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Personalisation briefing



November 2009

Implications for residential care homes

Key messages

Personalisation for residential care homes means:

- person-centered and relationship-centred care and support should be at the heart of the service offered by residential care homes
- the care home setting is a community, both of itself and within the community in which it is located – residents and staff can actively seek out opportunities for engagement with the wider community to personalise the services offered
- care home managers need to ensure that existing services respond to identified local needs and look at opportunities to diversify in terms of the services offered
- ensure that staff 'live and breathe' a culture that actively promotes personalised services with maximum choice and control for people living in the care home
- residents should have access to all the information and advice they need to make informed decisions, including advocacy services
- teamwork and effective communication, staff development programmes and robust systems of quality assurance will be important in contributing to positive outcomes
- care home managers are well placed to understand the needs of local communities, provide leadership, and work collaboratively with people using services, their families and carers in the design and delivery of services.

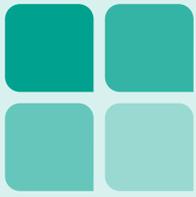
This At a glance briefing examines the implications of the personalisation agenda for managers of residential care homes.

Personalisation means thinking about care and support services in an entirely different way. This means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about how and when they are supported to live their lives. It requires a significant transformation of adult social care so that all systems, processes, staff and services are geared up to put people first.

The traditional service-led approach has often meant that people have not received the right help at the right time and have been unable to shape the kind of support they need. Personalisation is about giving people much more choice and control over their lives in all social care settings and is far wider than simply giving personal budgets to people eligible for council funding. Personalisation means addressing the needs and aspirations of whole communities to ensure everyone has access to the right information, advice and advocacy to make good decisions about the support they need. It means ensuring that people have a wider choice in how their needs are met and are able to access universal services such as transport, leisure and education, housing, health and opportunities for employment regardless of age or disability.

What are the implications for residential care homes?

Good quality care homes are important for the successful implementation of *Putting people first*. Care homes are a valued part of the overall spectrum of care and support services within local communities, providing a range of services to meet individual needs. At its simplest, personalisation, in the context of care homes, is putting the person who uses the service first in order to ensure that they



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can exercise choice and control over the way that services are provided. This is not a new concept for the best care homes. However, there is an expectation that health and social care services need to change to respond to the principles of personalisation as expressed in *Putting people first*. This requires services to be outcome-focused. Such services should ensure that peoples' needs are met in ways they choose, and not according to how professionals believe things should be achieved.

Person-centred and relationship-centred care

In care home settings person and relationship-centred care and support should be at the heart of the service offered. This is evidenced by people who live in care homes (often referred to as residents) and their families being treated as 'customers' with a voice which is listened to and acted upon. This enables the person's view of their experience to continually inform and improve the service offered by the care home. This requires attention to detail by staff, to understand each person's life history and preferences and can be challenging for some large care homes.

‘Person-centred care is a concentration on the small things of everyday life’

Care provider

The consequences of transformation and change

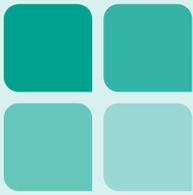
We can expect that the services provided by care homes will be rather different in the future. It is essential that care homes understand the implications of personalisation and are fully engaged with the processes of change. Here are

some aspects that care home managers should consider:

- Do you have a clear understanding of what the needs of the local population are and what strategies are in place from health and social care agencies to meet those needs?
- Does your existing service respond to identified local need or will changes need to be made?
- Given the size and facilities of the care home, are there opportunities to diversify in terms of the services offered?
- Does your Statement of Purpose clearly describe services in personalised ways?
- Do your residents have access to all the information and advice they need to make informed decisions?
- Do your residents have access to advocacy services?
- Is the culture and practice in your home enabling and not paternalistic?
- Is your complaints procedure clear, easy to understand and responsive?
- Commissioning practices will change and this may result in some services being de-commissioned and new ones being commissioned. Local Authorities may move away from the use of block contracts with providers as they seek to fund other service arrangements.
- Services for people with dementia in care home settings could increase.

The key is to engage locally with the transformation agenda and to embrace what it has to offer so that new ways of working can be established across the wider health and social care sector.

There are many examples of good practice within care homes which encompass effective leadership (showing that the power balance shifts from the professional to the individual) and person-centred/relationship-centred care. Such care homes respect dignity and human rights



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Ensuring a positive transition into a care home

Brunel Care understands that the transition into a care home can be a traumatic experience, whether it is from the person's own home, another home or from hospital. In response to recognising this situation, key staff are allocated to residents pre-admission, from the initial point of contact. Each subsequent visit is followed up by the named member(s) of staff. This key worker engages in the assessment. Establishing a relationship is considered key to seeing the individual for who they are. This enables the relationship to evolve and not be rushed or forced. The person moving into the home begins to trust and develop a rapport with the key worker, which then eases the transition, reduces anxiety and actively involves the person at each step, enabling them to make informed choices. Once in the care home, the key workers are on duty in the initial few weeks to continue this transitional work.

and seek to actively involve people receiving the service and their carers. In addition, teamwork and effective communication, staff development programmes and robust systems of quality assurance contribute to positive outcomes for individuals.

Quality of life and personalisation

Many of the issues relevant to personalised services in care homes are being explored through the work of the My Home Life (MHL) programme. Through an extensive literature review the programme has found that quality of life for older people in care homes can be captured by the following themes:

1. Managing transitions
2. Maintaining identity
3. Creating community
4. Shared decision making
5. Improving health and health care
6. Supporting good end of life care
7. Keeping the workforce fit for purpose
8. Promoting a positive culture

The work of the MHL programme in developing resources and a practice network to support care homes has its focus on the quality of life of people living in care homes. However it has become apparent that the personalised care and support necessary to put this into routine

practice, means seeing the 'community' of a care home consisting of those visiting and working there as well.

Flexibility and diversity

The care home setting is a community, both of itself and within the community in which it is located. People who live in care homes, and the staff who work in them, can actively seek out opportunities for engagement with the

Intermediate care in a care home setting

The Order of St John's Care Trust (OSJCT) operates intermediate care units in some of their larger care homes. For the individual this facilitates a full assessment of their health and social care needs, co-ordinated from one point of contact. Health and social care professionals work with the individual, their family and staff in the care home to ensure that on discharge the right support systems are in place to enable the person to live as independently as they can in their own home. A stay in the unit also enables adaptations to be made to the person's own home. The Trust's experience is that, in addition, this allows the family to stay engaged and be relieved of pressures which in turn allows them to spend more time with the individual. Often the individual continues to have contact with the unit perhaps for bathing or monitoring of health care needs and social support after they have left.



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wider community to personalise the services offered. New models and ways of working can be developed which complement and respond to the local commissioning strategy. Examples might include:

- access to community resources including information and advice, day services, equipment and variety of health related services
- developing a resource centre model which provides outreach services
- re-ablement services
- using space in the home for falls prevention services
- respite services offering additional support in the evenings, at night or weekends
- specialist services such as dementia care and end of life care.

How to engage – what else can you do?

As indicated, care homes are an integral part of their local community and therefore care home managers are uniquely placed to:

- demonstrate effective leadership in offering outcome-focused services

- ensure that staff 'live and breathe' a culture that actively promotes personalised services with maximum choice and control for people living in the care home
- ensure that staff have the necessary learning and development opportunities to support the principles of *Putting people first*
- understand the local market position and respond with personalised services tailored to the local area
- work collaboratively with health and social care agencies as the staff in these services also have to learn to work differently
- share information regarding person-centred care and approaches as well as promoting the voice of people using services
- involve families in the design and delivery of services
- be aware that, at present direct payments cannot be used to purchase a place in a care home.

Using life history

St Monica Trust have several examples of how understanding the life history of a person can ensure that they are seen as an individual who is enabled to make informed choices about everyday life. This in turn allows the person to remain distinctly who they are, and not just one of many in an institutional setting. This approach helps staff to take perceived complex issues and make them appear easy.

Some examples are:

- A person who enjoys social gatherings and eating together is sensitive about how they now appear when eating. Staff at St Monica Trust have worked with the individual to achieve a balance and a level of engagement which uphold the person's dignity and privacy but also allows the engagement for which they long.
- A female resident who was a make-up artist in her formative years has re-discovered her identity and self worth through pampering sessions.



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Further information

Burke, S (2008) 'A personal service: residential care and personalisation' in Philpot, T (ed) *Residential care: a positive future*, London: Residential Forum

Department of Health (2007) *Putting people first – a shared vision and commitment to the transformation of adult social care*, London: DH

Department of Health (2008a) *Putting people first – working to make it happen: adult social workforce strategy – interim statement*, London: DH

Department of Health (2008c) *High quality care for all: NHS next stage review final report*, London: DH

Owen, T and the National Care Homes Research and Development Forum (2006), *My Home Life: quality of life in care homes*, London: Help the Aged

Carr, S (2008) *Personalisation: a rough guide*, London: SCIE

There are also many online sources of information and resources to support good practice:

My Home Life aims to celebrate existing best practice in care homes and promote care homes as a positive option for older people. The My Home Life team is working to help improve the quality of life in care homes, through the development of a range of resources, events, practice development initiatives and other activities. www.myhomelife.org.uk

The **Care Quality Commission** website holds many publications and studies on best practice (including those published by previous regulators). www.cqc.org.uk

Joseph Rowntree Foundation: www.jrf.org.uk/work/workarea/better-life

The Open University: www.open.ac.uk/hsc/home.php

Centre for Policy on Ageing: www.cpa.org.uk

Help the Aged: http://policy.helptheaged.org.uk/_policy/default.htm



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Acknowledgements

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In its report *Personalisation: a rough guide*, the Social Care Institute for Excellence (SCIE) tells the personalisation story so far – exploring what it is, where the idea came from and where it sits within wider public service reform. It is freely available online at www.scie.org.uk

Briefings in this series:

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SCIE's At a glance summaries have been developed to help you understand as quickly and easily as possible the important messages and practice advice in SCIE's guides. These summaries will give you an overview of the messages or help direct you to parts of the guide that you may find most useful. You can also use them as training resources in teams or with individuals.

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**Social Care
Institute for Excellence**
Goldings House
2 Hay's Lane
London SE1 2HB

tel 020 7089 6840
fax 020 7089 6841
textphone 020 7089 6893
www.scie.org.uk

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