

EXPLORING AND UNDERSTANDING HIGH-QUALITY PERSON-CENTRED CARE IN CARE HOME SETTINGS

Background

There are an estimated 2.9 million residents living in 43,000 long-term facilities in Europe (1). In the UK more than 400,000 people are living in just over 17,000 care homes (2). Most residents in long-term care settings are older people living with dementia, frailty, and end of life care needs. Compared to other groups in society there has been little research evaluating the delivery of high-quality person-centred care provided to residents in their care homes. This is despite repeated calls for context-specific research that will, with residents' involvement, define and measure what good quality person-centred care looks like.

Aim(s)

The primary aim of the study was to explore and understand the barriers to, and enablers of, delivering the most effective high-quality person-centred care possible in care homes.

Methods

We used a multiple case study design across seven care homes, with a resident up to system level focus. Data was collected using non-participant observation of care delivery and care culture. Sixty semi structured interviews took place with care home residents, family members, care home staff and visiting professionals, and social and healthcare stakeholders. Data was collected by an older people's mental health nurse researcher who maintained a reflective/reflexive journal. Reflexive Thematic Analysis (3) was used across all qualitative datasets to build a full and in-depth critical understanding.

Results

Findings reiterate the importance of (a) 'people being placed at the centre', when providing high-quality person-centred care. This includes residents, family and care staff. The latter need to feel valued and respected for the roles they fulfil, by their employers, the community and wider society. (b) The challenge of residents (re)negotiating their identity during times of transition, particularly between their home and the care home setting. The (c) 'crossing and negotiating of old and new boundaries' between staff and residents and across care providers- acute, community and social care was a key theme. Lastly (d) care home staff making sense and finding meaning during critical moments in care such as end of life.

Discussion

The study provides new insights into the provision of high-quality person-centred care in care home settings through resident to system level and provides a platform for further research. Research in care homes is not without challenges the engagement and participation of residents in care homes especially, those without mental capacity is difficult. Some were included, and others were represented by family members. Non-participant observation is an important method for this setting. The inclusion of residents in care home research needs innovative and accessible methods to support them and an experienced older people's mental health nurse as an embedded researcher was critical in this study.

Implications and future perspectives

The provision of person centred high quality care is central to residents, family, professionals and health and social care systems as a whole. It is a worldwide issue requiring international collaboration. Nurses are central to developing person centred care in this setting and are in the best place develop resident focused and accessible care home research.

References

1. European Centre for Disease Prevention and Control (ECDC) (2021) *Surveillance of COVID-19 in long-term care facilities in the EU/EEA: Technical Report*. Stockholm.



2. Office of National Statistics (ONS) (2021) *Care homes and estimating the self-funding population, England: 2019 to 2020*. Newport: Office of National Statistics.
3. Braun, V., & Clarke, V. (2022b). *Thematic analysis: A practical guide*. Sage.