Care Home Organisations Implementing Cultures of Excellence

University of Worcester
Association for Dementia Studies

The CHOICE research project used in-depth case studies of care homes for older people to investigate the relationship between the organisational culture of the home and the quality of care experienced by residents.

Rationale for the study:

- Care homes with similar resources and demands are seen to provide vastly different experiences of care to their residents
- 'Organisational culture' is thought to play an important role in shaping the care experience
- Finding out what 'organisational culture' means in terms of the day-to-day practices of care homes.

Methods used for the study:

- 11 in-depth case studies of care homes
- Observations of care for residents with advanced dementia and complex needs using the PIECE-Dem observational framework
- Broader observations of day-to-day life in the home
- Interviews with staff, residents and visitors to the home
- Analysis within and between case studies to establish key practices and cultural elements influencing care experiences

PANICOA
Preventing Abuse and Neglect in Institutional Care of Older Adults
A RESEARCH INITIATIVE TO ENHANCE DIGNITY
DH Department of Health
COMIC RELIEF

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University of East Anglia
Faculty of Medicine and Health Sciences

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About the Association for Dementia Studies:

The Association for Dementia Studies is an active research and education centre. Our multi-professional team are experts in the field of person-centred dementia care and support.

Through research, education, consultancy and scholarship, we make a cutting-edge contribution to building evidence-based practical ways of working with people living with dementia and their families that enables them to live well.

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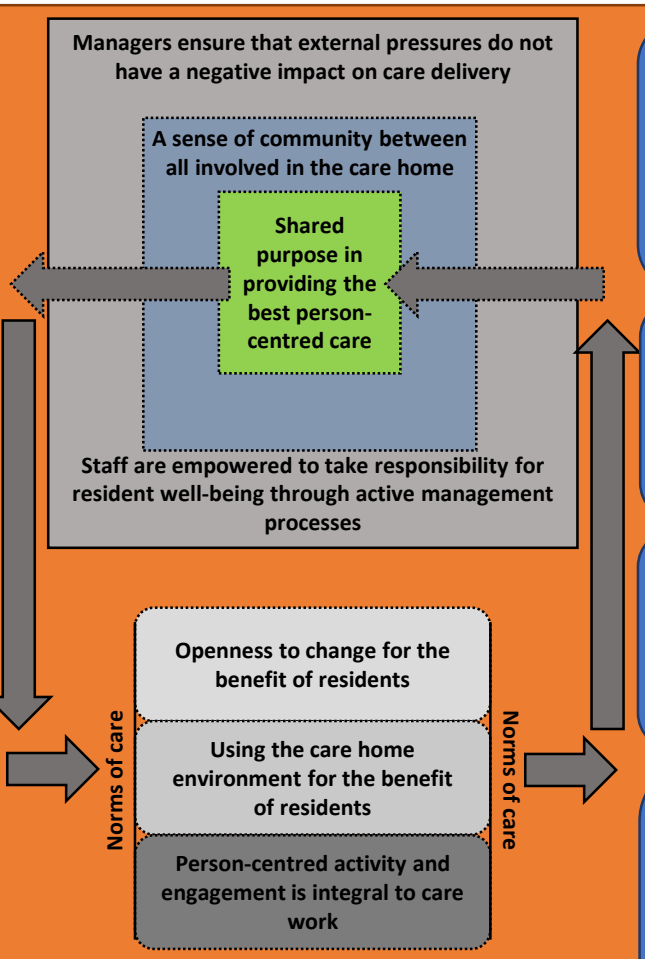
ECHO
ASSET
HDRC
CHOICE
PIECE-Dem
Green Care

Managers ensure that external pressures do not negatively impact on care delivery
Managers actively work to mediate the impact of external factors on the daily work of staff. External factors include: regulation, quality assurance, financial pressures, organisational initiatives and the requirements of families and visitors.

A sense of community between all involved in the care home
Everyone in the home is part of the community and all have responsibilities to each other. There are meaningful relationships between people inside and outside of the care home.

Staff are empowered to take responsibility for resident well-being through active management processes
Staff are both willing and able to make decisions and take action for resident well-being. This is enabled through management and leadership practices such as: clearly defined boundaries and expectations; supportive, responsive, strong and united leadership; managers that are present and lead by example.



Shared purpose in providing the best person-centred care
Everyone has the same understanding of what person-centred care means in the home. This is understood and demonstrated in practical, day-to-day actions contributing to resident well-being.

Openness to change for the benefit of residents
Change is gradual and on-going, focussed on clear benefits for residents. This makes it easier for residents, staff and others to accept and support it.

Using the care home environment for the benefit of residents
Constant reflection on the impact of the physical environment on residents. This is not simply about design by about how the environment is used.

Person-centred activity and engagement is integral to care work
Meaningful occupation and emotional engagement with residents is a fundamental part of care work in the home, not an added extra. Activities are determined by what is meaningful to individual residents, rather than through a pre-determined schedule.

Positive care cultures evidenced:

- Shared values and assumptions about care delivery
- Norms of care consistent with values
- All 7 elements present, although working in different ways in different homes
- Poor care experiences unusual, infrequent and often counteracted by other elements of culture

Inconsistent or negative care cultures evidenced:

- Lack of shared values and assumptions about care delivery
- Inconsistent norms of practice
- Fragmentation of culture in which some, but not all, of the 7 elements were present
- Positive care experience occurring, but dependent on individual staff and often undermined by absence of certain elements of culture

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For more information: https://www.worc.ac.uk/discover/dementia- choice-project.html