



At a glance 20

## Personalisation briefing



January 2010

### Implications for nursing homes

#### Key messages

Personalisation for nursing homes means:

- nursing home managers taking holistic care approaches by focusing on the person's needs and preferences through individual care planning and person-centred care provision
- nursing home managers and staff members need to develop knowledge of the individual, their life history, occupation, culture, interests and preferred activities – this involves getting to know their family, friends and social circle
- building on relationship-based working in the nursing home, where staff recognise the people living in the nursing home as individuals, and moving away from the model of care being task-driven
- access to good information about the nursing home, including a full list of services and costs along with pointers to other sources of legal and financial information and advice – this is crucial for people to exercise informed choice
- people living in the nursing home can still be supported to exercise self-determination and to live as independently as possible
- nursing homes can have an active role to play in local communities and external links can be forged and maintained with clubs, societies and organisations.

This At a glance briefing examines the implications of the personalisation agenda for nursing homes.

Personalisation means thinking about care and support services in an entirely different way. This means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about how and when they are supported to live their lives. It requires a significant transformation of adult social care services so that all systems, processes, staff and services are geared up to put people first.

The traditional service-led approach has often meant that people have not received the right help at the right time and have been unable to shape the kind of support they need. Personalisation is about giving people much more choice and control over their lives and goes well beyond simply giving personal budgets to people eligible for council funding. Personalisation means addressing the needs and aspirations of whole communities to ensure everyone has access to the right information, advice and advocacy to make good decisions about the support they need. It means ensuring that people have wider choice in how their needs are met and are able to access universal services such as transport, leisure and education, housing, health and opportunities for employment, regardless of age or disability.

### What are the implications for owners of nursing homes, managers and staff?

The nursing home model of care has been practising 'holistic care' and individualised health care planning for many years. The personalisation agenda means nursing home owners continuing to place the person using the service first and to build upon holistic care approaches. In essence there are two priorities for nursing home owners in meeting the challenge of personalisation:



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- to focus on identifying a person's needs through individual care planning
- meeting those needs with person-centred care provision.

We need to ensure that the person is seen as an individual and not merely as a sufferer of a particular illness or impairment. We need to look beyond health diagnosis to a person who had different roles during their life; a unique personal history, relationships, an occupation and interests, friends and family. There are many ways in which this can be done, such as exploring and recording the individual's life history, involving their relatives and friends.

In other words, personalisation means providers of care and their staff members need to develop a knowledge of the individual person and their life and interests, which can then be used to inform personalised support planning and provision.

### Example: Understanding someone's personal history

Knowledge of the personal history of someone using services is absolutely vital to being able to effectively deliver care by drawing on an individual's life history. All of our life experiences shape our character, and can influence our perspectives, interests and activities. As a typical example, many of the people we currently provide care for were involved in World War II and have experiences and memories associated with the conflict. This type of specific knowledge about someone's life history and experiences allows care staff to build effective relationships with people using the service and engage them in conversation and various activities within the home. Many experienced managers of nursing homes will attend a funeral when they will compare their knowledge of the person's life history with that given as part of the service. The test of how well you came to know that person is often that you didn't learn anything new about them at the funeral.

This simple concept is sometimes difficult to achieve, since it can require a culture shift from some staff, and thereby, a continuous requirement of providers of nursing home care to ensure that all staff remain committed and focussed on personalisation. Continual training and reflection is important to achieve this.

## Assessment of need and defining outcomes

Whilst there are many definitions of quality, it is ultimately about ensuring that the particular aspirations and needs of the person using the service are satisfied. This can only be achieved where there is an understanding of what those aspirations, needs and outcomes are.

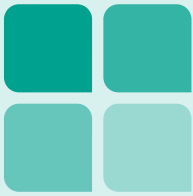
Individual care planning is the starting point for meeting those needs. This must include a social and occupational history, details of hobbies, activities and interests, as well as diagnoses and healthcare treatment.

Family, friends, neighbours and work colleagues should all be able to contribute to a formal multi-agency assessment in addition to the professional health and social care input.

## Access to information

There is an obligation to ensure that the person using the service is as informed as possible about the services on offer during the individual needs assessment. This access to information by the provider includes ensuring that every prospective person using services has access to full information about the service, prices payable for all aspects of the service and pointers to sources of legal and/or financial information and advice. Such information will include the statement of purpose, service user guide, likely brochures detailing services, payment terms and a statement of terms and conditions.

In order to meet the challenge of personalisation for nursing home care provision there are a series of different aspects of care that should be brought together in a single seamless way.



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### Providing nursing care

Supporting individual needs starts with the individual assessment which should include social and occupational history and identify hobbies, activities and interests. This assessment will then lead to a person-centred care plan.

#### Example: Staying in touch with the local community

Identifying hobbies and interests of people using services enables a nursing home to design a community outreach programme which allows people living in the home to maintain their relationships with the local community. One long established example of this is the facilitation of a local group visiting a nursing home every fortnight to play whist. The local group save on premises expenses, since they visit the nursing home. The residents in the home are enabled to join in the game of whist, with large print cards or support from a group member if they have a disability.

At the heart of personalisation is person-centred working, where staff recognise the person using the service as an individual person and develop a relationship-based way of working with them. For example, from the very beginning staff need to find out how the person prefers to be addressed and whether over time they want to change what the staff call them (i.e. going from formal to informal first name basis as the person becomes more familiar with a particular staff member).

Staff should engage in conversation that is relevant and meaningful to the person using the service. Staff who have a knowledge of the person's occupational and social history, interests and hobbies can use it to stimulate conversation. Staff can use music, pictures or other approaches where people have cognitive or communication difficulties.

### Supporting people to maintain independent and active lives

While the primary objective in most nursing home care is to support people to maintain a decent quality of life for as long as possible, rather than to provide rehabilitation (which will normally have been addressed before admission), staff should continue to work with individual patients to enable them to maximise their independence, preserve any mobility or other aspect of their care so that capacity for self care is maximised. For example, the simplest way of preserving mobility is to enable an individual to walk short distances if they want to, rather than relying on a wheelchair. In this way, staff can support people to be independent whenever and wherever this is possible.

#### Example: Person-centred assessment and defining individual outcomes

The life history of a person using services can be used to explore and address upset or agitation in someone with dementia. Bob, a man with dementia, had taken his dog for a walk before his evening meal for many years. In the nursing home he would become very agitated because he was not able to have a walk before his evening meal. Only a detailed knowledge of Bob's life history, daily routine and habits enabled the staff to understand his individual needs. Bob's personal evening routine was replicated in the nursing home and he became much less agitated at evening meal times.

Where care is funded by local authority commissioners, early intervention to maintain health and wellbeing is generally not made available through nursing home care. However, where care is privately funded, people may choose to admit themselves to a nursing home at an earlier stage. In such cases, personalisation enables the nursing home to focus on many



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aspects of care which enable the person to remain as independent as possible within a supportive environment.

The care provided in a nursing home often goes beyond that which is specifically provided to the individual. Management and staff work with partners, family, friends and previous carers to deliver services which are supportive to them too. Where partners, families, friends or previous carers wish to volunteer within the home, such requests should be enabled and supported by management and staff.

### Example: Responding to an individual's end-of-life wishes

Harry, a man at my nursing home, decided that as he was now approaching the end of his life he needed to re-visit his religious faith. Confirmation classes on a one-to-one basis were provided by the local vicar at the nursing home. At the conclusion of the classes, and due to Harry's mobility difficulties, the Bishop came to the nursing home to complete the process. None of this would have happened if nursing staff had not discovered his concern about dying without religion, or if the local vicar had not given his time to attend the nursing home on a regular basis, or if the Bishop had not come to the nursing home to give him confirmation. The principles of personalisation were addressed at different levels and the approach was person-centred and outcome driven.

## Collaborative working

Personalised care in a nursing home is enhanced by collaborative ways of working. This should include identifiable contacts to which referral can be made such as: opticians, audiologists, chiropodists, dentists, general practitioners, nutritionists, specialist practitioners for end of life care, continence services, falls coordinators, infection control specialists, dementia care and the whole range of available health condition specialists.

After entering the home people should be encouraged to maintain links with external clubs, interest or hobby groups either by going to external venues or by encouraging people from the groups to visit the home. In a similar way, management and staff can encourage external organisations to provide services, activities, learning opportunities and cultural events within the home. Links can be made with local schools and any other local activities. In this way a nursing home can be recognised as part of the community and one of the resources available to the local population.

Nursing home proprietors need to recognise and respond to the opportunities offered by social care personalisation. Nursing home owners, managers and staff can reflect upon how they can continue the movement away from the model of care being task driven to one where the person is at the centre of all they do.



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### Acknowledgements

Written by SCIE in collaboration with the Registered Nursing Home Association

### Further information

Registered Nursing Home Association  
<http://www.rnha.co.uk>

In its report *Personalisation: a rough guide*, the Social Care Institute for Excellence (SCIE) tells the personalisation story so far – exploring what it is, where the idea came from and where it sits within wider public service reform. It is freely available online at [www.scie.org.uk](http://www.scie.org.uk)

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