

Personalisation in care homes

Lay summary

What is Personalisation and how can it make a difference to care home residents?

Personalisation is ‘the process by which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and services they receive’ (Cabinet Office 2007). In adult social care in England, the idea of personalising services has led to different approaches in home and residential (care home) care. In home care the idea is that people have more choice of and control over services they receive such as home help or meal deliveries and they get money from the government paid directly to them so they can choose what and how to spend it, in a sense people become ‘customers’ of care services.

In residential care (care homes), the focus has been on delivering ‘person-centred care’ to try and improve the quality of care. The main focus is to emphasise the importance of building a relationship between care staff and residents, they are not seen as ‘customers’ but as individuals in need of support and it is essential to get to know the person in order to tailor the care to their individual needs and preferences.

What previous research tells us.

We reviewed past research into care homes focusing on studies that examined the effects of different approaches to promote personalisation on care home staff and residents. Most of the research showed that personalisation requires having well-trained professional carers to be able to deliver person-centred care.

What did we learn from our study?

We interviewed 24 care home managers who all said that the most important thing was for staff to build relationships of trust with residents and their families. This enables staff to get to know and understand the residents better, especially residents with dementia, and it also empowers residents to express their needs, choices and preferences with confidence. Managers stressed the importance of attracting care staff with the appropriate attitude, aptitude and motivation to provide good personalised care. Having enough suitably qualified staff was highlighted as a key ingredient to personalisation.

However, managers voiced many concerns about being able to recruit enough staff and the staff staying for long enough to build good relationships and become well-trained.

Most managers wanted their residents to be treated as if they were ‘family’ and used this metaphor to describe their ambition for creating an environment in which residents and staff enjoyed close, personal relationships. Things like having regular celebrations and residents participating in domestic tasks help create this feeling of a family home. Only a few managers spoke of their care home as similar to a ‘hotel’ emphasising ‘customer’ choice when talking of personalised care.

Another thing we looked at were inspection reports by the Care Quality Commission (CQC) especially those rated as “requires improvement” or “inadequate”. Despite the negative ratings of these homes, reports suggested that staff promoted personal relationships in many ways and benefited residents’ welfare by encouraging continued interaction with family, friends, and local communities. The things that hindered delivering personalised care were things like poor communication between staff, lack of commitment to personalised care from management, challenges to maintaining adequate staffing levels, and a lack of staff skills and understanding of person-centred care.

If you want to find out more, visit:

piru.ac.uk/projects/current-projects/personalisation-in-care-homes.html

