



social care
institute for excellence

Person-centred care for older people in care homes



www.scie.org.uk

The Social Care Institute for Excellence (SCIE) improves the lives of people who use care services by sharing knowledge about what works.

We are a leading improvement support agency and an independent charity working with adults', families' and children's care and support services across the UK. We also work closely with related services such as health care and housing.

We improve the quality of care and support services for adults and children by:

- identifying and sharing knowledge about what works and what's new
- supporting people who plan, commission, deliver and use services to put that knowledge into practice
- informing, influencing and inspiring the direction of future practice and policy.

First published in Great Britain in May 2017
by the Social Care Institute for Excellence

© SCIE

All rights reserved

This report is available online
www.scie.org.uk

Social Care Institute for Excellence

Kinnaird House
1 Pall Mall East
London SW1Y 5BP
tel 020 7766 7400
www.scie.org.uk



Contents

Introduction.....	1
Leadership for personalisation	4
Person-centred perspective.....	6
Meeting the needs of every individual	7
Carers, families and friends are your partners.....	8
Better services for care homes.....	9
Local partners for care homes.....	10
Health in the care home	11
Care home 'is' a community	13
Care home 'in' the community	15
Information and advice for residents and carers.....	17
Safety and safeguarding in the care home.....	19
End of life care in a care home.....	21
Resources	22

Introduction

This resource covers the implications of the personalisation agenda for owners and managers of care homes. It summarises information, advice and guidance which will support care home owners and managers as they develop a person-centred (or personalised) approach to care in their homes.

Personalisation means putting the person who is using your service at the centre of everything you do in the care home. Person-centred care starts with the identity of the individual. It focuses on their personal history and strengths, their hopes and ambitions. It means you respect their past, support their present, and help them plan for their future.

Personalisation involves understanding the rights of each individual who lives in the home. The human rights approach to healthcare is based on the FREDa principles from the Human Rights Act: fairness, respect, equality, dignity and autonomy. The Care Quality Commission (CQC), has built on these developments to identify a human rights approach to regulation.

In the past, some 'care' institutions offered the opposite of individualised care: a regimented and depersonalised approach which destroyed self-esteem, identity, and resilience. Traditional, service-led care offers little choice or variety, and treats everyone in the same way. Such models mean that people are not able to shape their own care to fit their personal needs, and access to information about what could be available is often limited.

Over many years, the personalised approach, pioneered by disabled people and third sector organisations, has become embedded in social care policy.

Personalisation is about providing services which are varied, and innovative, and meet the needs of individuals. It requires good communication, so that people can take control of their futures, and make informed choices about their own care from a range of options. It means that people can continue to live their own lives, and follow their own interests. This approach should be the basis of care, treatment and support in all residential care home services, with or without nursing provision.

That is the essence of personalisation – tailoring care and support to what individuals choose as a means of helping them to live their normal life. People don't want to be defined by their condition – they are not “suffering from dementia” or “autistic” or “subject to multiple co-morbidities”. They are, first and foremost, individuals with very personal hopes, fears, aspirations and relationships.

[Department of Health 2015: Voice, Choice and Control, p.4](#)

What the law, policy and guidance say about person-centred services

A number of principles of good care have been highlighted in the last few years by policy and research, regulation and guidance. They include respect and ordinary courtesy; compassion and kindness; responsive care and treatment; openness and

honesty when something goes wrong. The principles should underpin practice to ensure the kind of treatment which we would all want for our families and ourselves.

The Care Act 2014 set the terms for the development of social care for the foreseeable future. It brings together and amends legislation and guidance which has developed over years, and places it all in one framework, underpinned by the principle of individual wellbeing.

The Act puts personalisation on a legal footing for the first time. It defines rights to choice, personalised care plans and personal budgets. It also requires local authorities to ensure that a range of high-quality services are available in their area. The principles of personalised care are now central to social care law and policy.

The Act shifts the meaning of 'care' away from a traditional focus on meeting needs. In the care home, working towards wellbeing means collaborating with individual residents on a personal range of services which will preserve their identity and promote their independence.

Care home owners and managers should know about the local authorities' duties for supporting wellbeing, and the opportunities which these offer to providers.

Regulation

The Care Quality Commission (CQC) regulates all care homes, and provides guidance on meeting the regulations it is enforcing. It also spells out what the fundamental standards are, and exactly what inspectors are looking for when they visit a care home.

The [Key Lines of Enquiry](#) (KLOES) are set out under the five key questions the CQC asks about your service: is it safe, effective, caring, responsive and well-led. The person-centred focus of any inspection is clearest from the lines of enquiry included under 'Responsive'. But each of the five questions is clearly relevant to the development of a service which supports the individual.

The KLOES for social care (which cover all care homes, with or without nursing), are likely to be under revision in 2017.

Personalisation for owners and managers

- [Leadership](#) - Strong leadership is critical to developing a culture inside the home which supports personalisation.
- [Person-centred](#) - Owners and managers need to ensure that all staff are fully committed to personalisation. Ask the residents whether you are getting it right.
- [The individual](#) - In a care home, 'quality' is about ensuring that the individual's hopes, goals and needs are met.
- [Families and carers](#) - Encourage families to be active partners in the care you offer to residents.
- [Better services](#) - Owners and managers should support the development of new local services which respond to the demands of the people in their care homes.

- **Local partners** - Managers and staff need to work jointly with health and social care partners, as well as third sector and community organisations, in transforming local care.
- **Good health in the care home** - Most care home residents are in their 80s or older, and many need care and support for a range of conditions.
- **Care home 'is' a community** - Your aim is to make the home 'home-like': it should look, sound and smell as much as possible like an ordinary home anyone might live in.
- **Care home 'in' the community** - The life of the home should not stop at the front door: it should become part of the local community.
- **Information for care homes** - At every stage, people in your home will need information to choose between and take up the opportunities available to them.
- **Safety and safeguarding** - People in care homes are entitled to live without fear or harm, abuse or neglect. They should be supported to manage any risk arising from the independence they seek.
- **End of life care** - About a fifth of all people who die in any one year in England die in a care home. This means that training for all staff in end of life care planning, and for some in palliative care is a priority.

Leadership for personalisation

Effective leadership involves knowing and respecting the people who use your home, as well as the people who staff it. One important function of leaders is to protect residents against shocks – from transitions into and within the home, or from potential threats to the home's viability.

Checklist for owners and managers

Strong leadership

Strong leadership can make the difference between a good home which has the right facilities; and a great home where residents can live their own lives.

- Is there a clear and explicit commitment to a person-centred approach from the top of the organisation? How do you make sure people know about this?
- Leadership should not be confined to the top of the organisation. How are staff trained and supported to take the lead in improving your service?
- How are the overall aims of the home defined, reviewed and updated? Are the aims co-produced? Are they identified with residents, their families and staff?
- How do you let prospective residents, and the wider community know about your services, your current aims and your ambitions?

Read [Steve Allen's article, about how Friends of the Elderly turned around a care home](#)

Do you really know your residents?

- What arrangements are in place to ensure that staff at every level get to know the people living in the home personally?
- Do all senior staff take the lead in promoting genuine relationships with residents, based on mutual respect?
- Do workers take particular responsibility for individual residents? Are you able to ensure continuity of care?

Ensuring stability in the care home

- Do you understand the local authorities' powers and duties in respect of market failure? Is 'early warning' of financial fragility built into your systems?
- Leaving your own home for a care home, or moving between care homes are major shocks for older people. How are your staff trained to smooth these transitions?

Read more about [managing transitions on the My Home Life website](#).

Watch the College of Occupational Therapists' [film about choosing a care home](#), and the [Living Well Through Activity](#) toolkit.

Learning from your mistakes

- Do you have a simple complaints form/procedure which is easily available to residents and their families?
- Does the culture of the home encourage open comment by residents?
- Do you learn and make changes as a result of complaints and feedback?

Person-centred perspective

Treat your staff with respect. How owners and managers relate to their staff reinforces the culture of the whole organisation. Their commitment must be continually supported and refreshed. Staff can be overwhelmed by the volume and pace of work and a personalised focus can be hard to maintain.

There is [evidence from the NHS](#) that high-quality patient care is associated with positive staff experience.

Checklist for owners and managers

Treating staff with respect

- Are staff at all levels paid and managed in a way which supports candour, honesty, openness and compassion?
- Do you treat the staff as you want residents to be treated?
- Do you listen to your staff?
- A person-centred organisation welcomes feedback from residents and staff. Are all comments, including negative ones discussed openly, and without blame?

Developing a person-centred culture

- Owners and managers should support the development of a person-centred culture in everything they do.
- Thinking about personalisation should be central to staff training, development and support. How do you arrange this? Are all the staff trained in the approach – including catering, cleaning and other domestic staff?
- How is personalisation built into the day-to-day work of your team?
- How do you monitor how well you are doing?
- Is there a system for reporting progress back to the team? How is good practice rewarded?

Everything in the home should reflect your focus on the individual

- Do people have choice about where and when they eat?
- Does each person's room reflect their lifestyle and personality?
- Do common rooms display a range of activities and interests?

Meeting the needs of every individual

Careful individual assessment and planning, in partnership with the resident and their family, carers and other supporters, is the starting point for meeting their needs. Being person-centred means meticulous and continuing attention to detail. You will need a system in place to assure the quality of your assessment and planning process.

The assessment must include a social and occupational history, details of skills, hobbies, activities and interests, as well as diagnoses and healthcare treatment. Former colleagues may be able to contribute to the assessment. Local voluntary organisations and services may be able to add to the care plan. The aim is to:

- maximise independence and opportunity for every person living in the home
- understand and support individual identity and sense of self-worth
- respect people's choices.

The care plan is central to the quality of the service you offer. It depends critically on listening to your residents, and to the family and staff who are closest to them.

Watch the Nursing and Midwifery Council video, [Call me Joe](#)

Knowing individuals involves understanding their place in the group. People are entitled to privacy and autonomy, and may well prefer some quiet, independent time away from communal activities. At the same time, promotion of the social life of the home – through sociable mealtimes, joint outings and other activities – will help to ensure that 'privacy' does not conceal loneliness and depression.

Read more about combating loneliness, in [Promising Approaches to reducing loneliness and isolation in later life](#), January 2015, Age UK/Campaign to End Loneliness

Checklist for owners and managers

You need to understand how the population of your home may be changing:

- More men are living in care homes than in the past: are their interests and preferences respected?
- Are the rights of non-traditional couples fully understood?
- Are people from black and minority ethnic backgrounds always asked about their specific needs or preferences?
- Are people with specific beliefs, sexual preferences, or histories which are different from the majority fully protected from possible discrimination, prejudice or exclusion by staff or residents?
- How do you ensure your staff and their practice is non-judgemental?
- How do you minimise or tackle discriminatory views from residents?

Carers, families and friends are your partners

Those who are important in people's personal lives – their partners, carers, family members and friends – should remain important when they move into a care home. They are vital to the residents' wellbeing and safety. The sustained and accepted involvement of families and carers is one of their best protections against abuse and neglect.

- Checklist for owners and managers
- Staff should be trained to be comfortable with the presence of families and friends in the home and to work with them as partners.
- Make full use of technology to promote contact with friends and family: mobile phones, Skype, and the web.
- Families and friends should be your allies in ensuring that the details of a person's history, strengths, and preferences are respected in the home.
- Families and friends may be able to support staff in coping with aspects of the person's condition or behaviour which would otherwise be misunderstood. (Watch the [Nursing and Midwifery Council video, Doing our Best](#))
- Families and friends may be the first people to notice a change in behaviour – for example, due to loneliness, a sense of loss or bereavement, or depression. (For examples of good practice in working with Families, go to [My Home Life, Bulletin 19 'We Are Family'](#))
- Carers themselves need the support of staff: they may be mourning the 'loss' of the person they used to know, or have feelings of guilt or failure at the admission of their relative to a care home.
- Carers may wish (with the agreement of their relatives) to continue to undertake some practical care tasks which were theirs in the past. They may enjoy joining residents for meals, and some may want to become regular volunteers at the home.
- Residents have a right to visits from family and friends, and care home staff should respect this. If they want privacy, they should be given it. Even if residents lack capacity, their right to visits should be upheld, unless it can be shown that they are not in the person's best interests.
- Care home staff should be aware that carers have a right under the Care Act 2014 to an assessment of their needs, and should be prepared to direct carers to the relevant local authority. For more details, go to [Carers UK: What are my rights as a carer?](#)

Better services for care homes

To help develop the local market to provide services tailored to the needs of present and future residents of your care home you need:

- a thorough knowledge of the people who live there now – their histories, preferences, interests and capacities
- a clear understanding of the local population, its strengths and needs, and how it is changing
- insight into the strategies which local agencies are developing to meet local needs.

Under the Care Act, local authorities have a duty to achieve a responsive, diverse and sustainable market of service providers. The starting point for this is the publication of a Market Position Statement.

For more information go to [TLAP: commissioning and market shaping](#)

Market development to fit local needs should be the result of joint work and consultation with a wide range of organisations and individual citizens.

Care home owners and managers clearly have a role to play in shaping the market for residential care. Collaboration with local agencies will help you to develop the future of your care home.

Checklist for owners and managers

- Can you demonstrate that person-centred care is embedded in every part of the service you currently offer?
- Do the services offered by your home clearly meet identified local needs? Are there any changes you can make to provide a better fit?
- How are local needs likely to change over the coming years? How will your home need to adapt to these changes?
- Are you able to offer the space and staff for service innovation in the home?
- Do you listen to and value the suggestions and ideas that staff may have about service innovation?
- What new service provision is needed in the locality to provide choice and quality provision for your residents?
- How certain is your financial future? Are you able to offer stability as the market develops?

Local partners for care homes

For all care homes, with and without nursing care, their most important local partners will be health and social care agencies.

- Most care home residents are older people. Their needs for care and support are similar across all care homes: many people have more than one long-term condition, and take several prescribed drugs.
- There is a high incidence of dementia among care home residents. The Alzheimer's Society has estimated that around 70 per cent of care home residents are living with dementia or severe memory problems – but these are not always fully recognised or diagnosed.
- A person-centred approach requires a system for involving people in the planning of their own health, care and support. Read National Voices, [Wellbeing our way](#).

The importance of joined-up local working to support the health and care of people in care homes has been recognised in NHS England's New Models of Care programme.

- Watch a film about the work of [six care home 'vanguard' sites](#) which aim to offer better, joined-up health, care and rehabilitation services.
- The King's Fund and My Home Life are also working together to provide a [learning network](#) to support collaboration between care homes and local health and care partners.

Local partnerships, of course, do not end with health and social care. Providing the range of services that focus on the individual person will involve partnerships with other local authority services: transport, employment, leisure, and library services, for example.

Collaboration in market shaping with the local authority will help services to connect locally. Working together with other care home providers may enable you to maximise the opportunities you can offer residents.

Health in the care home

People living in all care homes are entitled to the same standard of health and social care as they were in their own homes. This involves collaboration between the home and local NHS and social care agencies, as well as third sector and community services.

Checklist for owners and managers

The assessed health needs of residents in care homes with nursing will be met in part by the nurses and health care assistants on the staff. But all people in care homes need access to a range of health care services:

- Firstly, and most importantly, people need primary care. Residents in registered care homes are entitled to the same range and level of care and treatment from a local GP as people who are in their own homes. This range includes all screening services, and regular medication reviews.
- Managers should ensure that staff have a system for arranging and monitoring regular check-ups (for example, for eyes and teeth; smear tests for younger women.)
- Residents will often also need health support, including:
 - specialist medical services
 - specialist nursing care
 - physiotherapy
 - occupational therapy
 - speech and language therapy
 - chiropody
- In 2015 the National Institute for Health and Care Excellence (NICE) produced advice for [local authorities on improving the health and wellbeing of older people in care homes](#). They emphasised the importance of:
 - clear care home policies and action plans
 - ensuring that people in care homes retain their independence and identity
 - co-produced person-centred care in the home
 - equal access to services
 - safety

Resources

- NICE has also published specific guidance on dementia; on the mental wellbeing of older people in care homes; on infection prevention and control, and on managing medicines in care homes. See [NICE: Tailored resource for carers and care providers on supporting people to live well with dementia](#)

- NHS England's [Framework for enhanced health in care homes](#), based on the work of six 'vanguard sites'.

Care home staff must be trained to deliver clean, safe care. At the same time people who live in care homes, their carers, families and friends should all be made aware of the risks of spreading infection, and how to avoid them.

Care home 'is' a community

It's been said that the care home is a curious hybrid: called a home, but not like the homes we all live in normally.

A person-centred approach to managing the home will make it homely in all the ways that promote independence, support self-respect and wellbeing, and ensure the dignity of every individual. This means, above all, that you must know what your residents want from their daily lives, and the extent to which you are supporting it.

At the same time, the home is a community of individuals who can derive support from knowing each other. As in any community, people will have very varied interests and skills. Encourage people to maintain, or recover their personal preferences by offering a wide range of services.

- [LEAF 7](#), originally developed by Age UK Wakefield is a simple but very reliable tool for measuring the quality of life in vulnerable older adults.
- Age UK is also promoting a filmed diary programme, called [Pull up a Chair](#) for people living in care homes. Talking to the camera, people are encouraged to explore the extent to which their wellbeing is supported by their home.

Checklist for owners and managers

Know your residents

- Talk to residents, their families and friends, and find out what parts of their personal histories are important to them and their sense of identity, and how they see themselves.
- Encourage people to maintain old contacts and interests.
- Support people to make the home their home, with photos, furnishings, books.
- Encourage people who can continue to take on normal domestic tasks to do so – make a cup of tea, lay the table.
- Get to know what your residents can do, and hope to do, and expand the opportunities you offer to them.
- Find out what new services local community groups can offer, to add to the options available.

All the staff can make a difference

- Housekeeping staff can keep the environment fresh, clean and welcoming, and reflecting individual preferences.
- Mealtimes should be a social event, as well as providing appetising, nutritious food.
- Nursing and care staff should be careful to keep hoists, wheelchairs or other heavy or obviously surgical equipment as unobtrusive as possible.

- The arrangement of common rooms for dining or sitting should allow for normal social groups to develop, and for a range of tastes.
- Personalisation involves meticulous attention to detail in the service you offer.

Care home 'in' the community

A care home which is open to the local community is able to provide many benefits to the residents by means of interaction with the community outside its doors. It can also become a valuable resource for the community.

Care Homes as community hubs: Friends of the Elderly are looking at how care homes can be transformed into community hubs that use local resources and assets. Supported by SCIE / TLAP

Checklist for owners and managers

Going out

Going out can support independence, resilience, self-esteem, group solidarity and individual mobility:

- Support people to continue to pursue their own interests outside the home wherever possible, and maintain their membership of clubs or organisations.
- Individuals, or groups of residents can go out to entertainments (cinema, concert, theatre, sport), learning opportunities, talks or political meetings, libraries – rather than sit in a common room. Staffing levels should support this.
- People who have had their own gardens or allotments will miss them, and the health benefits they bring. Is there gardening to do at the home; gardens to visit?

Bringing the 'outside' in

Bringing the 'outside' in, can widen residents' horizons, multiply services, combat loneliness and depression, and break down stereotypes:

- Is there a group of people who play cards, or board games in the home: can outsiders join in? Is there a local bridge group who could play in the home, with residents?
- Could you offer part of your grounds or garden to a local school, so that residents and children could collaborate in gardening?
- Is there a local book club in the locality which residents can join – outside or inside the home?

Magic Me is an arts charity which brings the generations together to build stronger communities: watch their video about bringing [cocktail parties into care homes](#).

Alive! is a charity which aims to improve the lives of older people living in care homes through engaging them in a range of worthwhile activities. Find out more about what they offer in their [activity sessions](#).

Technology

Technology can help to break down barriers between the outside world and the care home. Remember its potential for communication, shopping, learning and entertainment. Can the community provide the hardware, teachers or co-learners in the home?

Barclay's [Digital Eagles](#) offer free 'Tea and Teach' sessions across the UK, which focus on improving digital skills among older people.

Information and advice for residents and carers

Checklist for owners and managers

Choosing the home

- Do you provide complete and accessible information about the care home, including a full list of services and costs? Does the information pack include the statement of purpose, service user guide, brochures detailing services, payment terms and a statement of terms and conditions?
- Do you make clear the terms on which people can make use of personal budgets and direct payments, when using your services?
- Do you signpost sources of advocacy, as well as legal and financial information and advice?
- Do you encourage several initial visits by potential new residents, and/or families and carers to inform choice?

Arriving at the home

- Do you provide information about CQC's fundamental standards, which you must meet; do you display your most recent CQC rating?
- Do you encourage comments and complaints, and provide a simple leaflet about your complaints procedure to residents and their carers? Is it clear, easy to understand and responsive?
- Do you let people know about their rights, and signpost useful leaflets or websites? Are friends and families told about their rights to visit, and encouraged to do so?

The Relatives and Residents Association has published a useful [summary of the rights](#) of care home residents.

In the home

- New residents should be fully informed about all the services the home has to offer at their initial needs assessment.
- At the same time, you must start the process of understanding their particular ambitions and interests, skills and capacities, likes and dislikes. Preferences must be recorded, communicated to all levels of staff, and added to as the resident settles in.
- Are you confident that people living in your home have access to all the information and advice they need to make informed decisions?
- Do residents have access to advocacy services?
- People experiencing dementia must not be excluded from the possibility of expressing preferences, and giving feedback.

The Alzheimer's Society's [This is me](#) is a tool which people with dementia can use to let health and care workers know about their needs, interests and preferences.

A technique called [Dementia Care Mapping](#) has been found effective in helping staff to achieve and maintain person-centred care for people with dementia.

Safety and safeguarding in the care home

Two of CQC's Fundamental Standards, which care providers must meet, concern:

- safety: you must not provide unsafe care or treatment, or put people who use your service at avoidable risk of harm
- safeguarding from abuse, improper treatment, or neglect.

CQC has lead responsibility for investigating incidents where people in residential homes have been harmed by unsafe or poor quality care or treatment, while the local authority takes the lead in safeguarding cases. There will of course be cases where both agencies are involved.

The obligations of care home owners and managers in respect of safety apply to all the people living and working in their care home. They should have clear policies in relation to both.

For residents, a careful and balanced approach to risk will include assessments which include:

- beds and other equipment
- the potential for falls throughout the home
- the management of drugs and other dangerous substances
- hot water and hot substances, and surfaces
- the spread of infection and diseases
- the possibility of aggression or challenging behaviour.

Risk should never be the reason for restricting the independence of residents unless the risk has been fully assessed, and found to be unacceptably great. The Health and Safety Executive provides general guidance on the protection of care workers and residents from common risks, as well as a practical guide to risk assessment, (see Further Reading).

Safeguarding adults from abuse or neglect is everyone's business. The Care Act 2014 defines a framework for safeguarding adults. Care providers must have clear policies and procedures which reflect the Care Act statutory guidance (Chapter 14) and their local multi-agency procedures and everyone who works in a care home should understand and follow these procedures.

Making Safeguarding Personal (MSP) is a sector-led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. Staff need to engage with people about the outcomes they want, and work with them to get the balance right between choice, and control and safety. Read more about [Making Safeguarding Personal \(MSP\)](#)

All care home managers and staff should be trained in their responsibilities for reporting and recording concerns about abuse or neglect. All care homes must have a whistleblowing policy to guide staff in raising concerns where they feel it is unsafe to do

so internally or where a concern has been ignored. The CQC provides a model leaflet for health and care staff about [the rights of whistleblowers](#).

All care homes share their residents' personal data with partner organisations. Residents have a right to confidentiality in relation to their personal data, and should be assured that this is respected.

Managers should ensure that formal data-sharing agreements with partners set out the security measures which comply with the principles of the [Data Protection Act 1998](#), and the forthcoming [General Data Protection Regulation](#).

End of life care in a care home

Most care home residents are over 85 years old, with an average life expectancy of less than two and a half years. This means, of course, that caring for people approaching the end of their lives must be a large part of what care homes, with or without specialist nursing care, must provide.

Almost a half of all deaths in England take place in hospital, although many of these people might have preferred to die 'at home'. In 2016, the government's response to the Review of Choice in End of Life Care declared a commitment to improving end of life care in all settings. The Review found that people want to make choices about their own care even at the end of life; and they want these choices to be real – based on available, varied, high-quality services.

Checklist for owners and managers

Care homes currently vary in the extent to which they provide end-of-life care. Some have specialist teams on site; others draw on community-based resources, primary palliative care or hospice outreach teams to support residents. A full service may involve:

- effective pain and other symptom control
- support for carers
- 24-hour nursing care
- night sitters
- access to equipment
- out-of-hours support.

Every care home, whatever their resources, should have a strategy in place which supports a personalised approach to people who are dying. It should draw on NICE guidance, and collaboration with partners to ensure that:

- access to care is fair, personalised and coordinated
- trained staff have enabled the person to express their preferences
- a person stays for as long as possible where they want to stay
- emergency admissions to hospital are avoided
- quality of life is maximised, and pain and other distressing symptoms controlled
- carers are informed and supported
- requirements relating to their religion or ethnicity are fully respected.

In 2015, CQC developed with other organisations a new set of principles to ensure consistent care in care homes and other settings: 'Ambitions for Palliative and End of Life Care'. Care homes are not given a rating for quality of end-of-life care, but CQC inspectors always ask a question about it.

My Home Life has developed a [step-by-step guide to good practice in end-of-life-care](#)

Resources

Introduction

- Voice, choice and control (2015), Department of Health
- Key lines of Enquiry (2016), Care Quality Commission

Leadership for personalisation

- How our service went from a rating of inadequate to good – Blog by Steve Allen, Chief Executive of Friends of the Elderly (2016), SCIE
- Person-centred thinking tools
- Choosing a care home video (2016), Royal College of Occupational Therapists
- Living well in care homes toolkit (2016), Royal College of Occupational Therapists

Person-centred perspective

- Do associations between staff and inpatient feedback have the potential for improving patient experience? An analysis of surveys in NHS acute trusts in England (2008), Point of Care Foundation

Meeting the needs of every individual

- Call me Joe video (2010), Nursing and Midwifery Council
- Promising approaches to reducing loneliness and isolation in later life (2015), Age UK/The Campaign to End Loneliness

Carers, families and friends are your partners

- Doing our best video (2010), Nursing and Midwifery Council
- We are family (2016), My Home Life
- What are my rights as a carer? (2017), Carers UK

Better services for care homes

- Commissioning and market shaping, Think Local Act Personal

Local partners for care homes

- Wellbeing our way – impact report (2016), National Voices
- Enhanced health in care homes vanguards (2016), NHS England
- Care homes, housing, health and social care (2017), The King's Fund

Health in the care home

- Older people in care homes (2015), National Institute for Health and Care Excellence
- Dementia resource for carers and care providers, National Institute for Health and Care Excellence
- The framework for enhanced health in care homes (2016), NHS England

Care home 'is' a community

- LEAF-7 (2016), Age UK Wakefield District
- Pull up a chair, Age UK Wakefield District

Care home 'in' the community

- Care homes as community hubs, SCIE
- Cocktails in care homes, Magic Me
- Alive!
- Digital Eagles, Barclays

Information and advice for residents and carers

- Your rights in a care home (2016), The Relatives and Residents Association
- This is me tool (2017), Alzheimer's Society
- Dementia care mapping (2015), University of Bradford School of Dementia Studies

Safety and safeguarding in the care home

- Making Safeguarding Personal (2013), Association of Directors of Adult Social Services
- Data protection, gov.uk
- Overview of the general data protection regulation (2017), Information Commissioner' Office
- Medicines management in care homes (2015), National Institute for Health and Care Excellence
- Health and safety in care homes (2014), Health and Safety Executive
- Sensible risk assessment in care settings, Health and Safety Executive

End of life care in a care home

- Supporting good end of life, My Home Life
- Our commitment to you for end of life care (2016) Department of Health

- New ambitions for end of life care (2015), Care Quality Commission
- End of life care for adults (updated 2013), National Institute for Health and Care Excellence

Other resources

SCIE

- Personalisation e-learning resource
- One page profile e-learning resource
- Personalisation videos
- Personal budgets videos
- Dignity in care videos
- End of life care videos
- Dementia and technology section

Think Local Act Personal (TLAP)

- Personalised care and support planning tool
- Making It Real sensory impairment

Care Quality Commission

- Guidance for providers on meeting the regulations (2015), Care Quality Commission
- The fundamental standards (2017), Care Quality Commission
- Human rights approach for our regulation of health and social care services (2015), Care Quality Commission
- Information for people on their visiting rights in care homes (2016), Care Quality Commission

Department of Health

- Care and support statutory guidance (2017), Department of Health

National Institute for Health and Care Excellence

- Older people in care homes (2015), National Institute for Health and Care Excellence
- Infection prevention and control (2014), National Institute for Health and Care Excellence

SCIE training and consultancy services

Developing skills in social care and health

SCIE is a leading provider of training and workforce development for the social care and health sectors. We offer bespoke training and workforce development, delivered within your organisation.

Our training courses, resources and services are developed by subject matter experts and are founded on evidence of what leads to improvement. Most courses are one day long and can be delivered to up to 25 delegates at your premises, but we can adapt to meet your needs.

We provide training, workforce development and CPD solutions to: local authorities, care and health providers, housing associations and regional networks. Our courses complement our tailored consultancy services.

Training courses

Our courses support continuous professional development and learning. Most courses are one day long and can be delivered at a competitive rate to around 25 delegates per session at your premises. But we can adapt to meet your needs. If you require training on other care-related issues, please let us know.

Call 020 7766 7400 or [click here](#) to find out more.

Care and health consultancy and improvement support

Consultancy and improvement support for children's, families' and adults' care and health sectors.

You can commission SCIE to help you plan, commission, research, evaluate and deliver better care and support to people who use services.

Our social care consultancy and improvement services complement our training and our freely-available resources. Many clients commission a combination of consultancy and training support.

Call 020 7766 7400 or [click here](#) to find out more.

May 2017

Person-centred care for older people in care homes

This resource covers the implications of delivering person-centred care for older people in residential care and nursing homes. It summarises information, advice and guidance to support care home owners and managers in developing a person-centred (or personalised) approach to care in their homes.

Social Care Institute for Excellence

Kinnaird House

1 Pall Mall East

London SW1Y 5BP

tel 020 7766 7400

www.scie.org.uk

