Chapter 7  Mini-projects: ongoing and integrated action, evaluation, learning and planning: Web resources

Contents of this resource
- Examples of mini-projects
Local Practice Development Projects: Within each setting, an awareness campaign was initially held in a home or facility with an open invitation to attend extended to all members of the care team, older people and their families. Although there were some similarities in what events took place, there were also local differences according to context and the creativity of staff for how they went about creating and building awareness about the programme. Following on from these sessions, practice development programme groups were established in the sites. The groups represent members of the care team within the homes or facilities and different grades, that is, Clinical Nurse Managers, Staff Nurses, Health Care Assistants, Housekeeping, Catering and Administration staff. These groups coordinated the practice development planning in their settings.

The mini-projects in the examples sprang from the shared vision in each site. The projects were planned from the baseline evidence (from the measuring and evaluation undertaken at the beginning) by the mini-project group of participants (a group for each project). They were also run and evaluated by their project group. Here are the contents of this resource:

- Example 1: Improving the physical environment
- Example 2: Cultures and contexts of care
- Example 3: Cultures and contexts of care

### Example 1: Improving the physical environment

The physical environment can have an impact on being able to experience well-being and being able to work in a person-centred way. Therefore, mini-projects that focus on the environment often begin with improving the physical environment in simple and low cost ways. The example comes from three sites in the west and mid-west area of the Republic of Ireland that took part in the national practice development programme — Community Hospital of the Assumption, Thurles; Cappahard Lodge Residential Unit of Old Age Psychiatry, Ennis; Carrigoran House Nursing Home.

Many practices have changed in all three sites and routines altered or disbanded because they are no longer justifiable in terms of good practice (or from what older people said about how they wanted their care to be offered and their home to look and feel).

Practice development processes such as environmental walkabouts and observations of practice helped the teams to start to appreciate what life may be like for residents/guests when living in an environment that has no frame of reference for them to their life before entering residential care. For one group member the depth of the experience following an observation of care exercise in a lounge area for 20 minutes was deeply meaningful. She commented that although there were older people present in the lounge at the time, the loneliness and isolation she felt was very disturbing for her. This prompted a discussion with staff and older people about how they could make the unit more homely.

For example, a lounge in one of the homes was redecorated following a practice development exercise known as ‘structured conversations’ on how to create a homely environment, in which staff engaged with the people living in the home and colleagues to find out what constituted a homely environment for them. This exercise followed on from an environmental walkabout undertaken with the practice development group.

All lounges were transformed from hospital-like design that may not adequately equate with the residents’ experiences of a homely room, to areas that were inviting and homely for people and their visitors with traditional furniture and decor. This transformed the atmosphere in the area. There are focal points, such as the fireplace and a cabinet with ornaments, that contribute to creating topics of conversation and areas of interest for residents and visitors. The layout has influenced team members in that it promotes a more social rather than clinical approach to care.

In Cappahard Lodge, the environmental walkabout exercise plus spending time having a drink in the dining areas identified many options to create a more stimulating and homely environment. Older people were directly involved in ideas about what constitutes a home following a focused conversations exercise with staff working on the practice development group. Most people living in this home have severe dementia. Although it was accepted that a home

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In one of the participating sites an activity was undertaken to establish how the older people residing there wished to be referred to. They chose the term ‘guest’.

Examples of mini-projects (McCormack et al., 2010)

Creating a homely environment

Meals and mealtimes project

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means different things to different people, common themes from these conversations were identified. In many of the conversations, older people talked about homeliness and feelings of safety and security. Food was important to the feeling of homeliness with the environment having lesser importance. The choices and flavours of food were seen as very important and many residents said that they had favourite meals that they would like to have available more often.

I like a nice potato with my dinner, it is very important to me. The potatoes here are not often nice and not the way I like them. I just like simple food.

In an effort to reduce the level of institutionalisation around food, the team used menu boards for residents who can read. They also designed pictures of meals for people with cognitive impairment or who are unable to read.

Work focused on adding more variety into the daily menus as part of the meals and mealtimes project that some team members were involved in. Team members also focused on their approach to mealtimes. They started to realise the value of this time as a social occasion for many older people and that to facilitate this they would have to review their attitudes about mealtimes. It was generally acknowledged among team members that mealtimes were hurried occasions where there was little emphasis on the social needs of residents/guests. Rather there was more emphasis on getting it over with quickly so that other important work tasks could continue.

Have a look at this video ‘Nutritional care for older people’ for more great ideas (www.scie.org.uk/socialcaretv/video-player.asp?guid=3e55885f-2190-4d6e-8c15-090cf5c7e68e). It shows how the Dorset Hayes Care Home (50 beds) have improved the nutritional and social aspects of mealtimes. Note the care home staff facilitating residents’ views on food at the Residents Forum.

The environment in all three facilities was clinically focused and the balance was heavily in favour of the staff needs for monitoring or surveillance rather than the older persons’ needs. To support this work, the team involved residents in designing their living environment to make it more personalised, cosy and user friendly and to redress the imbalance.

For example, a corridor in Cappahard Lodge used to be quite dark and every room looked the same both outside and to a greater extent inside as well. Since engaging a local artist to paint the corridor each bedroom looks different from the outside. The necessary clinical additions such as hand wash dispensers, gloves and aprons faded into the background and the whole corridor was transformed into a well-known, local street theme. An unanticipated outcome of the project to paint the walls in the unit was the consequence of the interaction that took place between the artist and some of the people living there.

Older people are encouraged to personalise their bedrooms and more of this work is currently underway (see image in margin for a picture of a resident’s bedroom).

It is possible to list many developments and changes that have taken place during the course of this practice development programme relating to meals and mealtimes, changes to the physical environment, and changing work practices that are more in line with evidence. However, the most significant changes are in work practices based on the values and beliefs that members of the care team hold about their care, in other words the workplace culture.

Example 2: Cultures and contexts of care

Participating Sites In the Midlands region there were three participating homes:

- St Vincent’s Mountmellick;
- St Brigid’s Shaen;
- Birr Community Nursing Unit (BCNU).

The programme participants from each of the homes were representative of the following groups: Nursing, Health Care Attendants; Housekeeping Catering staff. The size of programme groups ranged from 7 to 16. Having representation from all care groups was a very significant positive contribution to the programme. Each of the sites had named internal facilitators who were staff already working in a post who took on the facilitator role.
Achievements

There were similarities across all three sites from the findings of the observations, narratives (stories) and environmental walkabouts throughout the programme. For example, from St Brigid’s, a detailed action plan to address issues identified was developed in collaboration with their key stakeholders:

Emerging themes from the baseline evidence were:

- developing a more person-centred culture around the use of everyday language;
- creating a more homely environment;
- more meaningful engagement between the care team and residents;
- creating a care environment that is supportive of power sharing and creates the potential for innovation;
- shared decision-making;
- team work and communication;
- loneliness and boredom;
- creating more meaningful connections with the community;
- issues relating to end-of-life care for older people and their families.

The process of conducting the narratives with the people who lived there provided the team with an opportunity to really get to know the person. Having the opportunity to share their story gave the team the chance to really connect with the person and come to know them in a different way and to identify meaningful activities and ways to help personalise care routines.

In BCNU, actions identified for development from the analysis of the narratives focused on:

- Getting to know the individual
- ‘My day my way’

‘My life story’: Getting to know the individual

Through getting to know the person and understanding their biography, team members working with the older people and families developed individual life stories (see margin image). These stories are presented in different ways, for example as a collage, in book form or in an individualised display box. They are a source of pride and joy for the community within the home. This is now an ongoing project with more older people, team members and families who wish to get involved.

‘My day my way’

The importance of getting to know the person not just as a service user and to know what is important to them in their daily life and care is central to the concepts underpinning person-centred care. As part of the Person-Centred Care Programme an innovative exercise ‘My Day My Way’ was developed by participants in BCNU. This getting to know me exercise can be carried out before someone moves into the home, or as part of their ongoing assessment. All team members are involved, which has greatly enhanced team work.
Birr Community Nursing Unit

'My Day My Way' Process

Towards Developing Person-Centred Care (PCC) for Older People

The importance of getting to know the person and what is important to them in their daily care is kernel to the concepts underpinning PCC.

How can we help staff be more person-centred in their care for the individual person?

As part of the Person-Centred Care Programme an innovative way ‘My Day My Way’ was developed by participants.

- This getting to know me exercise can be carried out before the person moves in, when they are moving in or as part of their ongoing assessment.
- This can be completed with the older person, by a family member or by named care staff.
- It should be kept in the care plan and be accessible.
- It should be reviewed and updated as part of the ongoing evaluation of care.
- All new staff should familiarise themselves with the plan

'My day my way' example

I would like to share with you what is important to me when caring for me

Name: Mary Kelly Suite: Sandymount

What makes me Happy? ☺

- I like to put my own makeup on in the morning, please don’t rush me. If you leave the mirror and the makeup bag I will work away at it. I am not in a hurry.
- I love to get fresh air every day, if you can assist me to go to the garden.
- I love a lie in on a Saturday morning. I always did it at home. If you can put my radio on and put RTE 1 on. I love the chat on the radio.
- I don’t like to eat my meals with other people. Please let me sit on my own to have my meals. I eat better that way.

What Makes me Unhappy? ☹

- Tea. I hate tea, always have and I am not going to change now. Please let all the staff know that.
- Trousers, I have never worn a pair and I would prefer not to at this stage of my life.
- Loud music and the TV on at the same time. If you bring me in to the lounge, keep the noise level down please!
- Not to be consulted when planning my care. I hate when people talk over me like I am not there!
Across all three homes, programme facilitators worked with care team members on the development of individualised activity plans. These plans were based on activities/programmes that older people wanted to partake in. For some, trips to the local pub, local cinema, the old home place, local football matches has now become the norm. Other activities have been introduced based on the specific identified need of individuals.

A similar theme emerged from the narratives across the three homes, which highlighted how lonely many older people were and how they missed the connection with the local community. For some they found the day really long with little to do, in particular the evenings for some were very lonely and boring.

Several actions arose from this across the homes. In St Vincent’s an action plan was developed to establish a volunteer programme. This involved the local community and linked in with the national volunteer project. A series of communication strategies were identified to invite local people of all ages to get involved in volunteering. A volunteer programme is now established with all the required protocols in place from police checks to education and training programmes for volunteers.

Music evenings are now facilitated by members of the active retirement group in St Vincent’s. A kitchen has been developed for cookery sessions where the residents are actively involved in cooking/baking, using their own recipes. This time provides a great opportunity to socialise and reminiscence about times past and has become very popular.

Plans are under way to install computers where people living in the homes have access and have the opportunity to learn new skills. Gardening and housekeeping have also been included into weekly activities.

Developing person-centred care is as much about members of the care team as older people:

Setting up a programme of events for team members leading to action plans for mini-projects

Across the three homes, the programme participants in consultation with all team members, identified what team members wanted. A 5-day programme of events was organised covering areas such as:

- talks on health-care issues relevant for team members with experts offering advice and support;
- relaxation, and beauty therapy sessions offered throughout the day;
- social outings and in-house events;
- care team members’ well-being weeks have been evaluated very positively in particular in relation to team morale.

These events are now incorporated into the yearly planner with events organised bi-annually.

Information from narratives with one person identified the need to improve end-of-life care. Another person spoke about how he would like to think that he would be remembered in some way in the home when he died (Figure 7.4). He felt this was very much his home and the staff and other people living there were part of his new family. A multi-disciplinary group with representatives from the key stakeholders, including pastoral care and GPs, was established. An action plan was developed with specific areas identified for action. Some of the achievements of this group to date include:

- the development of a memory book to celebrate the lives of older people and team members who have died. Any thoughts, special moments or events either in pictures, poems or stories are captured to share memories of the person;
- introduction of the Liverpool Care Pathway with team members;
- introduction of person-centred practices around end-of-life care;
- education programmes on palliative care.
Example 3: Cultures and contexts of care

Active Learning and structured activities for older people

Active Learning (Dewing, 2008a, 2009a) was identified as important for residents/guests, so team members started to think of ways to create a more stimulating environment. Meaningful activities, which were often viewed as an added extra if work wasn’t too busy, became accepted as part of the necessary day-to-day experiences for residents/guests. Residents/guests’ noticeboards were created to supply information on what is new in the home, activities planned for the week, and notices about development work that is of interest. Structured activities are based on assessments carried out with the older people where they are documented on activity assessment forms, and this becomes part of the overall individual care plan.

Structured activities are now tailored to residents/guests’ wishes rather than based on what members of the care team think is needed. This taps into skills that older people had prior to entering residential care, such as baking. For example, there is a cookery group established in the Community of the Assumption. The group is organised and run by the residents and day centre members with the hospital supplying the facilities and ingredients. The advantage of this group is that people come together to share skills and recipes, and reminisce and chat in a relaxed atmosphere. The members plan and own the group and topics of conversations.

One of the members has quite an advanced stage of dementia but can participate in the cooking and storytelling along with the rest of the group.

Pet therapy has become recognised by team members as beneficial and all three sites have resident dogs and other animals. For example, Josephine, a guest from Carrigoran House, has a pet guinea fowl.

Outings are planned according to the wishes of the people who live there rather than where care team members think might be appropriate. Photos are taken and displayed, with permission, to generate topics for conversation and as a reminder of the event.

Supportive Challenge

The care team members’ break times, mealtimes and therapy services, which dictated what time people had to get up and dressed, along with many other aspects of care planning, appeared to be too daunting initially to challenge. Being able to critically look at how work was planned gave insight into how routinised it was. But this process of reflection took a lot of time. The importance of talking about this helped individuals to agree that something had to give, and that they could no longer be comfortable with going back to how things were. Although
this was a gradual process within the groups, some members were unable to let go of their traditional views about care and gradually left. This was mainly because they didn’t believe in the relevance of the work to their practice and the challenge was too strong.

Changing the focus of care from task orientated to being more person-focused, meant that the practice development groups had to engage with their colleagues and ultimately challenge them about what they were doing and why. In one home in particular, but to a great extent in all the homes, this was seen as daunting and dangerous. The amount of resistance initially to challenge meant that there was little sustainable change and group members became disheartened at the slowness of change. Even the word ‘challenge’ was disputed and many thought it was inappropriate and too aggressive a term to use. Although colleagues were engaging in practice development activities they were having little impact on the culture of care. At this stage groups were waiting for someone other than themselves to ‘fix’ things so that they could proceed without challenging or upsetting any colleagues. As the programme proceeded, the level of challenge during practice development sessions was increased and this in itself was a learning exercise. Groups needed to start challenging each other before they could effectively do this in the workplace. The tensions in the workplace that restricted developments in practice continued and in two of the three sites in particular, this tension only increased over time until some resolution was found. This required engagement with the individuals by asking questions rather than accepting things as they were. The questions initially were gentle but increased in intensity as confidence grew.

Carrigoran House developed a set of principles that challenged some team members’ attitudes and beliefs about the approach and environment that care is delivered in and called them ‘House of Care Principles’. The work was a culmination of structured conversations with guests on their preferences and choices about their care along with what team members were beginning to realise about the meaning of person-centredness. The house represents Carrigoran House and each individual brick in the house has a message from guests to the team. This work was undertaken during a practice development event and shared with colleagues for their feedback and how it could be implemented. On first seeing the poster, it looks simplistic and almost child-like, but when each message is read and the significance of these messages to members of the care team is appreciated, it is in fact quite a complex and challenging culmination of feedback from the guests. This work built on the group’s growing ability to be creative and reflective and a sense that they can make a difference. It was another means of creating a standard approach to care that works with common values and beliefs and a means of challenging team members who were (and in some cases still are) resistant to embracing person-centred care practices.

This concludes the examples we wanted to share with you. As a gentle prompt or reminder – what ideas did you get from any of the mini-projects in this chapter that you might want to explore further in your care setting?