

MY HOME LIFE ESSEX

LEADERSHIP SUPPORT PROGRAMME

Meeting the Challenges of Delivering Great Care

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Contents

Foreword -	Tom Owen, Co-Director My Home Life
Introduction -	Michelle Cornell, Lead Facilitator, My Home Life Essex
Page 1	
Section 1 -	Meeting the Challenges of Great Care: The Voices of Managers
Page 17	
Section 2 -	Why is it so Difficult to Provide Great Care? The context in which managers strive to deliver quality: A facilitator's perspective
Page 21	
Section 3 -	Concepts and Practices that Generate Change and Impact on Quality of Care
	(1) Facilitative Leadership
	(2) Time Management
	(3) Relationships are at the Heart of Great Care
	(4) Listening and Observing
	(5) Developing Staff: Think like a Coach
	(6) Reflective Practice: Involving Everyone
	(7) Wellbeing
	(8) Connecting with the Wider Community and Creating 'Home'
	(9) Resilience and Ongoing Development
Page 35	
Conclusion -	
Page 37	
Appendix -	1. Impact of My Home Life Essex 2. My Home Life Vision

“ MHL has provided me with the right kind and the right level of leadership development that has been of great benefit to me personally and to the home.

It has reignited my passion for the work and given me the confidence to lead in a way that is brave and innovative and true to myself.”

Foreword

When My Home Life first set foot in Essex on 24th March 2009, it could never have been anticipated that the Programme would have had such a significant impact on the lives of older people in care homes - nor could we have believed that it would still be alive and kicking 7 years later!

Michelle Cornell and I led that first session at County Hotel, Chelmsford, working with 13 care home managers who had volunteered to join what was then called the 'My Home Life Essex Quality Action Group'. Since that day, Michelle has grabbed the reins, taking the Lead Facilitator role for Essex, providing a safe, supportive space for over 200 care home managers to meet monthly in what we now call the 'My Home Life Essex Leadership Support Programme'.

The impact of the Programme is described in detail within the Appendix. The findings confirm the significant difference that the Programme made in supporting managers to develop their leadership skills, their confidence and their resilience. They underline the vital importance of professional supervision in offering managers a place where they seek assurance, share challenges and possibilities, laugh, cry and feel supported; a place where they can 'grow', where they can develop strategies and make use of new techniques to work more effectively with staff. 99% of managers who have completed the Programme have reported that it has enabled them to improve the quality of life of those older people that they support.

As a social movement, My Home Life has grown and developed in different ways across the UK. In Essex, the Programme has developed quite a distinctive character of its own: it has supported more managers than in other areas; it has created its own charity (My Home Life Essex Community Association) and website and it has also created a new model to support community engagement in care homes (Care Home FANS).

However, the identity of My Home Life Essex has also been greatly influenced by what Michelle herself has brought to it: her inspiring leadership style, her expertise as a professional counsellor and the insight gained from working with managers for 7 years. In working with Essex managers, she has offered a therapeutic lens through which to view the challenges facing the sector and the techniques and concepts that need to be embedded in care homes in order for positive transformational change to occur. Her perspectives are shared in detail within this report along with the feedback from managers on how they have acted upon this learning to support improvements in their care homes.

Essex County Council, through its investment in the My Home Life Essex Programme, has enabled the creation of a strong and impressive group of care home managers: they are not only taking great strides in developing practice in their homes but are also working together on shared issues and concerns through the My Home Life Continuous Professional Development Programme. These managers are currently exploring how they can better communicate the role of care homes to the public, how care plans can be more effective and how they can work more positively with CQC.

Managers in these groups welcome the opportunity to work in better partnership with both the Council and external agencies in order to help shape the care market, support better system flow and deliver a shared vision for supporting the quality of life of those living, dying, working and visiting care homes.

I would like to thank Michelle Cornell for her extraordinary and powerful work in Essex and for writing this important report. I am also very grateful to Essex County Council for funding and supporting our work to date. Most of all, I would like to thank those care home managers who have been part of the collective journey and who continue to play such a critical role in supporting Essex's oldest and frailest citizens.

Tom Owen
Co-Director, My Home Life



Introduction

This report is an account of a journey working for 7 years with over 200 care home managers in Essex.

It is a description of the learning and development undertaken by the managers, through the My Home Life Essex Leadership Support Programme, to lead, transform practice and support the quality of life of residents, relatives and staff.

The report aims to provide an illustration of what the work of My Home Life Essex looks like in practice so that it can be better understood by other managers and allied professionals.

With this in mind, the central part of the report offers a closer look at some of the key leadership practices that have generated real change in the home – in effect, a working model of how together we've come to understand the work of leadership in care homes. This section also contains an abundance of first hand quotes from the managers who have completed the Programme, so their voices and experience can be clearly heard.

As the lead facilitator of the Programme in Essex, my voice can also be heard, offering different and hopefully valuable insights from the perspective of my own learning over the years.

I have included a snapshot of the CQC inspection results from the most recent cohort of managers as well as a summary of data collected and compiled by Tom Owen, Co-Director of My Home Life.

On behalf of My Home Life, I would like to thank Essex County Council for commissioning this work, which has been of such value to managers both on a personal and professional basis. We hope that the intelligence gathered and shared in this report will serve to further support the work of all of us who are working to make care homes in Essex the very best they can be.

Michelle Cornell
December 2016

Section 1 –Meeting the Challenges of Delivering Great Care: The Voices of Managers

What follows in this section is a series of quotes from managers who have completed the MHLE Programme. They are organized around some of the key concepts and practices they have valued and which have had an impact on the quality of care they provide

The Importance of Promoting Relationships

“ I have been trying to find support for the past five years, I’ve tried everything Essex has to offer, and this Programme is the best by far.”

“ We explored in my home the idea of relationship being at the heart of care giving, how it is a two way ‘process’ and includes giving and receiving. Carers need to create opportunities for residents to give and to receive from them in return. Every human being has a need to give and feel they make a difference, and this is linked to our sense of wellbeing.”

“My staff actually ‘got it’ – that spending social time with residents is as important as the tasks of care; they allow themselves the time to do it now – that the quality of someone’s mental health has a vital impact on their physical health; I am persistent with this message and I lead by example.”

“Life in my home is now closer to life as we might all like to live it... Before staff didn’t even really see it or comprehend the possibilities.”

“My Home Life has re-enforced my strong belief in relationship-centred care and assisted and encouraged me to push it further.”

“The first session where Michelle explained what relationship-centred care was... Oh! It was my light bulb moment! My instincts were right. I should have not been suppressing them all these years. I should have acted upon them. Then all it took was a little persuasion for staff to follow their instincts and develop deeper relationships with our residents.

The result is that I think all residents feel included, valued and listened to. They certainly appear contented and engaged.”



Wellbeing and Meaningful Engagement

“The difference between this Leadership Programme and others is that we focus on real life problems and support each other to solve them.”

“Way back at the beginning of the My Home Life Programme the following question was posed to me: “What are your simple pleasures?” What a thought-provoking question.

It took a while but eventually I realised a simple pleasure for me was the quiet half hour when I first get up in the morning. Normally the cat sits with me while I drink my coffee. I also realised how important this is to my wellbeing and that it actually had an effect on my mood for the rest of the day.

If this “simple pleasure” was so important to me and my wellbeing, I realised how important it must be to the wellbeing of residents in my care.

Since that time I have posed this question a lot to the staff and have had many things explained as a simple pleasure. When talking to a group of staff it highlights how very different we all are and have our very own individual ways. Once the staff recognised this amongst themselves they then began to realise how important this is to our residents.

“ I walk around the home now and see residents enjoying their “simple pleasures” which has varied such a lot between them all. Such things as ensuring they see the TV programme they like, a walk in the garden in the rain, having their cup of tea before their bath, not after.

This question has evoked a lot of thought from my staff and has certainly gone a long way to improving “person-centred care” in the home.”

“ The idea of simple pleasures helped me encourage a resident who was reluctant to get out of the home to walk for a mile on the sea front and afterwards they said, “That’s the best thing I’ve ever done.”

“ The concept of ‘Simple Pleasures’ – things that cost nothing but mean a great deal - is bringing great happiness to our service users’ lives. For example, walking in the garden, helping to sort out dishes, laying tables for meals, helping to serve teas for other service users, looking at hairdresser doing other service users’ hair, reading a book in the garden, dancing, playing the piano.

There is an agreement with my care staff team to incorporate the simple pleasures in the care plan and support the service users to achieve them.”

“ There is a big gap between how others see activities and how we see them in terms of meaningful engagement based on real knowledge of that person’s preferences and abilities and that it might look very different to what we commonly see as engaging in a pre-programmed group activity; that honouring a person’s simple pleasures or spending a short amount of time ‘being with’ someone, one to one in conversation, might well constitute a high quality ‘activity’.

For example, if a resident is known to love a bath and it is done with this in mind, as a ritual and as a real treat, why shouldn’t this be regarded as an activity? Another example is reading a paper all afternoon, doing a crossword - in other words the very things residents enjoyed doing when they lived in their own homes.

Connecting with the Wider Community

“This Programme is the best thing Essex has done for us. It can feel very lonely as a manager, and here we are an honest supportive group, all in the same boat.”

Our Activities Team is an integral part of the home, but it's not just about having a chat and playing Bingo, oh no! Our home is part of the FaNs (Friends and Neighbours) scheme which ensures that our residents feel valued and part of the community and society as a whole. FaNs state that their values are centred on 'inclusion, community, equality and having fun.' Our residents are not the 'silent minority' with nothing left to give – they are so much more than this. Our Activity Team became involved with FaNs last year with the aim of obviously enhancing our residents' lives but with the wider goal of engaging with the local community.

We had been fundraising for a minibus for some time, but as a direct result of greater publicity just within our own small community, we now have that minibus and our company car has been upgraded to a wheelchair accessible one. This has enabled us to not only take the residents out and about on a one-to-one basis, but also to have group outings.

The input from relatives has increased probably tenfold, to the extent where we are now putting on planned outings every 2 weeks. One of our

Meeting the Challenges of Delivering Great Care

most recent successes was a trip to the local zoo. I have never seen such excitement and enthusiasm from the residents, both those who were able to go on the trip, and those who were 'housebound' being able to enjoy the photographs and tales of the day out.

We also work with a senior school English/Drama teacher, who brings in small groups of students to perform plays, deliver poetry readings and share their musical skills. This demystifies what being an older member of society is really about – and we are showing the future generation of nurses, doctors and carers the values of caring for such a valuable group of individuals.”

““ We are inviting a local restaurant to come in and host an evening with staff.”

““ We are engaging with apprenticeship schemes to introduce younger people to the positive possibilities of working in social care at the same time as expanding the home’s capacity to take residents out to tea or to the library.”

““ We got Tesco to invite residents in to ‘get a behind the scenes look’ and also strengthened the home’s relationship with the local vicarage.”

“We encourage school children to come into the home at certain times of the year and taking residents out of the home to visit schools. In doing so, they are having a much larger impact on helping teachers, parents and children alike reform their attitudes about homes and older people. I feel I am changing how people look at older people and care homes.”



Creating 'Home'

“ This is the best problem solving and practical Programme I have ever come across. Where else would we go? On other courses you feel you have to be perfect - no-one says how hard it is. Here you can say it how it is and get exactly the right kind support.”

“ We worked together to change the rigid routines in the home so that everything is much more resident-focused: the residents dictate their own daily rhythm of life and overall there is a much more relaxed atmosphere. There is no rushing anymore. Gone are the days when everyone has to be up by 9:30.”

“ We've transformed an underused room in the home and made it into a communal area with a kitchenette for residents and families, so they can make their own tea and toast.”

“ 'Small is best' – in designing a new home with community in mind, we've divided the home into small neighbourhoods, each with their own living room and dining area, so that a real sense of home and belonging can be developed.”

“We’ve built a real ‘shed’ in the home – and invited relatives to the grand opening; we also had a storyteller to share stories of sheds and their meaning to us, and to inspire memories of summers gone by...”

“In my home you now see staff and residents sitting with each other and sharing stories more, giving more emotional support for residents who are feeling low, upset or ill, or just sitting on the edge of the resident’s bed and simply listening. There has been a great shift in the quality of relationships in my home.”

“Often the nature of the ‘chat’ remains at a superficial level. If a resident is not forthcoming, a carer can feel discouraged and give up. It stops there. We try to support staff now in how to open up a conversation with a resident and keep it going. People are more known to each other and there is a better atmosphere; it feels more like home. Interpersonal skills should be taught in basic carer training from the outset, just like manual handling.”



Listening: A Key Skill in Leadership and Care

“After every session, I come away with practical ideas that I want to put into practice. I feel uplifted and motivated to go again. There is nowhere else I can get this kind of input. My only worry is, what happens when it finishes?”

“Being able to sit back and really listen to what carers are saying (they run the floor after all) has made me more open and responsive to changing things according to their ideas – they are often brilliant and make an immediate difference. It also means any problems can be dealt with right away rather than weeks later.’

“As managers, we are constantly faced with listening to staff problems. It can feel overwhelming. But with better listening we can get to the heart of a problem quicker. For example, getting to the root cause of a carer’s aggressive behaviour was instrumental in supporting her better; she was actually a nice person, but just not confident about something.’

“We are more able to empower senior staff better, they solve problems more now, it’s not us all the time – and critical to this has been better listening

Meeting the Challenges of Delivering Great Care

skills and asking them what they think. More confident seniors results in more confident staff and this then results in happier and more confident residents.”

“ I have often been struck by the similarities the role of a care home manager shares with a counsellor, and now I’ve heard other managers express this view in the MHLE group. We are professional listeners.”

“ We’ve learnt how important empathetic listening is to residents: it doesn’t take time, it takes a decision to do it and remembering how important it is in creating a positive relationship.”

“ One resident who I spent some time with, listening mainly, said to me afterwards, “Thank you so much for talking to me as a wife, a mother and a person”. Listening costs nothing but means a great deal to people.”



Motivational Management

“Other courses teach leadership ‘in theory’. Here we learn about it ‘in practice’ and in a way that is totally relevant to the challenges we face on a day to day basis. I have changed the way I manage and the outcomes I now achieve with staff reflect that.”

“My Home Life has transformed the way I manage - in particular I use feedback skills to show staff how their behaviour has an impact and how this makes other people feel- then we discuss how to improve things for the future.”

“Residents are the focus of our work – but here we learn that in order to get the best outcomes for residents we have to focus on developing staff, like a coach does. It all makes good sense.

Knowing how and when to deliver praise or a reprimand that is motivating and that encourages more of the desired behaviour is a valuable skill. Giving good quality feedback means that staff think more about what they are doing with residents and with each other. They have learnt that

everything they do has an impact. How they leave another feeling is extremely important. You can be good at care, but if you are not self-aware, this means little.

If staff understand the value that feedback has on improving performance – that it’s their behaviour, not who they are, that is being addressed, they are more likely to receive it and put suggestions into practice.”

““ We know that this way of motivational management is the most effective way to get more of the behaviours we want and less of the behaviours we don’t want.”

““ I have learnt to be a better manager using coaching skills like praising and asking better questions so people can develop their own skills and confidence at problem-solving.”

““ Praising more often and more skillfully has made a real difference to staff and so to residents; as staff have a greater understanding of what they are doing well, they do more of it, and clearly this benefits residents.”

““ A member of staff said... “I feel more supported, management are approachable and I feel the working environment is open. I am more confident since receiving feedback on my attitude and I have been told I do a great job and that management believe in me which makes me feel valued.”



Reflective Practice

“On this Programme you can be honest with yourself and with colleagues. That means we can address the real problems we all face, and truly lead our homes in a way that is best for residents.”

“When there is always so much to do, it is a challenge to prioritise time to gather and think together on a regular basis, but the benefits are substantial. We need more support from others to understand that thinking together IS work – even though we aren’t rushing around doing things.”

“Learning the skills to run a group where listening and learning and respect are the key components has been invaluable. It creates fast understanding of issues and improves relationships with each other. Staff are happier which means residents are happier. Staff want to come to work rather than not show up. These things have clear benefits for residents.”

“We’ve held learning circles on the topic of engaging with residents, beyond the tasks. As a result, the staff are happier and so are the residents. We are not nearly so task-based. What’s more, it has been appreciated by the CQC. At our last inspection they commented on the high quality

Meeting the Challenges of Delivering Great Care

of engagement they witnessed between staff and residents, a testimony indeed to the changes we have seen in the home since MHLE.”

“ Learning circles make a big difference – they open communication right up in the home. They help to get rid of the ‘them and us’ and help us work as one team. Information used to be shared in staff meetings with tight agendas where people would feel uninvolved and bored – now we share knowledge freely and we all feel part of the home.”

“ The learning circle is a way of honouring the collective wisdom of my staff.”

“ The learning circle promotes equality – an important value to bring alive in a care home. By providing a safe space where everyone can be heard, even the quiet ones, we are all more supportive of each other.”



Leadership and Remaining Resilient

“On this Programme we get inspired and encouraged. We focus on how things could and should be in the home and the kinds of innovative practices that have a real impact on quality.”

“My Home Life is the only proper supervision I get. It’s not therapy, but it is highly therapeutic. I always arrive pretty stressed and burdened and I always leave having learnt something about myself or my work which I am then keen to put into practice with a refreshed, positive frame of mind.”

“I always leave the group feeling supported, motivated and with some amazing tools that help me face my challenges.”

“With MHLE I feel I am not on my own, having people to speak to has been crucial so we can keep going and do the job.”

“We can feel safe here and not feel judged and it is so helpful to know that others are going through the same things.”

“Protecting our own quality of life is essential if we are to remain resourceful and not to be swallowed up by the work; sometimes we have to say no, or stop doing others’ jobs for them, which can be hard to do.

Everyone wants a piece of you and you get so ‘filled up’ during the day—and there is no-one for us to go to. That’s why MHLE is so valuable.”

“Through the Programme, you realize that as a manager, you are not perfect – that you can’t be a superwoman/man and that it is ok to fail. Our own quality of life as managers is extremely important as without it we’d not have the energy to do such a big job well. Paying attention to our own quality of life means that we can bring this to the home: we can remain open rather than be closed down and we can lift morale because we have more energy and staff really pick up on that. This is all to do with having better personal boundaries and being able to protect those boundaries.”

“I’ve stopped judging myself so much – I look at things in a different way.”

“It’s given me the confidence to deal with staff issues – I used to sit back and take rubbish, now I don’t.”

“I have developed better boundaries with my time and as a result my quality of life has improved.”

“Being able to focus on good things and good practice is novel (and hugely important) in a sector that’s driven by what’s not happening and corrective action.”

“It has given me strength, at work and personally. I believe in myself.”

“I’ve come a long way from where I started.”

“My Home Life has lit a fire.”



Section 2 - Why is it so Difficult to Provide Great Care? The context in which managers strive to deliver quality: a facilitator's perspective

**Michelle Cornell, Counsellor & Leadership Facilitator,
My Home Life Essex**

The Perfect Storm

Care homes for older people find themselves in the midst of the 'perfect storm'.

Many of us would 'rather die' than go into a care home. Relatives carry a huge burden of guilt and fear, which is escalated by negative press stories. Staff are often underpaid, undervalued and have an emotionally, psychologically and physically difficult job, yet think of themselves as 'just a carer'.

Managers, who have many different roles and huge responsibilities, work very long hours, face perpetual criticism from multiple sources and experience high states of stress and anxiety, often with very little positive support from regulators, social workers, district nurses and sometimes most disturbingly, any real support from their own proprietors and senior management teams. They frequently comment on how little they feel their roles and the real work of care is understood by anyone but them.

This is amplified by a sense that they can often feel left to work in isolation by their own organisations, rather than as part of a team working to the same goal. They generally feel that their experience is undermined, their ability to lead is disempowered and their time to focus on important developmental activities in support of staff and residents can be usurped by the agendas of others.

Turnover of managers is high. They can often be heard to say, "Is this the

place I really want to be?”

In these circumstances, trying to lead on a major organizational goal like culture change and protecting the core task of providing good care can feel like a tall order indeed.

Internal Challenges: the powerful, emotional undercurrents that lie beneath the surface of all care homes

The unique challenge of care homes is at once hidden and obvious – it is intimately tied to the strong feelings and needs that residents (and relatives) bring with them. They are strong and ever present and lie beneath the surface of all care homes.

These feelings and losses are what the home either ‘contains’ and manages – or defends itself against.

Loss of...

physical and mental health, energy, friendship,
home, spouse/family, mobility, authority/respect/status
taste, sight, hearing, memory, reason, intimacy/relationship

Uncontained feelings of...

anxiety, fear, isolation, vulnerability, panic, despair, depression, dependency,
death, love, desire, disgust, hatred, resentment, regret, shame, envy,
gratitude

This way of understanding care homes has predominantly been the territory of psychoanalytic/psychodynamic thinkers, seeing beneath the surface of things and how it affects us day to day. It is a very useful way of making sense of the struggles that most managers face with their staff.

For example, all managers without exception have a grim recognition of the following patterns:

Scapegoating (it’s his fault)
Not taking initiative (I can’t think)

Section 2

Wedded to routine (this is how we do things around here)
Objectifying (residents are all the same)
Lack of status (I'm just a carer)
Risk aversion (you can't do....)
Low morale and negativity (moaning)
Lack of insight into the important work they do (it's just a job)
Resisting responsibility /Job demarcation (its not my job)
Stuck in the past (it used to be better here)
Task-focused (filling time with tasks rather than engagement)
Passivity (just tell us what to do)

These behaviours and ways of thinking are at the heart of what is commonly referred to as 'institutional practice'. No amount of cajoling, begging, command or threat would seem to budge them. Why? Because they serve an important purpose: to keep people protected and safe from the potentially overwhelming anxiety that accompanies the work.

These defences form a major barrier to managers who wish to drive their homes forward to be innovative, responsive and relationship-centred. They not only hamper best practice from happening, but they are at the heart of why poor practice occurs.

So what is the solution?

A different kind of approach and leadership style needs to be found in order to transform care.

The Central Premise

Buried deep within the complexity of creating a compassionate care-giving service lies a simple central premise which is vital to the understanding of leadership and transformation:

When the primary objective is to honour the voices and choices of older people who live in care homes – or any individuals in any care setting – we must also honour the voices and importance of the people working most closely with them.

You cannot truly empower one without empowering the other.

Staff need a containing and supportive framework which reduces the need for defensive behaviours, so they feel safe, valued, heard, and therefore more able to stay fully engaged and open in their work.

They need to be facilitated and coached to develop their potential and increase their desire to engage fully with their work rather than be told what to do in an autocratic style of leadership. The latter only strengthens their defences.

If as a carer, you feel ‘held’ or ‘contained’, i.e. supported, heard and understood – that what you see, hear, think and feel matters a great deal – and there is space given to think about the harder, anxiety-provoking aspect of the work, you don’t need to be so defensive. Then, you can usually find the personal resources to deliver the containing elements that are so vital to person-centred care.

It seems so self-evident that the people who deliver care need to be cared for and supported themselves. You can’t tell people to be kind, you have to make the whole system kind.

To engage with someone with curiosity, with the skills to connect emotionally and sensitively, based on an understanding of who that person is, requires courage, energy, skill, and a willingness to be affected by that person. In other words, to feel, to remain open, to ‘meet’ person to person in a relationship that is real and meaningful. It is difficult and demanding work. It requires a lot of encouragement and the right kind of support; in fact, the kind of facilitative leadership that is described in this report.



Section 3 - Concepts and Practices that Generate Change and Impact on Quality of Care

Across the past seven years working with managers, a range of tools, concepts and practices have been developed and adopted within the Essex Programme that both inform and complement the overall vision of the My Home Life (all of which are described in the Appendix).

What is presented here, are brief descriptions of some of the specific concepts and practices (introduced in Section One) that managers have themselves identified as being of particular value to them in supporting their leadership.

1. Facilitative Leadership

What is a facilitative style of leadership?

Facilitative leaders engage others by breaking down hierarchical institutional thinking patterns and inviting the bright ideas of everyone involved to help frame solutions. A facilitative leader really walks this talk, focusing more on asking the right questions, rather than needing to be the one with all of the right answers.

The focus is on creating an organisational culture that welcomes ideas and perspectives of all stakeholders, builds trust, clarifies expectations, and inspires team members to develop a powerful sense of ownership. Motivation and commitment rise exponentially. Meetings become more innovative and deeply collaborative. Teams develop the ability and flexibility to tackle complex challenges with creativity and confidence. And perhaps most importantly, facilitative leaders are more skilled at growing other leaders, which is the cornerstone of effective culture change.

Not surprisingly, many of these concepts can be seen to have close links to the My Home Life Vision as summarised in the Appendix.

The key words in a facilitative manager's lexicon are:

High participation. Growing people. Encouraging ownership of ideas and best practices. Appreciative support. Listening. Observing. Being there where the work happens. Praise. Having the right questions not the answers. Skilled feedback. Uplifting the meaning of the work. Patrolling the boundaries of goals and roles. High quality meetings and supervision. A deep understanding of wellbeing and everyday excellence and how to support it.

'Managing' a care home is a misnomer in many regards because in reality what is required is to 'lead' – with a clear and compelling vision and strong sense of mission. Leadership in a care-giving setting is always to do with capturing hearts and minds because it is a values-based service delivering humanistic outcomes. It is not just about managing procedures, systems and paperwork.

Managers acknowledge that 'back then, care was more to do with the tasks of caring, personal care, helping residents with eating etc'. Now they understand that providing good care is a commitment to engaging with the 'whole' person, and to creating a positive culture that is 'life affirming, satisfying, humane and meaningful'. In order to do this, they have to empower their staff if they are to empower residents.

A turning point for managers on the MHLE Programme is when they understand that as leaders, they are the ones that shape this new culture of care. And without a doubt, engaging with and learning from other leaders on the path is crucial in deepening their ability to embrace their important role with new energy and determination.

Through experiential exercises and the support of one another, managers connect with their desire to lead and grow their services to be the best they can be. A key phrase of a leader who is clear of their vision is,

“ Why can't it happen if we know it is right?”

Yet making it happen requires not only the right mindset and skills, but also the time to do it. This is a very real challenge when a great deal of their time is spent responding to the urgencies of others, and dealing with the vast amount of mandatory paperwork. A key part of the Programme is learning how to prioritize and 'protect' the time needed to focus on leadership and the developmental activities that drive the home forward.

2. Time Management

Developing a positive relationship-centred culture is dependent upon having the time to do it; unless that time is protected it will not happen. This is a harsh reality managers need to confront early on in their leadership journey. It is one of the biggest challenges for all professionals, like care home managers, who have demands continually placed on them by others.

They learn that the key to successful time management is planning and then protecting the planned time. They also learn how to discern between activities that are urgent, important, both or neither, as in care homes it is all too easy to spend most of their time on urgent matters, to the detriment of 'non-urgent but important' tasks – and it is the latter which are the most critical area in achieving developmental and strategic goals related to staff development and culture change.

3. Relationships are at the Heart of Great Care

Care giving is not charity; care giving is not one person doing a favour for another or giving to another who is simply a passive recipient.

Rather it is a relationship in which there is give and take and a bond that is made, person to person. Moreover, it is a living and growing bond which both participants shape and nourish. It is a care partnership of equals based on respect and knowledge of the person, with the skills of how to create a connection with that person.

The priority which relationships have in giving meaning to our lives is universally recognized and there is a great deal of evidence to support this in relation to how relationships help us to age well.

(The Psychologist/Feb 2015 Vol 28/Soulsby & Bennett).

Indeed, this was also evidenced in a consultation exercise in 2013 (Big Care Home Conversation) when Essex residents were asked, what made life good in their care home?

The essence of a meaningful relationship is the feeling that ‘I am recognised’, ‘I am appreciated’, ‘I am cared about’, ‘I am understood’, ‘I am allied to, in union with someone who understands me’, ‘there is a living bond between me and another’.

So, relationships are at the heart of care giving and it is the carer, the person closest to the resident, who has the greatest opportunity to build and maintain these relationships.

This relational aspect of the work, like the emotional undercurrents in the home, is underestimated and undervalued because it is not straightforward to measure or quantify.

Sometimes managers have even reported their owners saying things like, ‘Why are staff sitting down talking to residents? They are lazy, they aren’t doing anything.’ In effect this is rather like saying, ‘If it weren’t for the residents, we could get on with our work’.

Despite the challenges, managers of My Home Life Essex understand the importance of moving away from a task-orientated approach to the work and focusing on promoting the quality of relationships between us all – because this is how best outcomes, supportive of an individual’s quality of life, are achieved in care homes.

4. Listening and Observing

Listening is at the heart of good leadership and good care.

To really understand what’s going on and therefore be able to make appropriate decisions, managers need to be able to listen well, to pick up on the nuances and the emotions in a situation. Too often, they are hard pressed, with little time, and therefore tempted to tell others what to do to get things done quicker, but this only encourages passivity. It is far better to observe and listen to what is happening in the workplace, then offer feedback and help people come up with their own ideas for improvement. Ideas are far more likely to be acted upon.

Listening is a person-centred skill. Being listened to is one of the key ways a manager can demonstrate to a member of staff that they are valued. They

Section 3

are also role modelling a way of interacting that staff can use with residents. In the care giving relationship, empathetic or therapeutic listening is key in understanding who that person is and what's important to them. It's how we create a connection with another human being and should therefore be a key skill for all care givers and modelled by all care home managers.

Clearly listening is also extremely beneficial in creating and maintaining good relationships with relatives. It can mean the difference between a relative being overly critical and maintaining an 'us and them' stance and their becoming an active participating care partner to the home.

Like listening, 'observation', is another key skill that supports best practice in care homes. Observing is vital to making improvements. Ongoing observation of one's own home by managers and also staff is essential. Managers on the MHLE Programme often visit each other's homes to give each other supportive peer feedback.

Where a manager sits physically in the home is also important. Many organisational coaches and dementia specialists would recommend that managers occupy a central position in the home, where the work happens, where they can see and be seen, and their presence felt. They feel this would have a significant impact on increasing the confidence and best practice of staff. Yet the fact remains most managers are often office bound, tied up with paperwork, or near the entrance, at the periphery of the home.

Some MHLE managers have begun to explore this idea and have repositioned themselves more centrally in the home. It's early days but they are motivated by the potential benefits.

5. Developing Staff: Think like a Coach

Due to the stress of the work and the lack of formal management training, managers often rely heavily on a 'command and control' style of communication to get things done. We refer to this playfully as the 'seagull' school of management, when they appear only when something has gone wrong, screeching and 'dumping' on staff, leaving them feeling

deflated and bad. This does not help people learn and grow. It fans the flames of defensive behaviour, fear, and the hiding of mistakes. Care work is hard enough without coming to work and feeling fearful or bad about yourself. This way of managing also has a negative impact on the managers themselves.

“When leaders take back power, when they act as heroes and saviours, they end up exhausted, overwhelmed and deeply stressed.”
(Margaret Wheatley, *Leadership and the New Science* 2012)

In order to support the growth and development of staff, managers need to catch them out doing something right, not wrong, and offer a praise that is both motivational and effective in producing more of the desired behaviour. Managers in Essex have found ‘The One Minute Manager’, a classic management book by Kenneth Blanchard, a useful resource for managers in this regard, helping them understand and use the basic skills of effective management to develop people and achieve more of the outcomes they want in practice. Where ‘a reprimand’ may be needed in the face of bad practice, it is given in the form of feedback that can be easily heard and acted upon. Essentially it is replacing a punitive way of communication with a coach-like, encouraging style of support. It feels good to do it and it feels good to receive it. It is an appreciative and pragmatic approach to management and developing staff.

This concept also links to the MHL Framework on ‘Caring Conversations’ - see Appendix.

6. Reflective Practice: Involving Everyone

Care homes are busy places where there is always a lot to do and consequently ‘doing’ is given precedence over ‘thinking.’ Lack of time is often given as a reason for this. Information is typically shared on a ‘need to know’ basis. Nurses rarely communicate with kitchen or housekeeping staff, people working different shifts often do not speak with one another except to blame or point fingers if something goes wrong.

This departmental, task-orientated approach to care isolates people, and

creates barriers to communication. Whilst this remains the case, it is very difficult to make an impact on practice, because ongoing learning and improvements are dependent upon us thinking together about the work and the clients we serve. Ideally, creating the vision and putting it into practice requires dialogue across the entire community of the care home – residents, relatives and staff.

Reflective practice is central to the work of caregiving.

“Without reflection, we go blindly on our way, creating more unintended consequences, and failing to achieve anything useful... to advocate human conversation as a means to restore hope to the future is as simple as it can get. I have seen there is no more powerful way to initiate significant change than to convene a conversation...it is always like this. Real change begins with the simple act of people talking about what they care about.”

(Margaret Wheatley - Turning to One Another 2009)

As Margaret Wheatley states, convening a conversation is the most powerful means we have for bringing about significant change. Yet we need an effective way of conversing in which each person feels heard and valued. One of the most effective tools is called the Learning Circle.

The Learning Circle

The learning circle is a core process for learning, support and development in care homes and different from a staff meeting.

It has its own protocol which though simple, is very powerful.

It requires everyone to sit facing one other in a circle, with specific ground rules set around high quality listening, no interrupting, respect and honesty. So, in addition to being a space where people can think together calmly about topics that are immediately relevant to them, it's enjoyable and staff always want to know when the next one will be.

The learning circle is also a vehicle for having a first-hand experience of what it feels like to be person-centred, because here in the gathering together, we engage with one another in a person-centred way. Person-centredness becomes a lived reality, not just something we understand theoretically. As a result, we are then in a stronger position to embody its values with residents. In care homes, good practice happens moment to moment, it is emergent

– based on our experiential learning about our different clients and our work. While it can be informed by an external source, if we don't talk about and capture what we know works well from our direct experience or take the time to explore the ideas that would make things better for us all, it gets lost, and we are none the wiser and the home cannot move forward as quickly as it might.

Learning in small groups is fast and powerful. It also strengthens relationships and trust, so necessary for teamwork. And clearly, people who feel they have a voice, feel empowered to make a difference in the home. Having a positive focus of the groups – exploring what works well and what could make it even better, are critical to their effectiveness.

This concept also links to the MHL Framework on 'Appreciative Inquiry' - see Appendix.

The biggest challenge with the learning circle is that it doesn't look like care giving work so it is hard to protect the time needed to do it.

Ninety per cent of the challenge of the work of transformation is finding the time to engage with staff in a meaningful way and protecting that time from the other tasks and urgencies that threaten it. There are always other things to attend to.

Owners, commissioners and regulators could really make a big difference to best practice in homes if they started insisting upon seeing evidence of team thinking and reflective practice happening on a regular basis, and perhaps using the learning circle as a way of doing this.

The My Home Life Toolkit

This toolkit was developed by My Home Life to support dialogue and improvement in homes. There are many topics to choose from, and it's best when staff choose the ones they'd like to work with. The toolkit also provides emotional touchpoint cards to connect people with the feelings they have about the work they do.

It's very powerful to be able to hear and value people's feelings in a way that feels safe.

Used in conjunction with the learning circle the toolkit can produce great outcomes.

Here is what a few managers have said:

“ I use the emotional touchpoint cards in staff meetings to help the carers think about the residents and their needs. For example, the word ‘heard’ was presented to the staff and they were asked what that word meant to them. After coming up with a list I was able to link their answers with the residents and promote discussion about how they can make the residents feel ‘heard’. By doing it in this way, the staff take ownership of the ideas and are more determined to make changes.”

“ Some service users’ families come into the home with guilt and always look for something to discredit the care given to their loved ones – parents, uncles, aunties, brothers, sisters, partners or neighbours/friends. I learnt that sharing conversations with the families goes a long way. With the help of the toolkit and the learning circle, I was able to ask, ‘What has worked well for you here?’ and ‘What could we do more of together to improve your experience?’ As a result, I was able to engage them in the activities running in the home and work with them as partners in delivering good quality of care. This approach is working for me as manager and it has greatly reduced the level of concerns raised. I also suggested for them to be volunteers in the home.”

7. Wellbeing

It is now accepted through concepts like person-centred care that to support a person’s quality of life in a care home, we must have a good understanding of who that person is in order to provide individualized, dignified care. Relationship-centred care states that it is through our relationships with one another that we experience connection, meaning and social well-being.

Wellbeing is also a vital concept to consider when thinking about supporting older people in care homes, because it helps us to understand crucial aspects of how people experience their lives on a day to day basis. ‘A Working Model of National Accounts of Well-being (*published by the University of Cambridge and The New Economics Foundation 2007*) represents the most comprehensive dataset on subjective wellbeing for any nation to date. It is built on two headline measures: personal wellbeing and social wellbeing.

Personal wellbeing includes emotional wellbeing, positive feelings and absence of negative feelings, a satisfying life, vitality, resilience, self esteem and positive functioning – autonomy, competence, engagement, meaning and purpose. Social wellbeing is to do with supportive relationships and trust and belonging.

This concept also links to the MHL best practice themes and the Senses Framework - see Appendix.

The managers of MHLE make use of this knowledge by exploring the idea of wellbeing first with themselves and their staff, then they think together about residents. A valuable way of doing this is via the idea of everyday simple pleasures.

The definition of a simple pleasure is ‘something that costs nothing but means a great deal’. The interesting thing about simple pleasures is that they are utterly unique to the individual and they tend to connect us very powerfully to our sense of wellbeing on a daily basis.

Unlike the grander, more showy things that cost money, it’s often the simple things in life that remind us of who we are, and that connect us to our self and others, our sense of place, our present or our past and our sense of autonomy, purpose, security or joy. In other words, it is more often than not the simple everyday pleasures that support our sense of wellbeing.

In her book, “Moon Tiger” (*Booker prize winner in 1987*) written when she was 44, Penelope Lively imagined herself in to the mind of an eighty year old – and she worried that old age might seem “a pretty pallid sort of place”: no travel, no need of excitement for its own sake, no galloping down stairs, no husband, no gardening, failing eyes and a stiff back. But in her new book – now written at the age of 80, (“*Ammonites and Leaping Fish*”), she argues for its simple pleasures. And there are many: a crisp newspaper, a good novel, a hot shower, younger friends, the man in the street with three matching pugs on three matching leads. These are some of the unexpected ‘simple’ pleasures of aging.

‘Activities’ is a term widely used in care homes, but a more appropriate term might be ‘meaningful engagement’ because it might not be ‘doing’ anything. Meaningful engagement might be a nap after lunch, or staring out the window daydreaming or listening to a radio programme. The key is to know what is meaningful or pleasurable to each person. Group activities can be valuable and fun, but they are not for everyone, and it’s important to understand this.

Everyday excellence in care homes is about understanding the needs, abilities, interests and simple pleasures of each resident and how meeting them in an imaginative and heartfelt way can support their sense of wellbeing.

8. Connecting with the Wider Community and Creating 'Home'

It is well known that both creating a community in a care home and engaging with the wider community outside supports the wellbeing and quality of life of residents.

It is also well known that creating a sense of home, where you can feel secure, is vital to human beings throughout the course of our lives, but even more so at the end of our lives when we may be removed from our own dwellings.

As a result of the Programme, MHLE managers work with renewed intention and on an ongoing basis with staff, residents and families on creating 'home' and a sense of community as well as engaging with valuable initiatives like Essex Fans to support the quality of life of residents and improve how care homes are seen and valued in their local communities.

Examples of their good work are numerous, some of which are detailed in Section One of this report.

9. Resilience and Ongoing Development

As managers are fond of saying, "care is 24/7". Sadly, it is all too common to see how managers can lose sight of their own lives and burn out in the face of this demanding work.

Leadership support from an external source like MHLE is vital and goes a long way in helping managers retain their personal resilience to lead.

None of the great work featured in this report might have been possible if

managers had not received high quality support from each other and from an external source, like My Home Life Essex.

There is a big difference between this kind of Programme and managers' forums. In the latter, managers often refer to the pressure they feel to be seen to be doing well, or that their own real thoughts and feelings are usurped by the agendas of others.

Here, we focus on creating a safe, non-judgemental space where managers can each feel heard and reflect on themselves in relation to the work they do. They can vent, take risks and express their real feelings. They can process the difficult aspects of the work, and like all professionals in demanding professions, come up for air and get back on task, revitalized through the support of others and recharged with new ideas to put into practice. There is no pressure to sound impressive – honesty and openness are valued as the starting point for real change. This is the way managers recover their energy and motivation, and let go of burdensome thoughts and problems and reconnect with their vision and capabilities.

- ““ When I arrived I felt stressed, now I feel calm.”
- ““ When I arrived I felt closed down, now I feel open.”
- ““ When I arrived I felt tired, now I feel energised.”
- ““ When I arrived I felt like giving up, now I feel like going again.”
- ““ When I arrived I felt bothered by a problem, now I feel clear.”
- ““ When I arrived I felt low and burdened, now I feel positive.”
- ““ When I arrived I felt alone, now I feel strong and ready to go again.”
- ““ When I arrived I felt confused, now I feel curious.”

Care homes can be regarded as therapeutic environments – where vulnerable people are in need of support. So much of the work of the care home manager is involved with difficult and complex emotional terrain: grieving and distressed relatives, challenging staff often with very high needs of their own - and residents with complex needs, physical, emotional, psychological.

Section 3

Indeed, managers regularly refer to themselves as ‘counsellors without any counselling skills.’ They despair that this side of their work goes mostly unrecognised.

Whereas counsellors are required to receive clinical supervision from an external source, to support their learning, resilience and safe practice, care home managers generally receive none. This is an indication of how little their roles are typically understood and properly supported. It is also one of the main reasons why managers can feel overwhelmed, exhausted and not good enough.

From this point of view, the role of care home manager needs re-appraising. It needs to be recognised as the skilled profession that it is in all its dimensions, and supported with the appropriate training and supervision that reflects its high level of professional responsibility and exposure to emotional labour/personal risk.

As one manager describes in a reflective piece of work submitted as a case study:

“Relatives need us to help them process their guilt, their loss, their grief, their struggle with losing their loved one and be given reassurance that they are doing the best for them. A great deal of our time is spent fulfilling this necessary and valuable role. Many relatives do not understand how to deal with illnesses such as dementia and struggle to come to terms with how their relative has deteriorated. I have met relatives who are depressed as a result of their relative changing, almost into an unrecognisable person to them. When dealing with these relatives a special kind of compassion and understanding is needed. Yet this part of our job goes unrecognized. Isn't it valuable? Isn't it central to the core task of the home to provide good care which inevitably extends to the relatives? Who else is meant to do it? What if we didn't do it?

And then there's staff. They bring with them a whole host of life problems – and it's not good enough to say ‘leave it at the door’ because it gets in the way of the work – they need support if they are to stay engaged and not to leave. Retention is a big issue in care and recruitment and being short staffed takes up a lot of managers' time. I think staff retention is often so hard not just because the pay is so bad but because we don't do enough to hold onto our staff emotionally – to help them remain resilient; care work is not easy.”

Meeting the Challenges of Delivering Great Care

Conclusion

A trail has been blazed with My Home Life Essex based on a deep understanding of the challenges care homes face both externally and internally. The model of leadership and its accompanying practices have been developed in response to these challenges, not something plucked out of thin air, or constructed in an ivory tower.

It's the managers' job to drive their homes forward to be the best they can be and deliver good care, and it's all of our jobs to support them so they can do this.

We need to put an end to their sense of isolation and replace it with real support coupled with the respect and the empowerment they deserve and need. In practice this means that everyone who engages with a care home needs to reappraise their role in the light of what it looks like to support the manager and staff to deliver good care.

Much has been made in this report about concepts like understanding the powerful emotional undercurrents that lie beneath all care homes that affect us all, the necessity to retain some sort of reflective capacity to remain open to learning and increase resilience, and the need to provide greater 'holding' and appropriate training for managers and staff if they are in turn to hold on tight to the complex and difficult work we ask them to do on behalf of us all.

Unless this is done, care giving organisations will remain stuck with their anxiety and continue to discharge it in puzzling and harmful ways.

People who give us care need to be supported themselves.

“My Home Life Essex is proud to be a positive voice in support of care homes. It is our wish that we continue this work by way of supporting their leaders and by opening up a positive dialogue with others, and to continue to do so with an ever-increasing groundswell of understanding from all our allied professionals and care partners in Essex.”

Meeting the Challenges of Delivering Great Care

APPENDIX

1. Impact of My Home Life Essex
2. My Home Life Vision

Appendix 1: Impact of My Home Life Essex SURVEY OF CARE HOME MANAGERS

To measure change over time, self-report measures are used at the end of the Leadership Support Programme – in particular, the Perception of Workplace Change Schedule (POWCS) which reports perceived changes to participants of the Programme or their place of work as a result of the Programme. This survey has been adapted for the My Home Life Programme from work done by Nolan et al¹ and Patterson et al². The data captured does not provide us with direct evidence from residents, relatives or staff of improvement. However, the impact framework recognises that through developing managers, they are supported to influence the practices within the home and therefore the experience of residents and relatives.

This data was provided by 140 participants who participated in one of the 15 Leadership Support Programmes and attended the final day of their Programme. Some items on the survey have been added more recently, so sample size is slightly smaller.

1. M, Nolan, G, Grant, J, Brown and J. Nolan (1998); *Assessing Nurses Work Environment: old Dilemmas, New Solutions Clinical Effectiveness in Nursing* 2, 145-156

2. Patterson M, Nolan M, Rick J, Brown J, Adams R, Musson G (2010) *From Metrics to Meaning: Culture Change and Quality of Acute Hospital Care for Older People SDO Project (08/1501/93)*, University of Sheffield.

Supporting the wellbeing and quality of life of the manager:

The data demonstrates clearly the positive impact of the Programme on the managers themselves:

- At least 98% of managers felt that the Programme had supported their sense of personal achievement and professional confidence. Nearly 70% reported that their confidence had increased a lot.
- 98% of managers reported improvements in their quality of management and leadership (70% reporting high level improvement)
- 93% of managers noted that their job satisfaction had increased.

Improving the engagement of managers with their teams during the Programme:

- 98% of managers reported that their quality of their engagement with staff had also improved (nearly 70% reporting great improvements) during the period of the Leadership Support Programme.
- 91% of managers noted that staff morale had improved with 50% reporting a great improvement.

Improved staff engagement with their work:

- 96% of managers reported that staff's ability to take the initiative in response to residents' needs had increased during the period of the Programme.
- Staff's interaction and responsiveness of residents had also improved as reported by 98% of managers.
- 97% of managers reported that the amount of time that staff spend talking to residents and relatives had improved.

Direct outcomes for residents:

- 83% of managers stated that residents were now more involved in decisions that affected them.
- 99% reported an increase in the quality of life for residents (approximately 74% identified that residents quality of life had improved a lot).
- Overall, 99% of managers reported feeling that they had seen an overall improvement in the level of practice, with 61% reporting a great improvement.

Other interesting findings:

- While there may be little or no connection to the Leadership Support Programme, over half of managers identified a perceived reduction in inappropriate hospital admissions during the period and 39% of managers reported reductions in staff sickness (with 9% reporting an increase). 35% reported some improvement in staff retention levels.

Other supportive evidence – Care Quality Commission Inspections

Essex County Council recently tracked the CQC inspection ratings for one cohort of care home managers who had recently completed the Leadership Support Programme. While My Home Life recognise that there may be other factors that will influence quality in the home and therefore the

Appendix

verdict of inspectors, the data gathered provides some heartening results:

- 2 Managers in their first management role achieved a CQC rating of Good
- 1 Home moved from Inadequate to Good
- 1 Home improved from Inadequate to Requires Improvement
- 1 Home moved from Requires Improvement to Good
- 3 homes maintained Good

(The other homes represented in this leadership support cohort have not received a visit from CQC since the completion of the Programme.)

Survey Data

During the period of the leadership support programme	Decreased a lot	Decreased a little	Decreased a little	Increased a little	Increased a lot
The sense of personal achievement I get from work has	2(1%)	0(0%)	1(1%)	38(28%)	97(70%)
The levels of stress I feel have	40 (28%)	57(40%)	30(21%)	7(5%)	7(5%)
My feelings of being valued have	1 (1%)	1(1%)	20(14%)	65(47%)	52(37%)
The morale of my staff has	0(0%)	1(1%)	10(8%)	51(41%)	63(50%)
My workload has	12(9%)	27(20%)	50(37%)	23(17%)	24(18%)
The quality of management and leadership I am able to offer has	0(0%)	0(0%)	3(2%)	39(28%)	97(70%)
My job satisfaction has	0(0%)	0(0%)	10(7%)	51(38%)	75(55%)
My feelings of job security have	0(0%)	4(3%)	47(34%)	44(32%)	43(31%)
Satisfaction with my overall working conditions has	0(0%)	5(4%)	31(22%)	51(37%)	51(37%)
Satisfaction with practice in the care home has	0(0%)	0(0%)	3(2%)	61(45%)	72(53%)

Meeting the Challenges of Delivering Great Care

During the period of the leadership support programme	Decreased a lot	Decreased a little	Decreased a little	Increased a little	Increased a lot
The quality of my engagement with my staff has	0(0%)	0(0%)	3(2%)	39(28%)	95(69%)
The amount of time staff actively talk with relatives and residents has	0(0%)	0(0%)	5(3%)	73(49%)	70(47%)
My understanding of how to improve the culture of care has	0(0%)	0(0%)	1(1%)	22(16%)	115(83%)
My satisfaction with the relationship I have with my line manager/owner has	4(4%)	3(3%)	43(43%)	39(39%)	10(10%)
My own quality of life has	3(2%)	9(6%)	19(13%)	47(33%)	65(45%)
My staff's ability to take initiative has	0(0%)	1(1%)	8(6%)	68(52%)	53(41%)
The quality of life of my residents has	0(0%)	0(0%)	2(1%)	59(44%)	74(55%)
My leadership & communication skills have	0(0%)	0(0%)	4(3%)	36(26%)	100(7%)
My confidence as a professional has	0(0%)	0(0%)	2(1%)	41(30%)	95(69%)
Staffs desire to take the initiative in responding to resident's needs has	0(0%)	0(0%)	4(4%)	61(56%)	44(40%)
Residents active involvement in decisions affected them has	1(1%)	0(0%)	16(15%)	56(53%)	32(30%)
My enthusiasm for working in care homes has	0(0%)	5(4%)	19(14%)	41(31%)	68(51%)
The quality of interaction between staff and residents has	0(0%)	0(0%)	2(1%)	60(44%)	74(54%)

Appendix

During the period of the leadership support programme	Decreased a lot	Decreased a little	Decreased a little	Increased a little	Increased a lot
The quality of interaction between staff and relatives has	0(0%)	0(0%)	9(6%)	55(40%)	75(54%)
Staff sickness levels have	28(20%)	27(19%)	72(51%)	9(6%)	4(3%)
Staff retention levels have	4(3%)	7(5%)	74(56%)	24(18%)	23(17%)
Inappropriate hospital admissions appear to have	32(30%)	29(28%)	37(35%)	4(4%)	3(3%)
The overall level of quality of practice in this care home has	0(0%)	0(0%)	1(1%)	41(38%)	67(61%)

Appendix 2: My Home Life Vision

My Home Life aims to promote and enhance quality of life for older people living and dying in care homes, and for those visiting and working in them. Below we set out the core frameworks of My Home Life, namely Developing best practice together, Focusing on relationships, Being appreciative, and Having caring conversations, and we describe how they work together to support quality of life in care homes.

Developing best practice together

Research on what older people want and what works in care homes identifies eight important themes¹. The first three themes are focused on how to individualise and personalise care (Personalisation themes). The next three themes are concerned with how to support people navigate through the journey of care (Navigation themes). The last two themes are aimed at managers to help staff put the other six themes into practice (Transformation themes).

Personalisation themes

1. Maintaining identity (See who I am!)
2. Sharing decision-making (Involve me!)
3. Creating community (Connect with me!)

Navigation themes

4. Managing transitions (Support me to adapt!)
5. Improving health and healthcare (Enhance my well-being!)
6. Supporting good end-of-life (Be with and support me to the end!)

Transformation themes

7. Promoting a positive culture (Enable me to flourish!)
8. Keeping workforce fit for purpose (Help me to learn!)

These evidence-based themes are derived from research on quality of life, quality of care, and quality of management. Importantly they integrate learning from health, social care and housing.

Focusing on relationships

The My Home Life Vision is underpinned by Relationship-Centred Care² and the Senses Framework³, which is a framework for improving care for older people through promoting positive relationships. It highlights the importance of not only meeting the needs of residents, but also, addressing the needs of relatives/ friends who visit and staff who work in care homes. To achieve good relationships and quality of life for all in this context, it suggests that we need to consider what gives each individual a sense of security (feel safe), belonging (feel part of things), continuity (make connections between past, present and future), purpose (have goals), achievement (moving towards their goals) and significance (matter as a person). Paying attention to these senses can help us identify the individual needs and personal outcomes for residents, relatives and staff.

In My Home Life we use the Senses Framework to help make visible the contribution that staff, residents and relatives can make to the creation of a home-like environment, directly challenging the notion of persons as either passive recipients or providers of care. Instead, we emphasise reciprocity and the need to create a care home culture in which all participants are meaningfully involved. This understanding is more far reaching than some notions of 'person-centred care' that focus (only) on the needs of the care recipient or the 'practitioner-patient' relationship.

The need for positive relationships of course are not confined to work and life within the care home setting itself. For quality of life to be sustained, positive relationships are also important between care homes and their local community and the wider health and social care system. By focusing attention on relationships in everyday life and work, we find that people come to appreciate that they are part of a larger whole and see their part within it.

For more information about My Home Life see www.myhomelife.org.uk

Being appreciative

Opening up new ideas of what might be possible, trying things out, and valuing the contributions that each person might make requires a reflective, appreciative and collaborative approach. With this in mind, My Home Life draws on Appreciative Inquiry⁴ which offers a model for enacting and embedding positive change in practice, comprising four components: Discover (What is working well?), Envision (How would you like things to be?), Co-Create (How can we work together to make it happen?) and Embed (What can we do together to make it happen more of the time?).

The principles of Appreciative Inquiry include:

- What we believe to be true determines what we do
- How we talk influences how we and others act
- Storytelling is a key part of everyday life

Appendix

- What we do today is guided by our image of the future
- Change is fostered through having positive relationships

In My Home Life we have found that these principles are equally applicable, whether taking forward a large-scale development or working with individuals in the moment. The notion of being 'appreciative' has sometimes been misunderstood as deflecting attention from difficulties or harsh realities. This is not the case. Instead it works with and for people to change practice in a less threatening way, by focusing on what is currently working well and what more needs to be done to make it even better. It values all forms of knowledge and crucially, includes connecting with and exploring what others value, respecting hidden stories of experience and personal narratives, demonstrating a sensitivity to feelings⁴. As a process for supporting change, it can be transformational through establishing trust, authentic connection and a different quality of learning.

Having caring conversations

Developing best practice together, focusing on relationships and being appreciative depends on meaningful dialogue and interaction. The Caring Conversations⁵ framework enables this to happen by enhancing the way we engage with each other.

The framework suggests that, in order to deliver compassionate and dignified care, people need to Be Courageous, Connect Emotionally, Be Curious, Collaborate, Consider Other Perspectives, Compromise and Celebrate.

Within My Home Life we have found that the framework helps to encourage and sustain genuine curiosity for ourselves and others, deepen inquiry, explore values, articulate tacit knowledge, and acknowledge and express emotion without dispute or judgement. It also supports a different attitude to risk-taking and devising new approaches to problems.

Ultimately, it enables people to acknowledge achievements, encourage better listening and so make room for more contributions to enhance quality of life for all.

1 NCHRD Forum (2007) My Home Life: Quality of life in care homes – Literature review, Help the Aged, London (currently being updated).

2 Tresolini, CP and the Pew-Fetzer Task Force. Health Professions Education and Relationship-centered Care. San Francisco, CA: Pew Health Professions Commission, 1994.

3 Nolan, M., Brown, J., Davies, S., Nolan, J. and J. Keady. (2006). The Senses Framework: Improving care for older people through a relationship-centred approach. University of Sheffield. ISBN 1-902411-44-7.

4 Reed, J (2007) Appreciative Inquiry. Research for Change, London: Sage.

5 Dewar B and Nolan M (2013) Caring about caring: Developing a model to implement compassionate relationship-centred care in an older people care setting, International Journal of Nursing Studies, 50(9):1247-58.