

Residents and Relatives Groups in Care Homes

A report into good practice in engaging
with relatives and residents.

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AIM OF THE PROJECT

Healthwatch Oxfordshire wanted to examine good practice in engaging with relatives and residents in care homes. We wanted to look at existing best practice guidelines and test and revise these if necessary. As a result of this, our findings and best practice recommendations are published for circulation to all care homes in Oxfordshire.

WHAT WE WANTED TO KNOW

1. What could care homes do to make sure relatives and residents feel involved in the service that is being provided
2. How could relatives play a positive role in the care that is being provided for their loved one in a care home and what is best practice that should be shared across Oxfordshire?

WHAT WE DID

- Spoke with 8 Care Home managers and Staff in Oxfordshire about their experiences of involving relatives and residents in planning and care.
- Attended an Oxfordshire County Council workshop on Care Home Standards
- Wrote directly to relatives of 2 care homes to gauge the interest in setting up a relatives group
- Shared the Relatives and Residents Association publication - *Involving Relatives and friends, A Good Practice Guide for Older People (2001)* with at least two homes to ask for their feedback.
- Conducted desktop research to explore and compile examples of existing literature around relatives groups and best practice.

As this project is small in scope, care homes have not been identified in the reporting so that a free and frank discussion could be had about the challenges as well best practice. This report sets out our 9 key recommendations and then gives a little more detail about why we have drawn out these particular issues.

Our key recommendations are that:

1. Homes develop an ethos of involving residents and relatives throughout the homes activities - for example by sharing the activity timetable with relatives through noticeboards, newsletters and electronic communication, so that relatives can play an active part in helping residents become involved where they would like to
2. Homes create regular opportunities for members of staff to get to know relatives, perhaps over a meal.
3. Homes assign a key member of staff that relatives can speak to, as well as ensuring relatives meet other staff working at the home.
4. Homes routinely find out how relatives would like to be contacted and communicated with at the point of admission, and adhere to that agreed form of communication.
5. Notes of relatives and residents meetings are shared widely and with those unable to physically attend.
6. Homes appoint 'Dementia Champions' that can ensure that the home is promoting dementia awareness and include relatives in any dementia training provided.
7. Homes seek out, and make use of, relative's knowledge of the resident/potential resident in the planning and delivery of care.
8. Homes draw up and publicise a clear statement about the extent to which relatives and residents can have a positive influence over the activities of the home, and about how they can contribute - for example through active participation by relatives in staff training or through special workshops to help bring relatives, residents and staff together to talk about making positive changes in the home.
9. All homes should obtain a copy of the Relatives and Residents Association publication - *Involving Relatives and friends, A Good Practice Guide for Older People (2001)*, and should consider how their practice compares to the recommendations made in it.

Appendix 1

What could care homes do to make sure relatives and residents feel involved in the service that is being provided?

1. INVOLVEMENT AS AN ETHOS OF THE HOME

The homes we spoke to all had an open door policy and were carrying out one to one meetings with relatives. Where surveys had been conducted or feedback invited from relatives, the response rate tended to be poor. With a number of the homes, relatives had been invited to join a relatives group, but again the turnout had been low.

Healthwatch Oxfordshire wrote to relatives directly to find out how they would like to contribute and their preferred method of contact. We sent a small survey with a freepost response envelope. The response was low. A few of the comments we received said:

“Very interested, but live too far away to attend”

“I am already heavily committed to voluntary work and unable to commit to anything else”

A physical meeting to air views about practical issues such as laundry, food and the physical spaces of a home may be useful, but finding a time and date to suit a number of residents is not always practical. Some relatives have other commitments or may live too far away.

Another issue that was raised by care home staff, was that not all issues may be suitable for general discussion. Some of the relatives participating in an existing relatives and residents group had made negative comments about the behaviour of residents with dementia. In this case, staff had felt that this had become too personal and targeted at individuals rather than on a general topics connected with the home. On the other hand, having a collective opportunity to discuss dementia and raise awareness may be positive thing.

Recommendation: That the home has an ethos of involving residents and relatives throughout the homes activities. The publication - *Involving Relatives and Friends - A Good Practice Guide for Homes for Older People* suggests useful ways that the home can do this through the admissions process, through helping to care for relatives and through activities.

A relatives and residents group should be one tool of many to help residents and relatives feel involved.

2. AN OPPORTUNITY TO MEET STAFF

Homes that were holding residents and relatives groups found it useful to invite members of staff to speak directly with relatives. A number of groups invited the Chef to meetings and Senior Staff who could respond directly to any concerns.

One of the homes who looked at the *Involving Relatives and Friends Publication* with us, really liked the idea of having relatives having meal with the Matron or Manager as part of the induction process for relatives and residents to learn more about the home.

In one of the homes we contacted, a staff profile is featured in each newsletter so that relatives get to know staff working at the home and are introduced to a different staff member in each issue.

At another home, a number of the staff are from different countries. The home held a food carnival where flags were put up and food from different countries was cooked for the relatives and residents. This helped to bring the staff, residents and relatives closer together.

Recommendation: Consider opportunities for members of staff to be introduced to relatives and residents, perhaps over a meal. It can be useful to assign a key member of staff that relatives can speak to, but also to introduce other staff working at the home.

3. INVOLVING RELATIVES IN THE HOMES ACTIVITIES

As well as inviting relatives to participate in events happening at the care home, many homes put their regular activity schedules up in a prominent place so that relatives and residents can see what is happening in the home. Some care homes use their newsletter to publish the upcoming activity schedule too.

When we asked relatives the ways they would like to be involved, one relative commented that - as they lived further away - it would be useful if the activity timetable could be sent out electronically so that they could encourage involvement in the activities and avoid

visiting times when there is something taking place that their relative may want to participate in.

Recommendation: That the home shares the activity timetable with relatives through noticeboards, newsletters and electronic communication, so that relatives can play an active part in helping residents become involved where they would like to.

4. COMMUNICATION

One member of staff who looks after multiple homes stressed the importance of communication and how it was valuable to communicate back what has been discussed at residents and relatives meetings - remembering to also feedback to those unable to physically attend the meeting. The *Involving Relatives and Friends* Publication suggests allocating staff time to the task of communication - 'is a necessity, not a luxury'.

Recommendation: That the home finds out how relatives would like to be contacted and communicated with and that any notes of relatives and residents meetings are shared widely and with those unable to physically attend.

5. DEMENTIA AWARENESS

All the homes we spoke to mentioned Dementia awareness and the need for dementia awareness training. At least two of the homes we spoke with had staff that were Dementia Champions working in the home.

Two of the homes we spoke with also recognised that there was a need to set up a dementia workshop or dementia café to help support relatives and residents learn more about dementia. These could potentially be opened up to the wider community as some homes have already done with legal workshops/information days.

Recommendation: That the home appoints 'Dementia Champions' that can ensure that the home is promoting dementia awareness. This learning should be extended beyond the home to relatives and the wider community.

How could relatives play a positive role in the care that is being provided for their loved one in a care home?

6. PERSONAL STORIES

Relatives can help personalise the care of their loved one by sharing information about likes/dislikes and life histories. In one care home, residents have memory boxes placed on the outside of their doors to help residents navigate to their room. This can also help act as a talking point with staff and other residents.

Recommendation:

That homes make use of relative's knowledge of the resident potential resident.

7. BEING A CRITICAL FRIEND

Residents, relatives and staff may have different ideas about the care being provided and there is a need to balance all these different perspectives. In one home a few of the relatives had expressed a dislike of visual signs displayed in the toilets as it compromised the décor of the home, but for practical reasons they had been placed there to help residents.

One member of staff at a care home expressed their frustration at trying to engage relatives in a positive way and in particular relatives that were proving challenging. Some relatives saw it as their role to 'inspect' and be overzealous in their scrutinizing - to the extent that staff were feeling demoralised and were leaving the home.

Recommendation: Be clear about the extent to which relatives and residents can have a positive influence over the activities of the home. Think about staff training and facilitated workshops that may help bring relatives, residents and staff together to talk about making positive changes in the home.

8. AS A CARE PARTNER

The homes we spoke to didn't go into too much detail about the relatives role as care partner, but there are suggested ways (in the resources that we explored below) that relatives can be more practically involved in the care of their loved one.

USEFUL LINKS

- The Relatives and Residents Association - Involving Relatives and Friends, a good practice guide for homes for older people.
<http://www.relres.org/>

- Learning for Care Homes from alternative residential care settings
<http://www.jrf.org.uk/sites/files/jrf/residential-care-learning-summary.pdf>
- Guide to Choosing a Care Home and This is Me tool
<http://www.alzheimers.org.uk/lowexpectations>
- GP services for older people: a guide for care home managers
Managers' responsibilities and the NHS reforms - Actions as a result of listening to residents and relatives
<http://www.scie.org.uk/publications/guides/guide52/managers-responsibilities/actions.asp>
- Eight Best Practice Themes <http://myhomelife.org.uk/research/8-key-themes/>
- Dignity in Care website
http://www.dignityincare.org.uk/About/The_10_Point_Dignity_Challenge/

About Healthwatch Oxfordshire

Healthwatch Oxfordshire is an independent organisation that listens to your views and experiences of health and social care in Oxfordshire. We are a statutory body established within the Health and Social Care Act 2012 and have been given powers by parliament to work for you to get the best health and social care services, whether it's improving them today or helping to shape them for tomorrow.

We also provide or signpost people to information to help them make choices about health and care services. We have statutory powers to request information from commissioners and providers of health and social care services, and also the power to 'enter and view' local services. Healthwatch Oxfordshire uses its seat on the Oxfordshire Health & Wellbeing Board, and also works closely with the Oxfordshire Joint Health Overview and Scrutiny Committee, to influence local commissioning of health and social care services.

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