## Chapter 2  
**Knowing and demonstrating values and beliefs about person-centred care:**
**Web resources**

### Quick evaluation to raise profile of values and beliefs in the care home

(Abridged from AgeUK Care setting/care home checklist)

If you want to see the full checklist, go to www.ageuk.org/ and click on Home & care / Care homes / Care home checklist.

**Evaluation can be carried out by care home staff, volunteers, residents, families or friends**

<table>
<thead>
<tr>
<th>Questions about the home</th>
<th>Yes</th>
<th>No</th>
<th>Notes</th>
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<tbody>
<tr>
<td>1. Does the home feel clean and inviting?</td>
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<td>2. Are there any unpleasant smells?</td>
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<td>3. Do the rooms feel hot and stuffy or cold and draughty?</td>
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<td>4. Is there a relaxed and friendly atmosphere?</td>
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<td>5. Do people who work and live there feel comfortable chatting and socialising in the home's public areas?</td>
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<td>6. Are chairs arranged in groups or round the edges of the rooms?</td>
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<td>7. Is there a quiet living room for reading, as well as one with a television?</td>
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<td>8. Is there any choice of rooms to accommodate preferences such as sun, shade or quiet?</td>
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<td>9. Does the home allow pets?</td>
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Questions about peoples’ day-to-day life

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Notes</th>
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<tr>
<td>10.</td>
<td>Are there telephone facilities residents can use in private?</td>
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<td>11.</td>
<td>Can people access the Internet, either in their rooms or on a shared computer?</td>
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<td>12.</td>
<td>Are books and newspapers available?</td>
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<td>13.</td>
<td>Does a mobile library visit?</td>
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<td>14.</td>
<td>Does the home arrange outings to the shops, entertainment venues or places of worship?</td>
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<td>15.</td>
<td>Are there any physical activities such as exercise groups or gardening?</td>
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<td>16.</td>
<td>How are people told about upcoming events?</td>
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<td>17.</td>
<td>Are people encouraged to stay active and do as much as they can for themselves?</td>
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<td>18.</td>
<td>Are external doors kept locked?</td>
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<td>19.</td>
<td>Can people go outside for fresh air when they want to?</td>
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<td>20.</td>
<td>Are people allowed to make choices about their daily routine?</td>
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<tr>
<td>21.</td>
<td>Are people able to rise and go to bed when they choose?</td>
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<td>22.</td>
<td>Can they choose which clothes to wear each day?</td>
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<tr>
<td>23.</td>
<td>Are there any restrictions on visiting times or numbers of visitors?</td>
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<td>24.</td>
<td>Where can people spend time with their visitors?</td>
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<td>25.</td>
<td>Are there facilities for visitors to stay overnight?</td>
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<tr>
<td>26.</td>
<td>Are young children welcome?</td>
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<td>27.</td>
<td>Is the home right for people with diverse cultural and religious needs?</td>
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<td>28.</td>
<td>Is there a choice of food, and when and where it can be eaten?</td>
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<td>29.</td>
<td>How are special diets catered for?</td>
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<tr>
<td>30.</td>
<td>Can people prepare food and drink for themselves?</td>
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Questions about giving feedback

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<tbody>
<tr>
<td>31.</td>
<td>Are details of the complaints procedure readily available to residents?</td>
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<tr>
<td>32.</td>
<td>Are people encouraged to give feedback?</td>
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<td>33.</td>
<td>Is there a users committee?</td>
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<td>34.</td>
<td>Do people have access to advocacy services?</td>
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<td>35.</td>
<td>Can people and families see copies of recent inspection reports?</td>
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<td>36.</td>
<td>Can they see a copy of the home’s contract/written conditions?</td>
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Date first done: _______________  Done by: _______________

You could also do this evaluation with a resident or ask several residents to do this with you.

The evidence you have collected here can be used for evaluation purposes, so keep it handy, together with any notes you made from discussions if you feedback the findings.
We are carrying out an activity to explore our values and beliefs about person-centred care. The purpose of the activity is to start developing shared values and beliefs about person-centred care. If we can develop and agree to a set of shared values and beliefs, we can become clearer about what we do and what we might want to do in regards to our care and service. You are asked to contribute as much as you want and to do this as honestly as you can.

Five large posters have been displayed around the building. Each has a different statement on it about person-centred care. We invite you to write your response on the sticky notes and put it under each heading. Please use one sticky note per suggestion and use the colour indicated on the poster. This will help us when we are analysing your responses putting them into a shared vision statement for the setting/home.

The instructions and sticky notes for this activity will be placed next to the posters. The posters will be on display for three weeks starting from the insert date. We encourage you to take part in the exercise during this period. Every person’s views are valued and your anonymity is assured as you do not have to sign your name. Please only respond to the statements on the posters. If you have other views there will be an opportunity to air them at another time. We will then put all suggestions together and look for the common themes to create the shared vision statement.

If you want to find out more about this activity please contact the insert name or names. I/we will be happy to answer any queries you may have about the activity and help you if required.

Thank you for your time and involvement.

Insert Name(s) of Person(s) to Contact
Discussion trigger 2.2: Posters

Many of the websites in Chapter 2 have other materials that can be used as triggers for discussion, such as posters. For example, My Home Life has posters available in the following areas:

- managing transitions;
- maintaining identity;
- creating community;
- sharing decision-making;
- improving health and health care;
- supporting good end-of-life;
- keeping workforce fit for purpose;
- promoting a positive culture.

(www.myhomelife.org.uk).

The Patient Experience Network has a range of downloadable and printable resources. The programme focuses on collecting and using patient experience feedback to inform commissioning decisions, support contract management and improve services. (www.institute.nhs.uk/share_and_network/pen/patient_experience_learning_programme.html)

It is good to print posters in colour if possible. You could put the one you choose up on your workplace noticeboard, alongside an invitation to patients/residents, families and staff to come to the discussion group to talk about the issue presented in the poster. For example, on the My Home Life poster about shared decision-making, there is a photograph of an older person with the caption:

‘There is a lot of experience but the skills we have developed in our lives are completely wasted. There are a lot of things that older people could share if given an opportunity.’

The discussion could start off with asking people what they feel about this statement and about whether they value shared decision-making in the care setting/care home (see Discussion Groups guidance in Chapter 2 of the workbook).
Discussion trigger 2.3: Factsheets

Factsheets relevant to your profession, your care setting and patients/residents can also be downloaded from the Internet. For example:

Understanding and respecting the person with dementia (Factsheet 524)

(www.alzheimers.org.uk)

This four-page factsheet with large, spaced out print is offered by the Alzheimer’s Society:

It's very important that people with dementia are treated with respect. It is important to remember that a person with dementia is still a unique and valuable human being, despite their illness. If you can understand what the person is going through, it might be easier for you to realise why they behave in certain ways.

When a person with dementia finds that their mental abilities are declining, they often feel vulnerable and in need of reassurance and support. The people closest to them – including their carers, health and social care professionals, friends and family – need to do everything they can to help the person to retain their sense of identity and feelings of self-worth.

The factsheet has short sections on:

• helping the person feel valued;
• what’s in a name?;
• respecting cultural values;
• acting with courtesy;
• respecting privacy;
• helping the person feel good about themselves;
• supporting the person to express their feelings;
• offering simple choices;
• tips: maintaining respect;
• supporting other carers;
• always try to remember.

Equality and Diversity. A life like any other? Human rights and adults with learning disabilities

(www.bild.org.uk/easy-read/)

This is an easy read summary of a report by the Joint Committee on Human Rights.

It describes how things have improved for people with learning disabilities, although human rights are still violated in different ways.

Accessing and discussing resources that patients/residents and service users are likely to use can lead to interesting discussion as a preliminary activity to clarifying values and beliefs.

Example

*A local service had a large number of people requesting the ‘jatakarma’ religious rite to be performed. Two of the community midwives in one team were strongly opposed to the use of honey given to Hindu babies because of the potential risk of infant botulism and discouraged the parents. The Head of Midwifery asked the team to discuss the issue to establish an evidence-informed team consensus.*
Discussion trigger 2.4: Scenarios

The following scenarios can be used to spark discussion or they may give you ideas to develop your own scenarios.

Kyle is 17 and has Type 1 diabetes. He is insulin dependent. Kyle sees himself as a ‘bit of a lad’ and is popular in the local community among his peers. Kyle pays little attention to his diet, drinks heavily (particularly at weekends) and smokes 10–20 cigarettes per day. Kyle attends diabetes checks at the health centre on an irregular basis and is a frequent ‘no show’. He is due to attend your clinic tomorrow and you want to have a conversation with Kyle about his lifestyle but are conscious that if it leads to conflict then Kyle will withdraw even more.

How do you prepare to engage Kyle in a meaningful conversation?

Mrs Enys has been admitted to an acute admission ward in the local hospital from a local nursing home where she has been living for the past 6 months. She has a mixed dementia diagnosis. Her family (particularly her son and daughter and their respective partners) have always been regular visitors and are keen to know what’s happening with her. Recently Mrs Enys has started to lose weight and is refusing food at some mealtimes. The staff in the care home were concerned about the extent of her weight loss and her family are keen for her to be investigated further. On admission to the ward, the multi-disciplinary team perform a comprehensive assessment and determine that she is anaemic and is dehydrated. They also identify a ‘mass’ in her lower abdomen and need to investigate further in order to determine a course of treatment and care. The team discuss their findings with the family members. Mrs Enys’s family are conflicted as to whether she should be actively investigated and treated or not. Her daughter is keen for this to happen but her son is reluctant. The nurse in charge tries to facilitate a shared decision but she also has her own views on the issue and appreciates the family’s conflict.

Whose values matter the most here?
What should the team do?

Joseph has had several admissions to your facility over the last 5 years. On his last admission recently you have become aware that Joseph and Stuart might be more than ‘just friends’, which is how they have been known to the unit staff.

What would you do in this situation?
(Note: Joseph and Stuart have been partners for 32 years. They have been very active in promoting gay rights in their city.)

The newly appointed senior nurse of your unit has concerns about health and safety and is particularly concerned about what she sees as a ‘sloppy’ attitude to the locking and securing of the drug trolley and cupboards. Because of this, she is insisting that only one nurse on duty leads the administration/management of medicines on the unit and that the system of individualised planning of drug administration is stopped. You are concerned about how this relates to the unit’s stated person-centred values.

How would you get a constructive values-based discussion going?

Ruth has lived with Addae, who is originally from Ghana, for 20 years at least. Ruth describes her relationship with Addae as ‘a life partnership’. Addae has a probable advanced dementia (although not medically diagnosed) and needs daily carers coming into their home. Addae has reverted to her first language and only speaks English with Ruth. She is highly sexual with Ruth. Some of the care staff attending to Addae make ‘snide comments’ about Addae and her relationship with Ruth. Ruth feels helpless as she doesn’t want to complain in case it leads to bad feeling among the care workers or even the withdrawal of the care altogether.

What do you do about the possible stated versus lived values here?

Betty is a frequent attender to her local mental health acute admissions unit. Betty is known to have a longstanding paranoia that has impacted greatly on her relationships with her family, friends and neighbours. On this admission, and during a casual conversation, Betty complains to you that her neighbour (Joseph) has ‘interfered with her’. You know that Joseph is someone who has supported Betty at home for many years and Betty is reliant on him for help. You are not sure how to proceed as Betty seems not to be distressed by this statement and just made this comment in casual conversation.

What values influence what you will do or not do here?
The purpose of a ‘sensory walkabout’ within your care setting/care home is to identify the values and beliefs that you see as you walk around the care setting/care home and then to present them to the group for discussion. This activity can also work for a community care setting such as a health centre, clinic, out-patient service or even a team office. You can do this alone or with your buddy or someone else.1

You will need:

- 20 minutes (if doing this alone) or 30 minutes (if with your buddy/someone else);
- a copy of this sheet of instructions;
- a pen and a small notebook or piece of paper.

Key activities

Go to the front entrance of your workplace and pause for a moment or two before you go in to take a few deep breaths. As you go in and walk about the workplace, imagine this is the first time you or the two of you have ever been there. Use all your body senses to take the place in. What can you see/hear/smell/touch/taste? As you walk, notice how you feel about what you are seeing, hearing, smelling etc. Write these things down briefly (a word, phrase or image) or sketch them roughly. (15 mins)

After 10 or 15 minutes, sit down and reflect on your observations. Ask yourself/yourselves:

- What do you notice that you have never noticed before? Why was that?
- Did anything shock or surprise you?
- What values did you see demonstrated by the staff, patients/residents? (5–10 minutes)

Record the insights that come up and decide which one you will use to prepare a brief description or scenario to present to the discussion group. Remember that the purpose of the issue and discussion is not to blame or shame anyone, so you should present the issue without naming names and without making judgements.

Keep your notes safe because they may come in useful later when the practice development journey towards person-centred care begins with an evaluation of the starting point in the care setting/care home.

If you enjoyed doing a walkabout, you might like to carry out the activity using the quick evaluation ([www.wiley.com/go/practicedevelopment/workbook](http://www.wiley.com/go/practicedevelopment/workbook)) to raise the profile of values and beliefs in the care setting/care home to guide a more detailed observation.
Discussion trigger 2.6: Accessing group/team values and beliefs through emotional triggers

This is a 30 minute more formal group learning activity that is best facilitated by someone with skill in leading group discussions or group work.

The purpose of the activity is to surface people’s emotional memory of an experience that they have had in the past (and which they have come to terms with if it was a difficult one at the time). The idea is that our emotions (of all kinds) often let us know what it is that we really value. By surfacing the values and then sharing them with the group or team, people can find out whether others share the same values and where there are differences. The activity is done by a group of people who are connected in some way, for example a team of care workers or domestic staff working in the setting or care home, or they are care workers and residents who have known each other for a long time in the home.

The facilitator will need:

- 30 minutes;
- a space to hold a maximum of eight people in private;
- flipchart paper and pens;
- roller ball poster paints (compact size so not messy) in different colours.

Key activities

The facilitator ensures that ground rules about confidentiality, listening and respecting people’s experiences are agreed. The facilitator explains the purpose of the learning activity and what will happen. It is stressed that people should choose an experience that no longer holds an emotional charge for them although it did at the time. Each participant is given a piece of flipchart paper, which they can lay out on the floor. (1 min)

Participants are asked to write on their flipcharts a name they wish to give to the experience that they are going to explore (e.g. my surgery, my aunt’s death, a visit to A&E …) and then to write or paint words that capture the main emotions that they had during their experience. They are then invited to pick one word that sums up their emotional memory of that experience at this point in time. (5 mins)

Facilitator invites a sharing of the experiences and words. As each person shares, the others listen and only ask questions to clarify things. There is no discussion, at this early stage, about each other’s values, as the purpose, for now, is to help each other to talk about things that are often invisible in our practice or so taken for granted that they are rarely talked about. If similarities and differences in values are revealed, just recognise that with a respect for each other. The facilitator then helps the group or team to summarise the values that are shared by the whole group (and those that are not) and writes them on a flipchart.

From this, the group can then explore the following questions.

- What emotions might persons receiving our services and care and their families be experiencing?
- What might be the possible values from which these emotions spring?
- Are these values similar to or different from those of the group or team?
- Given your personal experience, what is important in the care of people with ................................. (insert a user-group identity)?

You might like to summarise your thoughts on these questions on your worksheet and look at the handout on ‘How to feature beliefs and values in your work around the care setting or care home’ (see Chapter 2).