher, M., Popejoy, L., Grando, V.T., Mehr, D.R., Hicks, L.L., Conn, V.S., Wipke-Tevis, D., Porter, R., Bostick, J. and Maas, M.M. (1999), Nursing home care quality: a multidimensional theoretical model integrating the views of consumers and providers. Journal of Nursing Care Quality. Vol 14(1), pp. 16–37.

Reed, J. and Payton, V. R. (1996), Constructing familiarity and managing the self: ways of adapting to life in nursing and residential homes for older people. Ageing and Society. Vol 16(5), pp. 543–60.

Richeson, N.E. (2003) Effects of animal-assisted therapy on agitated behaviors and social interactions of older adults with dementia: an evidence-based therapeutic recreation intervention. American Journal of Recreation Therapy. 2 (4): 9–16

Rowles, G.D., High, D.M. (2003), Family involvement in nursing home facilities: a decision-making perspective. In Stafford, P.B. (ed.) Gray Matters: ethnographic encounters with nursing home culture. School of American Research Press, Santa Fe, pp.173–201.

Ryan A (2003) Rights, risks and autonomy: a new interpretation of falls in nursing homes. Quality and Safety in Health Care. 12: 166–7

Sandberg, J., Lundh, U. and Nolan, M.R. (2001) Placing a spouse in a care home: the importance of keeping. Journal of Clinical Nursing. Vol. 10, pp. 406–16.

Savishinsky, J. S. (1991) The Ends of Time: life and work in a nursing home. Bergin and Garvey. New York.

Steed HN and Smith BS (2002) Animal-assisted activities for geriatric patients. Activities, Adaptation & Aging. 27 (1): 49–61

Sumaya-Smith, I. (1995), Caregiver/resident relationships: surrogate family bonds and surrogate grieving in a skilled nursing facility. Journal of Advanced Nursing. Vol 21(3), pp. 447–51.

Tester, S., Hubbard, G. Downs, M., MacDonald, C., Murphy, J. (2004) What does quality of life mean for frail residents? Nursing and Residential Care. Vol 6(2): 89–92.

Vucea, V., Keller, H.H., and Ducak, K. (2014) Interventions for improving mealtime experiences in long-term care. Journal of Nutrition in Gerontology and Geriatrics. Vol 33 (4), pp. 249-324.

Wicke, D., Coppin, R., Payne, S. (2004), Team working in nursing homes. Journal of Advanced Nursing. Vol 45(2), pp. 197–204.

