Care Home Organisations Implementing Cultures for Excellence (CHOICE)
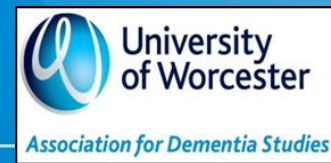
what makes a real difference to resident experiences ?

Acknowledgements

With special thanks to:

- The care homes (including residents, relatives, visitors and staff) who volunteered to take part the project

- Our research team colleagues at University of East Anglia, University of Stirling and Cardiff University

Why study care home culture?

- In the U.K, care homes with similar resources and demands are known to provide vastly different experiences of care to their residents.

- "Organisational culture" is argued to play an important role in shaping care and is often blamed for poor care and institutional abuse.

- There was a need to empirically examine the relationship between a care home's organisational culture and the experiences of care for residents

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What is organisational culture?

* The values, assumptions and norms of behaviour that influence how members of an organisation behave and interact.

* This includes formal rules and overt values but also subconscious or unofficial practices; 'the way we do things here'.

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How does organisational culture relate to leadership?

- Leaders can have an effect on an organisation's culture but they (and their work) are also affected by the culture.

- Therefore an awareness and responsiveness to culture is essential for leadership to be effective in creating and sustaining positive care experiences

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CHOICE: 11 care home case studies

- **Aim to highlight key practices associated with positive & negative care experiences with a particular focus on those most likely to create a positive care culture**

- **3 months per case study. Care homes ranged in size, age, location, registration and owning organisation**

- **Detailed observations of care as experienced by people with advanced dementia and complex needs, using the "PIECE-dem framework"**

- **Further observations and interviews with residents, staff, management and visitors**

- **Analysed to identify key practices and cultural elements that influenced care experiences**

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Overall Findings: care experiences

- **Care Homes providing excellent care:** Consistently inspiring, creative and sensitive approaches

- **Care Homes aiming to provide good care but often providing poor care**:
  - Little engagement for long periods
  - Neglectful practice
  - Insensitive support

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Overall Findings: relationship to culture

Positive care experiences were facilitated by:

❖ Shared norms of practice, values and assumptions about care.

❖ **Seven elements** of a 'positive culture' were present.

❖ Poor care experiences were unusual and infrequent.

Positive care experiences were impeded by:

❖ Lack of shared norms, values and assumptions.

❖ Some, but not all, of the **seven elements** of positive culture were present

❖ Positive care experiences were dependent on individual staff

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Positive Care Cultures
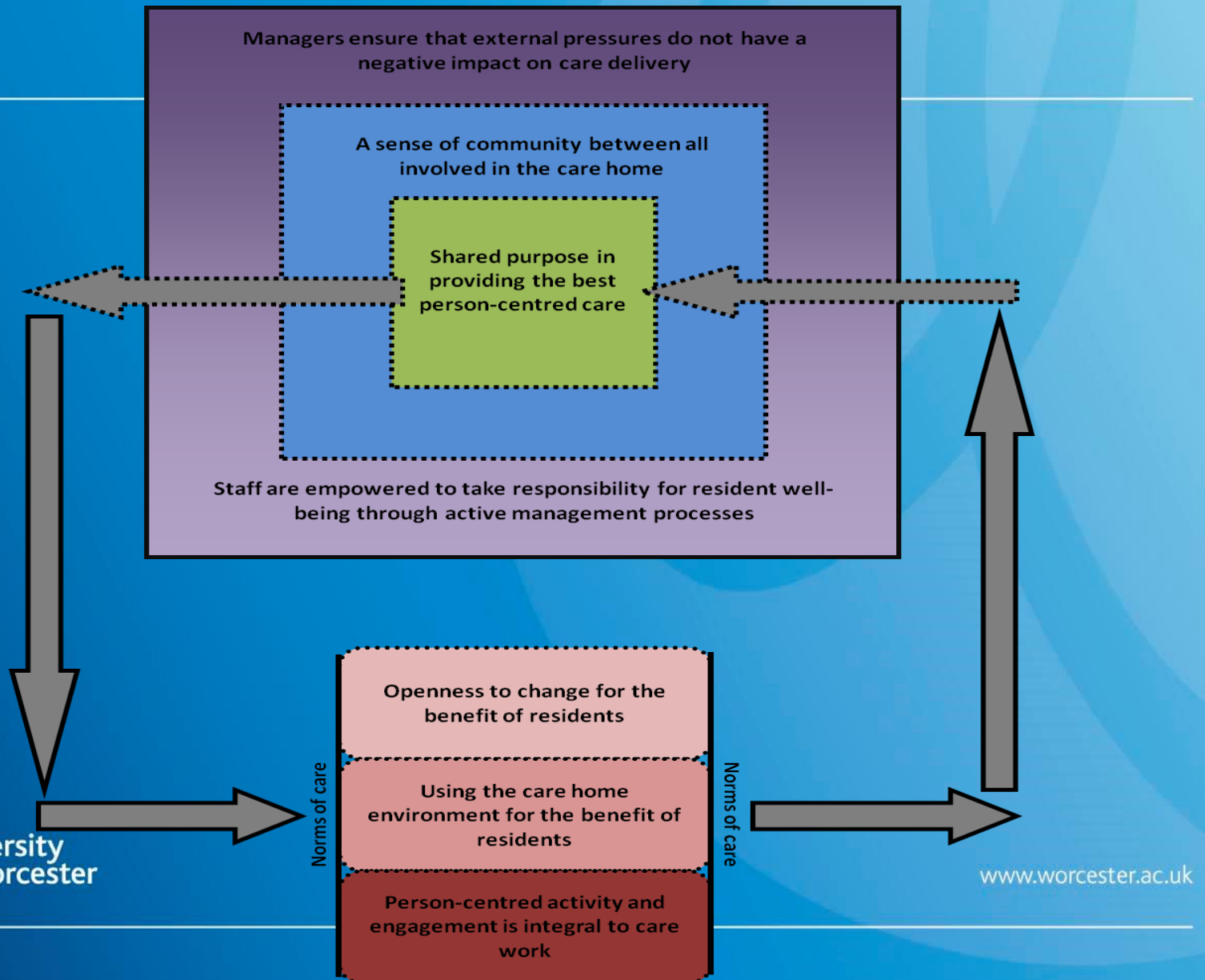
Positive care culture

Beliefs and values lead to actions that create a positive care culture

Positive care culture enables norms and assumptions of care practice

Norms of care practice reinforce beliefs, values and actions

The features of positive care culture are interconnected. They help to facilitate and reinforce each other.

A positive care culture requires constant work related to all of the features to create and sustain it

Leadership must account for culture in order to be effective

Shared purpose in providing the best person-centred care

- Everyone had the same understanding of what person-centred care means in their home

- This understanding was based on practical, everyday actions and their impact on residents

When different staff at one home were asked what advice they would give to a new member of staff, all of them independently answered:

"get to know your residents"

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A sense of community between all involved in the care home

- All residents, staff and visitors have opportunities to be involved in home life

- Residents are known throughout the home and enjoy everyday experiences

- Friendship-like interactions with and between residents

"When G's niece was visiting I saw her chatting and welcomed by staff. Smiles and 'how are you?' She belongs here, she is not just "next of kin" , she is a friend to us," (Researcher Observations)

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Staff are empowered to take responsibility for resident well-being through active management processes

- Staff were both willing **and** able to make decisions and take action for resident well-being

- Management & leadership practices either encouraged or discouraged this

Fred's key worker was highly responsible and had good insight into why he often reacted physically to staff. However, management were seen to exclude care staff from discussions about Fred's care.

When the manager was asked about the key worker's relationship with Fred she replied: *"I haven't really thought about why she's so good with him."*

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Management & leadership practices that empowered staff:

Practical and emotional support	Physically present	Clearly defined expectations and boundaries of different roles
Responsive to problems and ideas	Diffuse (there were sub-levels of leadership)	United and strong in decision-making

Managers ensure that external factors do not have a negative impact on care delivery

"Making sure the T's are crossed and the I's are dotted, that's what the job is mostly about now. The amount of time staff have to sit down and spend on care plans," (Manager)

this led to a typical observation of care practice:

"Carer asks about dietary records for residents who haven't eaten yet. Another carer replies 'just record a spoonful'.
Care plans are a care task here rather than a product, to the extent that we record something even when it hasn't been done,"

- Managers protected the daily work of staff from the impact of external factors by absorbing it or translating it into resident-focussed action

- External factors included: regulatory & organisational requirements, family requests and financial pressures.

Openness to change for the benefit of residents

- Ongoing and gradual change pursued for the benefit of residents was the norm

- When the benefit for residents was clear it helped others to accept and support the change

"When we first had animals I had terrible trouble (with organisation's management committee), because they said 'we don't like animals, why have you got them in?' So we talked to them, wrote it in the newsletter, the benefit that it gave to residents. Just kept talking about it and saying 'but it's not going to go away, whether you think it's good or not, we know it is,'" (Manager)

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The care home environment is used for the benefit of residents

- Less about design, more about the use of space and environment

- Constant reflection on the environment's impact on residents and care

- Organisational decisions must take this into account

Bedrooms have memory boxes outside. Betty's is covered in smudged finger marks. There is a poem inside that talks about how much Betty likes to see her name; it says she will point and smile. Betty's bedroom door does not have her name on it.
(Observation)

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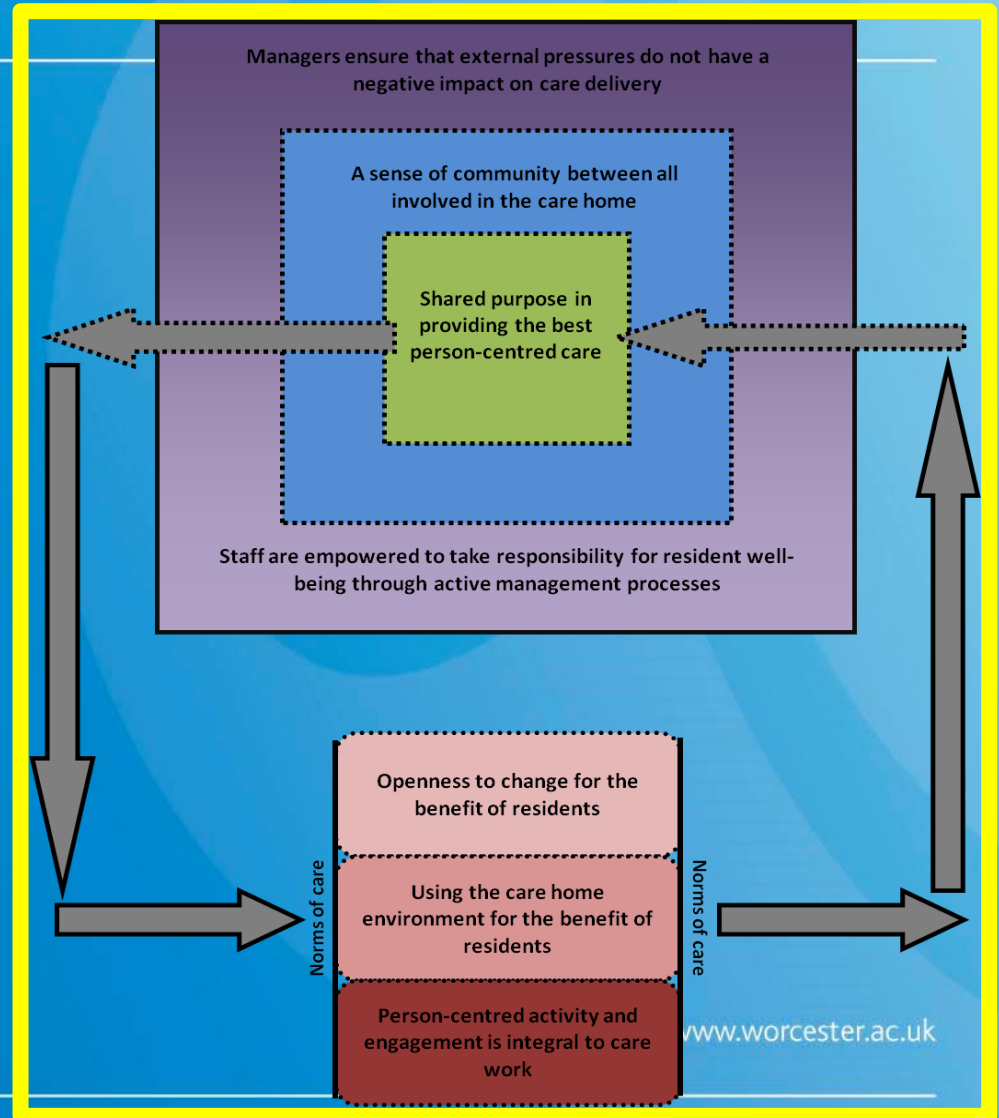# Person-centred activity and engagement is integral to care work

- Activity and engagement with residents were integral to care work, not added extras

- Worthwhile activity and engagement was defined as what is meaningful residents, not pre-determined.

"I appreciate what (care staff) have to do. It is tiring and I do feel that to then come on board with activities is quite hard for them. So I'm trying to support them as much as I can with giving them lists of ideas of things they can do, making sure that I've actually got the equipment so that they can come and say, look we want to do this today. "

(activities coordinator)

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Positive Care Cultures

Leaders and leadership action

Managers ensure that external pressures do not have a negative impact on care delivery

A sense of community between all involved in the care home

Shared purpose in providing the best person-centred care

Staff are empowered to take responsibility for resident well-being through active management processes

Openness to change for the benefit of residents

Using the care home environment for the benefit of residents

Person-centred activity and engagement is integral to care work

Norms of care

Norms of care

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Leadership and culture

Organisational culture is an often elusive factor which can influence the effectiveness of leadership and actions intended to improve care outcomes. When implementing initiatives leaders need to:

- Think beyond the intended outcome to consider how it will impact upon the seven aspects of culture.

- Ensure that initiatives enhance each aspect of culture

- Consider whether any aspects of existing culture may impede success

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What Next?

The CHOICE findings give us:

- Empirical evidence of many 'common sense' understandings of what works in care homes

- Concrete examples of how homes have achieved a culture that provides for positive care experiences

- Concrete examples of practices in homes that appear to inhibit positive care cultures

- An understanding of how different factors interrelate

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Thank you for Listening

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KILLETT, A et al., **"Digging deep: how organisational culture affects care home residents' experiences" Ageing and Society, available on CJO2014. doi:10.1017/S0144686X14001111.**