

Our vision is a world where all care homes are great places to live, die, visit and work.

Creating Community

This updated research briefing paper was written by Edel Roddy and based on a review of the literature on quality of life in care homes, undertaken by the National Care Research and Development Forum in 2006¹, which was later updated by a review of reviews (2006-2016), undertaken by the My Home Life team. My Home Life is an international programme of work aimed at promoting the quality of life for those who are living, dying, visiting, or working in care homes for older people.

Overall, research on creating community seems to reflect many of the findings of the original review (NCHRD, 2007). Post 2007, new evidence suggests:

- Resident concerns about lack of autonomy and difficulty in forming appropriate relationships (Bradshaw et al., 2012).
- Social interaction, connection and engagement has a positive impact on health and wellbeing for older people in long term care (Cooney et al., 2014).
- Several interventions developed to enhance meal time experience of residents to improve health and nutrition and also quality of life (Vucea et al., 2014; Green et al., 2010).
- The interpretation of 'at home' informs ongoing clinical practice and theory development focused on shaping environments for healing and enabling experiences of home during residential transition (Molony, 2010).
- Supporting residents (if they wish) to become involved in community and/or intergenerational activities (Ciprani, 2007).

Introduction

Creating a sense of community within a care home is very important and is different to creating a 'home-like' environment. 'Home' promises autonomy and a sense of long-term security, and these characteristics are difficult to replicate in even the smallest of care homes, thereby raising expectations that cannot be met (Peace and Holland, 2001). Concentrating instead on fostering a sense of care homes as communities allows reciprocity of relationships and the opportunity for those residents who are able (and choose to) to contribute to the care home life (Gubrium, 1993).

Evidence shows that relationships between staff, residents, family, friends and the wider community are the most important factor in determining the quality of life of residents (O'Rourke et al., 2015; Cooney et al., 2014; Bradford et al., 2012; Molony, 2010; Bowers et al., 2001). Alongside reciprocity, kindness, love and respect were named as being features of relationships which enhance quality of life (O'Rourke et al., 2015). Continuity of staff, good communication, staff responsiveness, dependability, trust and a degree of personal control by the resident can all help improve quality of life (Rantz et al., 1999; Bowers et al., 2001; Edwards et al., 2003).



¹NCHR&D Forum (2007) My Home Life: Quality of life in care homes – Literature review, London: Help the Aged.

Staff can help residents who want to have relationships with fellow residents but find it difficult, perhaps as a result of sensory impairment (McGilton et al., 2003). Residents may have concerns about lack of autonomy and find it difficult to form relationships. Bradford, Playford and Riazi (2012) detailed four key themes from their review that supported relationships for residents within care homes:

1. Acceptance and adaption
2. Connectedness
3. A homelike environment
4. Caring practices.

Most family members are keen, often desperate, to maintain their relationship with their relative in a care home (Sandberg et al., 2001; Kellet 2000). Families who feel secure in their relationship with staff are more likely to be involved in the home and can make a vital contribution to humanising and personalising residents' lives (Nolan et al., 2004; Hertzberg et al., 2001).

Main points

Community means different things to different people, but shared notions include membership, need-fulfilment, emotional connection, commitment to the collective good, and celebration (Macmillen and Cahvin, 1986; Roberts, 1993). Community life is not always easy and becoming part of a community involves effort (Reed and Payton, 1996). Any community is likely to mirror the complicated relationships existing in an environment where people live and work closely. But there are key areas that should be recognised as promoting community within care homes. These are:

- Understanding and respecting the significance of relationships;
- Recognising roles, rights and responsibilities;

- Creating opportunities for giving and receiving;
- Creating opportunities for meaningful activity;
- Building an environment that supports community;
- Committing to shared decision-making.

Relationships with staff

The quality of interpersonal relationships with staff has been found to be the most important aspect of quality care for care home residents (Bowers, 2001). Continuity of staff, adequate communication, staff responsiveness, dependability and trust, and a degree of personal control, are all important to residents (Ranz et al., 1999; Bowers et al., 2001; Edwards et al., 2003). For staff too, relationships with residents and their families can be important in shaping their experiences of work and many nursing assistants have identified their relationships with residents as their main reason for staying in the job (Parsons et al., 2003).

Many homes use rotating staff assignments to residents believing that this makes scheduling easier and ensures that residents with complex needs are shared equally. However, consistent staff assignment can allow flourishing relationships between staff and residents, leading to improved quality of care alongside lower staff turnover (Sumaya-Smith, 1995). Without consistent staff members who have detailed knowledge of a resident, individual care, such as continence management, is much harder to develop.

Assistive technologies like Socially Assistive Robots (SAR) are being considered as enablers to support the process of care giving or keeping older adults at home longer. SAR can potentially enhance wellbeing and decrease the workload on caregivers (Kacouhie et al., 2014).



Relationship between residents

Studies reveal that older people in care homes often value the chance to develop relationships with other residents and make new friends (Mattiasson and Andersson 1997; Mc Dermont et al., 1997; Raynes, 1998; Tester et al., 2004). For those with sensory impairments this is more difficult because a visual and/or hearing impairment prevents them from identifying cues in social conversation. Some residents may need staff members, relatives or volunteers either to help facilitate conversations or to re-position chairs to allow residents to be involved in conversations (Davies et al., 2001).

Being able to maintain long-standing friendships is also important. Friendships provide mutual companionships and support. Reports describe the reciprocity between care providers and older residents who take time to talk and show an interest in each other's lives, although this can be difficult for frail older residents (Cook 2006).

Connectedness is critical to enhancing the quality of life of older people in long-term care settings. Social interaction and engagement has a positive impact on health and wellbeing (Cooney et al., 2014). For people with dementia their quality of life is influenced by the degree of connectedness or disconnectedness in four key factors:

1. Relationships
2. Agency in life
3. Wellness perspective and
4. Sense of place (O'Rourke et al., 2015).

Roles and responsibilities

Each person who is involved in a care home, whether staff, resident or visitor, has the potential to make a unique contribution to the community within that home (Rowles and High, 2003; Davies, 2003; Anderson et al., 2003). Studies suggest that staff need to permit greater resident participation in the home and to listen to residents views more (Fletcher, 2000).

The need for residents to feel useful has been reported in several studies (Fletcher, 2000). Involvement has to be meaningful and regular such as housekeeping chores, for example, assisting at mealtimes or folding laundry. In one home, staff went to great lengths to ensure residents had access to a greenhouse; the registration and inspection having originally argued that it represented a health and safety hazard.

Relatives' needs

Most family members are keen to maintain their relationship with their cared for person and seek to work with care home staff in order to do this. They often see their role as maintaining continuity, helping staff to get to know the resident, monitoring care, and being part of the community within the home (Davies and Nolan, 2006; Rowles and High, 2003; Sandberg et al., 2001). Some family members report feeling like interlopers or adversaries in their relationship with care home staff; but where staff are able to positively engage with families, both the families and the residents feel reassured. It is often small acts that make a difference: A wife visiting her husband in a care home reported how staff supported their wish to sit together quietly in a corner when she visited.

However, relatives must also appreciate the balance between rights and risks that have to be negotiated in a care home and this is where regular discussions are essential (Ryan et al., 2003).

Staff needs

Reports have shown how demanding and complex the role of staff in care homes has become, particularly if the outcome of such labour is to be therapeutic rather than simply custodial (Hansebo and Kihlgren, 2002). A recurring theme is the need to acknowledge the emotional component of work with older people and family caregivers, if true partnerships are to be created (Gattuso and Bevan, 2000).



Staff members are often unclear about the therapeutic direction of their work and yet studies suggest that is essential if they are to experience job satisfaction. A key responsibility is to ensure that residents are treated equitably (Campbell, 2003). However, staff sometimes find that their perception of individual residents influences their approach to care (Hantilkainen, 2001). Staff members need to be aware of their reactions to and perceptions of residents and how these might influence their decisions about care (Campbell, 2003).

Staff members furthermore need to work in a safe environment, with adequate resources, and with access to the required skills to meet the needs of residents and their families. They also need to feel they are appreciated (Atkin, 2005; Wicke et al., 2004; Perry et al., 2003).

Meaningful activity

Many older people in care homes continue to spend much time in passive inactivity, with a study finding that only 14 % of a resident's day was spent in some form of communication with others and only 3% involved constructive activity (Ballard et al., 2001).

Meaningful activities do not just happen. They require support from everyone involved. Sharing oral histories provides residents of care homes with opportunities to share their knowledge and experience. Reminiscence activities impact positively on quality of life and promote morale and emotional wellbeing (Brooker and Duce 2000). Art, movement and dance, musical exercise and dramatherapy also have valuable roles in social engagement (Byres, 2004; Bunce, 2004; Langley, 2004). Live singing by professional care staff with residents during activities of daily living was an example of activity that can have a mutual benefit to both caregivers and residents, as it can reduce the agitation expressed by the resident and can enhance the care givers perception of the care giving (Chatterton, Baker and Morgan, 2010). However, some care staff also expressed concern

that these social care activities (talking, listening and sharing) are not recognised as 'real work' within their organisations (McKee et al., 2002). It is also reported that activities need to be ongoing to continue to have benefit (Hagen et al., 2003).

Many staff and family members are unaware of the kinds of activities that frail older people, particularly those with a cognitive impairment, will find enjoyable and meaningful and there is an expectation that activities must be highly structured, usually involving groups. On the contrary, one-to-one activities for a short period of time may be more appropriate and beneficial. These might include looking at a newspaper together, singing or listening to music. This is a potential role for families and volunteers.

Several studies have shown the positive impact of pets on residents' wellbeing (Steed and Smith, 2002; Edwards and Beck, 2002; McCabe et al., 2002; Savishinsky, 1992). One found a significant positive change in mood for those receiving visits from volunteers with a dog compared with a visitor alone (Lutwick-Bloom et al., 2005), and another reported that sessions of animal-assisted therapy decreased agitation and increased social interaction among nursing home residents with dementia (Richeson, 2003).

Engaging volunteers or individuals and organisations from within the local community can be very helpful in developing a sense of community and responding to the interests of residents, particularly those who do not have regular visitors (Marken, 2004). Such developments could be the responsibility of activity coordinators working with residents and family members.

Other practice examples

Mealtimes represent the familiar patterns of family life and can bring comfort, especially at times of stress (Evans, 2005). Introducing variety into what can be routine activity can enhance the experience for



everyone involved. Making a meal in the dining room where residents can see the food preparation, smell the food cooking and choose their favourite food can result in residents with dementia eating more and staying in the dining room longer. Green et al's (2011) review found that interventions on enhancing meal time experiences were more successful if staff were involved and audits and feedback were included, alongside due consideration for the local context e.g. facility, staff and resident differences. Several interventions developed to enhance meal time experience of residents to improve health and nutrition and also quality of life. Interventions included making the dining room more homelike, decreasing noise and distractions, meal time volunteers and creating a pleasant dining experience (Vucea, Keller and Ducak, 2014; Green et al., 2010). Occasionally takeaways or celebrations give residents something to look forward to (Mallott et al., cited in Beck, 2001). There are a variety of creative ways of making mealtimes more interesting: one care home designated the occupants of a dining room table as hosts who would be supported to select a food that for them was a reminder of home (Evans, 2005).

The review of the literature reviews (2007-2017) in keeping with the original review (NCHRD, 2007), highlighted the importance for reciprocity within relationships in care homes (Bradshaw, Playford and Riazi, 2012). Relationships and the value of eliciting relative and staff perspectives are also highlighted in the review of the literature (Verbeek et al., 2009).



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