My home life

SCOTLAND

VALIDATION REPORT NORTH LANARKSHIRE COHORT DEC 2012-JAN 2014

It's not about doing different things it's about ***doing things differently*** *by looking at what we do well, building on this, asking people what matters to them and not being defensive about their answers – but choosing to see this as rich learning that can shape the way things are done – this is My Home Life*

This report reflects the outcomes for the North Lanarkshire MHL Group. We have used text in this report that has been prepared by the national My Home Life Group and would like to thank them for permission to use this.

ScottishCare
The voice of the Independent Care Sector in Scotland

ageScotland

University of the West of Scotland
UWS

Executive Summary

MHL is a UK-wide initiative to promote quality of life for those living, dying, visiting and working in care homes for older people. The My Home Life Leadership Support Programme was funded by Reshaping Care for Older people Change fund in North Lanarkshire. The University of West of Scotland in partnership with Scottish care implement and evaluate these programmes across Scotland. The 14 month programme commenced in November 2012 and finished January 2014.

Aims of the programme:

- To promote quality of life in care homes for all the stakeholders i.e. the managers themselves, their residents, staff and relatives
- To develop their transformational leadership and influencing skills
- To provide them with access to the support and expertise of other managers, where they could share work issues in a safe environment
- To develop their reflective thinking skills
- To enhance their listening and questioning skills and hence be more consultative with others, when required
- To share, work on and achieve success with their on-going real-life work issues and challenges they face
- Provide a forum where managers could report back on their action plans, successes and concerns
- To support them in creating and implementing positive culture change

The report focuses on the experiences of the care home managers who volunteered and participated in the Leadership Support strand of the MHL programme in North Lanarkshire. This strand of the programme brought together 9 care home managers for a 4 day leadership programme and was followed up with monthly action learning sets to support them further in their leadership development and to help them take forward quality improvement in their respective care homes. It used an appreciative inquiry approach that focuses on what works well and identifies strategies for doing more of what works well. Central to the programme is the MHL evidence based and relationship-centred vision which provides managers with a clear framework to work towards and within.

The outcomes show that the programme had a substantial impact on the individuals taking part. The participants reported enhanced self-awareness about their own beliefs, values and behaviour as a leader, improved self-confidence, more reflective and creative thinking, greater confidence in supporting others to develop leadership, more developed skills in engaging meaningfully with others, a greater understanding of other people's behaviours and actions, developing more innovative ways to bring policy, evidence and procedures to life that had real meaning in the care home for all stakeholders and some participants also reported the acquisition of useful strategies to initiate and deal with change and its inherent challenges.

The outcomes presented in this report suggest that the programme resulted in new knowledge rather than just new processes, changed background assumptions on which all actions were based and stimulated numerous diverse ideas for change pursued by a range of people in the care home environment.

Acknowledgements

My Home Life Scotland acknowledges all those who contributed to the programme – City University London, Age UK and Scottish Care. Special mention is to the care home managers who gave of their

time, were willing to share experiences, and to be humble and persistent in striving for a better future together in their work in care homes. It has been a pleasure and a privilege to work with them.

Introduction

This report has been approved by individual members of the *My* Home Life (MHL) Scotland Leadership Support and Community Development Programme in North Lanarkshire.

MHL is a UK-wide initiative to promote quality of life for those living, dying, visiting and working in care homes for older people and North Lanarkshire Local Authority funded this programme as part of the Reshaping Care for Older People initiative.

The national MHL programme is led by City University (Research Group on Quality of Care for Older People) in collaboration with Age UK. It has the support of the Relatives and Residents Association and all national provider organisations that represent care homes across the UK. In Scotland the programme is led by University of West of Scotland (UWS) in partnership with Scottish Care and Age Scotland.

The report focuses on the experiences of the care home managers who volunteered and participated in the Leadership Support strand of the MHL programme. This strand of the programme brought together care home managers for a 4 day leadership programme and was followed up with monthly action learning sets to support them further in their leadership development and to help them take forward quality improvement in their respective care homes.

The four day programme was facilitated by Tom Owens (Co-Director of MHL, City University, London) and Belinda Dewar. The nine action learning sets were facilitated by Belinda Dewar (Professor of Practice Improvement, UWS).

The findings of this report draw on an analysis of field notes, as well as the experiences and development work recorded and recalled by the managers during the programme. The report summarises the activities, processes, reflections, themes and outcomes of the programme.

***My* Home Life Leadership Support & Community Development Programme (LSCD)**

The aim of the LSCD programme is to help managers to:

- understand the purpose and structure of the Leadership Support and Community Development Programme
- understand the meaning of their role and develop strategies for taking forward improvement in line with the research evidence, practice knowledge, local experience and expertise of managers, residents, relatives and staff in care homes
- recognise the value of transformational leadership and relationship-centred care (that relationships are crucial to success)
- recognise the value of a positive (or *appreciative*) focus on *what currently works well* and what can be learnt from this in taking things forward
- recognise the importance of creating on-going dialogue with their communities both inside and outside the home
- develop new skills and understanding to work in equal partnership with other health and social care professionals and the local community for the benefit of residents, relatives

and staff
- feel they are being heard and that their expertise is valued
- feel supported, not alone and part of a growing movement (MHL) aimed at making a difference by influencing local and national structures, attitudes, behaviours and policies that inhibit their ability to deliver quality care.

The *My* Home Life Approach

My Home Life (MHL) is a social movement that seeks to *'make a difference'*. It is a collaborative scheme bringing together organisations that reflect the interests of care home providers, commissioners, regulators, care home residents and relatives and those interested in education, research and practice development.

The aim of MHL is to promote quality of life for people living, dying, visiting and working in care homes for older people, through relationship-centred and evidence based practice (www.myhomelife.org.uk). It uses an appreciative inquiry (AI) approach that focuses on what works well and identifies strategies for doing more of what works well. It is an exciting philosophy for development in that its starting point is that in every organisation something works well. Thus, rather than focussing on what is not working well, the approach sets out to establish strengths which re-energises and re-engages people to challenge the status quo and take forward plans for improvement.

The LSCD programme is made up of a leadership support strand and a community development strand. It is the leadership support strand which is reported on here. The Leadership Support strand of the LSCD programme is grounded in a developmental and transformational approach. Care home managers are supported on a personal and professional journey to lead to cultural development in the care home setting. The programme begins with four days of preparatory workshops which are then followed by monthly half-day action learning sets (ALS). The process of action learning offers a safe place for managers to reflect on, and explore in depth issues and concerns they may have in their leadership role. Action learning supports people to take a closer look at taken for granted assumptions. It enables people to reach a new level of thinking and consider new ways of working which will support them to take forward developments. Overarching issues (or common themes) arising from the Leadership Support strand are fed into the associated Community Development strand with a view to helping the wider health and social care system to work in better partnership with care homes for quality improvement. The Community Development strand of the LSCD is an ongoing activity and will only briefly be reported here.

Historically, many training programmes have focused on content and lack a theoretical approach to adult learning. However, the MHL LSCD programme draws heavily on adult learning theories and engages care home managers in reflecting on their day-to-day work with a view to supporting them to work more creatively in building on practices that work well and identifying realistic solutions to real problems. The approach helps to create self- reinforcing learning communities, which not only allows the person to improve their own practice, but by supporting people to articulate the positive, enables them to expand their capacity to see and encourage positive strengths in others. It is argued that this can provide a powerful core that supports the development of a real sense of identity for the unit or organisation.

Thus the programme provides participants with the MHL evidence and the tools to support them in developing their leadership roles. It also allows them to assess and use the tools in their homes as well as supporting them as professional leaders.

The *My* Home Life Evidence Base

The MHL evidence based and relationship-centred vision (see Appendix 1) provides managers with a clear framework to work towards and within. It also provides a powerful means to articulate the unique work of care homes to residents, relatives and staff, the health and social care world specifically and the public more generally. Whilst this represents the professional work of care homes, it is important to recognize that approaching the evidence base as yet another 'check list' may result in doing new and different things (valuable in their own right), rather than doing things differently. The 'how' of doing things differently is at the heart of deep change and MHL and the questions it raises include; How do we relate and communicate with one another? How do we perceive the work we do and the clients we care for? What is the meaning of '*quality of life'* for residents, families and for ourselves? How do we practically organise and operate to support that? The start point for deep change rests with the individual (in this case the care home manager) and their level of self-awareness, insight, confidence, vision and skill. It is these aspects of the individual on which MHL focuses.

Thus it can be argued that care home managers are pivotal to care quality improvement. They need support and encouragement to value not only themselves, but the people they manage and the care they provide so that they can help the wider community to understand better and value more the work they undertake. They need to set a clear (understandable by all) direction for culture development, which supports not only the 'quality of care', but also the 'quality of life' and 'quality of management'. By role modelling relational practice, it is anticipated that staff will learn how to be more relational with residents, relatives and with each other.

Best Practice Themes

MHL has worked with over 60 academic researchers from universities across the UK to develop the evidence base for quality of life in care homes[1]. The review of evidence explored 'what residents want from care homes' and 'what practices work in care homes'. Eight *best practice* themes were identified which were then translated into a conceptual framework for use by the care home sector to inform and support practice. Sorted into three broad categories, the eight themes are:

Personalisation

1. *Maintaining Identity*: Working creatively with residents to maintain their sense of personal identity and engage in meaningful activity.

2. *Sharing Decision-making*: Facilitating informed risk-taking and the involvement of residents, relatives and staff in shared decision-making in all aspects of home life.

[1]NCHR&D Forum (2007) *My* Home Life: *Quality of life in care homes – A literature review*. London: Help the Aged http://myhomelifemovement.org/downloads/mhl_review.pdf

3. *Creating Community*: Optimising relationships between and across staff, residents, family, friends and the wider local community. Encouraging a sense of security, continuity, belonging, purpose, achievement and significance for all.

Navigation

4. *Managing Transitions*: Supporting people both to manage the loss and upheaval associated with going into a home and help them to move forward.

5. *Improving Health and Healthcare*: Ensuring adequate access to healthcare services and promoting health to optimise residents' quality of life.

6. *Supporting Good End of Life*: Valuing the 'living' and 'dying' in care homes and helping residents to prepare for a 'good death' with the support of their families.

Transformation

7. *Keeping Workforce Fit for Purpose*: Identifying and meeting ever-changing training needs within the care home workforce.

8. *Promoting a Positive Culture*: Developing leadership, management and expertise to deliver a culture of care where care homes are seen as a positive option.

The first two groups, **Personalisation** and **Navigation** are aimed at all care home staff; whereas the last group, **Transformation,** relates specifically to managers as it is concerned with the leadership and management required for quality improvement in care homes i.e. *Keeping workforce fit for purpose* and *Promoting positive cultures.*

Relationship Centred Care

Underpinning the evidence base is the importance of Relationship-Centred Care[2] (RCC) and the Six Senses Framework (Nolan et al., 2006). Not to be confused with Person-Centred Care (PCC) which tends to focus on individual service users in promoting their independence and consumer choice, RCC focuses on developing positive relationships between older people, relatives and staff as interdependence is seen as an important ingredient of quality in care. For relationships within a care home to be good, consideration must be given not only to the needs of individual older people who live and die in the home, but also to the needs of relatives who visit the home and the staff who work in the home. Based on empirical research in long term care settings, Nolan et al. (2006)

2. Nolan M., Brown J., Davies S., Nolan J. and Keady J. (2006) *The Senses Framework: Improving care for older people through a relationship-centred approach.* University of Sheffield ISBN 1-902411-44-7.

3. Dewar B (2013) *Cultivating Compassionate Care.* Nursing Standard, 27, 34, pp48-55

highlighted the importance of six senses (*Six Senses Framework*) for good relationships to exist between residents, relatives and staff. Nolan and his colleagues argue that each of these three groups of people in the care setting (older people, relatives and staff) need to feel a sense of:

1. **Security** – to feel safe
2. **Belonging** – to feel part of things
3. **Continuity** – to experience links and connections
4. **Purpose** – to have a goal(s) to aspire to
5. **Achievement** – to make progress towards these goals
6. **Significance** – to feel that you matter as a person

Caring Conversations to promote the senses in practice

Belinda Dewar's work on Compassionate Care [3] provides a vehicle for achieving relationship-centred care through a process of open questioning (The Seven C's) which focuses on,

- **being courageous** *(e.g. What matters? What would happen if we gave this a go? What is the worst that could happen if you did this?)*
- **connecting emotionally** *(e.g. How did this make you feel?)*
- **being curious** *(e.g. What strikes you about this? What prompted you to act in this way? What helped this to happen?)*
- **collaboration** *(e.g. How can we work together to make this happen? What do you need to do to make this happen?)*
- **considering other perspectives** (*Help me to understand where you are coming from. What do others think? What is real and possible? What might the other person be thinking?)*
- **compromising** *(What is important to you? What would you like to happen?)*
- **celebrating** *(What worked well here? Why did it work well? How can we help this to happen more of the time? What are our strengths in being able to achieve this?)*

Having a culture of dialogue, reflection, inquiry, and support is at the heart of relationship-centred care. Caring conversations enable us to think carefully about the questions we might ask to inspire our approach to reflection, questioning and learning.

Overview of the *My* Home Life Leadership Support Programme

Aims of the programme:

- To promote quality of life in care homes for all the stakeholders i.e. the managers themselves, their residents, staff and relatives
- To develop their transformational leadership and influencing skills
- To provide them with access to the support and expertise of other managers, where they could share work issues in a safe environment
- To develop their reflective thinking skills
- To enhance their listening and questioning skills and hence be more consultative with others, when required
- To share, work on and achieve success with their on-going real-life work issues and challenges they face
- Provide a forum where managers could report back on their action plans, successes and

concerns
- To support them in creating and implementing positive culture change

Over a 14 month period we worked with 9 care home managers in North Lanarkshire to offer leadership support through an intensive learning package, followed by action learning sets to support their journey of 'culture change' in moving towards the evidence-based and relationship-centred vision of MHL.

The Participants

North Lanarkshire has 29 homes in total. Following the launch event of My Home Life 15 care home managers expressed an interest to attend. Of these 11 signed up for the programme. 3 participants left the course during or after the 4 day workshops. Reasons for leaving were sick leave and moving jobs. This left 8 care home managers who participated in the full programme.

The participants came from a mix of care homes. All were independent care homes. 3 were stand alone and the other 5 were part of a larger company. 3 care home managers were registered general nurses and 4 were registered mental health nurses. Collectively the cohort supported 401 staff and 318 residents.

Participants shared what it felt like to be a care home manager. All spoke of both positive and negative aspects to this role. Many spoke of how unpredictable, demanding stressful and lonely the job could be BUT they also made many references in the initial workshops to the privileged position they were in to make a real difference to people's lives. They found this very rewarding.

Attendance

There was a high level of commitment to attend the four day workshop. The nine participants were divided into two groups for the action learning sets. Attendance at the action learning sets was variable. All bar one participant attended at least 6 out of the nine sessions. Due to the variability of attendance the two groups reconvened as one group following action learning set 6 for the remainder of the programme. Reasons for non-attendance usually related to pre-booked annual leave, sickness, unannounced care inspections and the business of their care environment. When people were unable to attend, the majority informed the facilitator prior to the session, or at the very least, after the session. The group felt disappointed that attendance was variable as they valued the input from all participants in sharing ideas and helping them to reflect on their practice.

The four day workshop

A total of 11 CHMs attended the four day workshop which provided the starting point to the Leadership Support programme. Using an experiential approach to teaching and learning, it included information about MHL as well reflection, group exercises and discussions. The sessions broadly focused on relationships with themselves, their team, residents and relatives and the wider partner organisations. Specific topics focused on:

- Acknowledging and appreciating the unique context of care homes and the importance of their work as care home managers
- Reflecting on their own quality of life as managers, as well as the quality of life of all other stakeholders
- Developing positive relationships in the workplace
- Introducing the evidence base for *My* Home Life vision
- Exploring the meaning of Relationship-Centred Care and the associated Six Senses Framework, from their own perspective and that of residents, relatives and other staff

- Developing self-awareness as the key to successful practice development
- Facilitating reflective practice in self and others, through developing strategies to open dialogue with others, promote active listening and observation of practice
- Engaging in caring conversations (the 7 C's)
- Exploring emotions (using 'emotional touchpoints')
- Sharing perspectives and learning to be more open to challenge
- Exploring different leadership styles and the importance of relationships in transformational leadership
- Developing culture of the workplace, through positive engagement with others
- Discussion of some the challenges that can block quality in care homes
- Using appreciative inquiry to influence quality improvement
- Introduction to the process of action learning to support development

Although a programme plan for sharing the content of each day was the reference point, the actual delivery was guided by the participants' discussions and questions i.e. working with their individual and collective experiences as the starting point and encouraging participants to map this to the evidence base. Participants were encouraged to see all approaches and methods used in the workshop as transferrable to their own work environment.

Working within an agreed set of principles, the facilitators responded to the stated and perceived needs of the participants and created space and time for them to reflect, be valued and listened to in an open, safe and supportive environment. Here, relationship-centred communication and behaviour was observed in action. The facilitators modelled high quality listening, questioning, reflecting back, summarising and coaching.

Adopting the principles of AI, the process enabled problems to be aired and people to move towards solutions in a positive way, by using open questions such as 'What is working here?'; 'What would you like it to look like?', 'How can we get it even better?', 'What have you already tried?', 'What can we do differently?', 'What is stopping you?' and 'Who else can help you with this?'. The facilitators endeavoured to create a level playing field for the participants by acknowledging their knowledge, experience, skills, talents, stresses and challenges with equity and without judgement.

Before the end of the four day programme, the CHMs were invited to complete two questionnaires that assess the workplace environment and perceptions of workplace change and these will be completed again during the Validation Day so that participants can note and compare any change over time. In addition they were asked to complete 'myself as a leader' questionnaire which was also completed at the end of the programme and the results included in this report.

The Action Learning Sets (ALS)

Following the four day workshop, participants were allocated to one of two action learning sets.

What is Action Learning?

> *"The clever man will tell you what he knows: he may even try to explain it to you. The wise man encourages you to discover it for yourself, even though he knows it inside out".*
>
> (Reg Revans, 1980)

The chosen action learning design for the Leadership Support strand of the project is 'critical reflection' (O'Neill and Marsick 2007) and follows closely the model as described by McGill & Brockbank [4]. In the spirit of experiential learning, action learning is a continuous process of learning

through guided reflection (active listening and open questioning), action and feedback which is undertaken within a confidential, supportive and safe environment. The intention is to 'get things done' by taking a positive stance toward problems and issues. It recognises that individuals learn best when they learn with and from each other by working on real problems and reflecting on their own experiences. The underlying theory here is that the individual is *'a resource of abundance that can be drawn upon to further learning rather than an empty vessel that has to be filled'* [4].

In taking managers to a new level of thinking, the process allows them to gain clarity at a practical and emotional level about what they are feeling with the intention of achieving improvement and transformation in the workplace through their leadership and management skills. For managers, the process allows them to unpack the complexity of their feelings about development, their roles and their work relationships. This 'disentangling' leads to greater clarity about how they could develop personally and move their practice or care home forward.

The process of action learning also provides the opportunity for participants to feedback on any developments that they have taken forward as a result of their learning, highlighting the challenges and successes and possibly reflecting on what further action could be taken. All of the care home managers found the process of action learning challenging and motivating. They took time to develop skills of questioning that challenged in a curious and positive way, and that helped people to consider other perspectives. They were more used to an approach to facilitating learning in the workplace that came up with ideas for others to consider rather than developing questions to help the person develop their own ideas. Through time however that managers developed their approach to facilitation through skilled questioning.

The focus of each session was on;

- real work issues and problems
- sharing success stories and acknowledging what worked well
- sharing feelings e.g. anxiety, sadness, loss, anger, joy, satisfaction, vulnerability, helplessness
- sharing practice ideas and experiences

- exploring longer-term culture changes
- actively listening and use of open questions
- articulating learning and action
- reflection on developments
- developing facilitative skills e.g. being reflective, listening and questioning

Action learning is about asking questions that help people move toward identifying actions that will lead to resolution. The questions cited in Dewar's Seven C's[3] which provide the vehicle for achieving relationship-centred care lend can be used effectively in action learning and skill- up managers to use a similar approach to relationships within their homes. For example, 'What is the worst thing that could happen if you gave this a go?'; 'How did it make you feel?; 'What do you think will happen next?'; 'What stops you from doing that?' or 'Help me to understand what is happening here?'; 'How might it look at its best?' 'What and who could help you to achieve this? Such questions encourage very personal learning to take place in the safety of an action learning set.

The value of action learning is not only in the way the process helps individuals to resolve particular issues or problems, but also the learning within the whole set about self, other people's perspectives, critical thinking processes, problem solving techniques, leadership styles and ways to enhance teamwork.

4. McGill I and Brockbank A (2004) The Action Learning Handbook Routledge Falmer

Throughout the cycle of action learning, the managers were able to show great courage, resilience, kindness, humility, sensitivity and humour. They demonstrated ongoing commitment and

determination to continue to give of their best to residents, relatives and staff. During the process of action learning, they were able to share their feelings of being overwhelmed, frustrated, let down, excited and motivated and to celebrate together each step, however small, towards improving the lives of those visiting, living and working in their care home. Significant developments were achieved and participants shared openly small developments, insights and resources. They commented on the fact that prior to the programme they would not have openly shared concerns and resources as they were seen to be 'in competition' with each other. Hesitancy about sharing was no longer something that any participants felt and they were proud of their peer support network.

The regular venue of a hotel nearby created a neutral setting that was greatly appreciated by participants.

Outcomes of the programme

Several data generation methods were used to capture outcomes of the programme. These included:

- Field notes captured by facilitator during sessions to document quotes from participants and key issues raised
- Learning logs and notes developed by participants
- Questionnaires to explore leadership
- Use of images to prompt participants to explore how they felt about developments and learning

Key issues raised in action learning

Participants were invited at each set to explore an issue. It is no surprise that throughout the course of the set meetings there were common issues that were presented. These included:

- Developing the culture of the care home where staff worked with clear values based principles – managers often spoke of divided teams and the challenges of developing a culture where all sang from the same hymn sheet and where one could be confident that agreed innovations and practices continued even when they were not there, thus creating a better sense of purpose and continuity in the care home.
- Developing their own roles as leaders of improvement and innovation – managers often reflected on their own roles as doers and fixers rather than leaders of development that empowered others to develop as leaders.
- Developing staff morale – a low staff morale was presented as an issue several times during the course of action learning. This could feel like a heavy burden for care home managers. They were able to develop strategies to enhance morale by looking more closely at the approach of inquiring appreciatively.
- Developing confidence to challenge ways of working – challenging or questioning practice was something that was raised as an issue by many of the care home managers. Some managers did not feel safe to do this for fear that they would offend people, cause disquiet in the home and perhaps result in them being reported to the care inspectorate by staff involved. The managers developed different strategies that increased their confidence, for example using the framework of the 7 c's to help them to develop skills and confidence to

explore a range of perspectives about a particular situation. Rarely for example would they share with another how they felt about an incident and be genuinely curious about why something had happened. A greater sense of security was achieved.

- Developing more positive relationships with relatives – responding to relatives who had concerns and were angry about care delivery was a key challenge for care home managers. Again using the 7 c's framework helped them to be less defensive in their interactions and move to a place where they felt they were acknowledging how the relative felt and working together with them to find resolution. One manager had used some of the strategies from the programme to transform relative meetings. In the past the agenda would have been drawn up, people invited to sit round a large table and the focus was primarily on information giving. She knew it was important to have relatives meetings but they were not achieving the goals of enabling people to feel heard and to really shape the care environment.

- Developing more innovative ways to bring policy, evidence and procedures to life that had real meaning in the care home for all stakeholders – Several examples of failed attempts to implement guidelines or policy were raised. For example best practice guidelines on documentation. The group were able to support each other through careful appreciative questioning to find out when it worked well, what people valued about good documentation, how might people be best supported to improve and how do they celebrate openly successes in this area.

- Working proactively with partners e.g. care inspectorate – relationships with the care inspectorate were often raised. There were many examples of positive relationships which seemed to centre on the strength of the relationship and the ability of the inspector to be flexible in their approach and have a desire to really hear the voice of the staff, residents and families in the home. Senses of continuity (valuing links and connections to previous inspections) and significance (to feel their contribution mattered) were usually met. Negative comments often related to a lack of shared understanding about decisions made and not feeling heard. Senses that were most compromised were a sense of security (not feeling safe to challenge), sense of significance (feeling their contribution did not matter) and sense of purpose (having a shared goal).

The majority of issues raised related to their relationships with staff rather than residents and relatives. They increasingly became aware that as they developed the relationships with staff, this in turn facilitated relationships with others.

Achievements identified by participants

Participants shared achievements throughout the programme and these were captured and recorded as field notes. The achievements relate well to the senses framework where people felt an enhanced sense of security, belonging, and significance. Examples of these achievements are detailed below.

Achievements	**Quote from care home manager**
Increased ability to reflect on their own practice	I take time to think about things more and really value the help others in the group give me to reflect. They ask me questions I might not have asked myself.

Achievements	Quote from care home manager
Increased confidence to challenge others	I feel able to question things more but in a way that does not feel aggressive if feels curious. I constantly ask myself the question – what is the worst thing that could happen if I gave this challenge a go – there is nothing really bad that could happen.
Increased confidence to support others to lead	I used to bash on and do everything myself – I was run ragged. I trust others more – I have been able to take time off away from the place – that is new for me.
Enhanced self- awareness of the impact their actions have on others	I am much more aware about how I come across, that I talk too much to cover up the fact I am feeling nervous – I have learnt to press the pause button.
Confidence to seek feedback from others about their performance and to respond to this positively and curiously	I would never have felt brave enough to seek feedback from my staff. Now I do this often. It's interesting because they tell me about things I did not know about – that I am approachable and that I don't delegate enough.
Greater ability to search and use a range of evidence including staff, relative and resident experience to support improvement within the home	In the past I did not always include residents and relatives in development. Evidence from residents and relatives is really powerful – they often come up with things we have not even thought about.
Increased skills in listening and facilitating meetings with staff, residents and families	I have completely changed the way I run meetings now – we are quite creative in our ways of involving people. People are awake during meetings – before they were asleep or not engaging. I would go into a tailspin in the past if a relative approached me with a concern – I now see this as part of what we do.
A greater awareness of language and how it is used to promote relationship centred practice within the care home	The way we talk about things has been a real focus of the programme – wanderers, feeders, our staff, get ''them' up, it really makes you think.
Greater confidence to share the value of their work externally to wider stakeholders and more courage to stick up for the beliefs and values implicit in relationship centred care	It took a while to really understand what the programme was about. It's about a way of working – people are asking us more about it. It's great that there are more of us doing it across

Achievements	Quote from care home manager
	Scotland. Having participants co present their experience of my home life at launch events and other workshops has been invaluable – people really take notice of what they have to say – it brings the programme to life.
Enhanced relationships with staff residents and relatives	I involve others much more in any decisions – I think before we said we did this but I didn't really do this – not in the way I now do. I take much more time to ask people what they think and how they feel. I feel more connected to staff – I feel part of the team.
Actively noticing and celebrating what staff do well	I go out on the floor now and make a real effort to notice the little things that people do well and tell them this. I did not used to do this – when I was out on the floor I often picked up on things that were not so good. This has been a change for me. Staff are noticing the difference they think I have changed.
Recognition of the value and support of peers in helping them to feel less isolated and more valued and the desire to sustain such relationships	The thing I have valued most about the programme is the opportunity to come together as a group. Before this programme we would not have shared the way we do now, we were competitors – now we would pick up the phone to ask advice from each other and share.
Greater ability to look for the positive aspects of work and analyse when and why things have worked well as opposed to focusing on what isn't working	I really try to take a more positive approach to things in the home. When things are not going well I am better able to press the pause button and spend time finding out how people are feeling about an issue and try to work out what is possible.
Greater awareness of the connection between a range of national improvement programmes	We have a lot of projects coming our way: every moment counts, anticipatory care planning – we can use the learning from My Home Life to help us to do these projects well.

In addition to the achievements captured through field notes and noted above participants were asked at the start and end of the programme to complete a questionnaire about their perceptions of themselves as a leader. The first questionnaire was an assessment of work environment schedule adapted for the *My* Home Life programme by Nolan et al., (1999). There were 36 statements that the managers had to indicate whether they strongly agreed, agreed, neither agreed or disagreed,

disagreed or strongly disagreed with. The questionnaires were designed to illustrate the areas in which managers reported the greatest change in their feelings about their workplace situation.

Table 1 illustrates the areas where managers reported the greatest changes.

Table 1

Statement	Pre programme Agree/strongly agree	Post programme Agree/Strongly agree	% increase
I lack confidence in my role as a care home manager	14%	100%	86%
I feel that staff prioritise the residents quality of life before the tasks of day	29%	86%	57%
I feel I have developed effective influencing skills	42%	86%	42%
I am content with the quality of interaction that staff have with residents	42%	71%	29%
staff are provided with sufficient time to provide the type of care they need	42%	71%	29%
I actively provide space and time to listen to the views of staff	71%	100%	29%
The quality of life of my residents is positive	71%	100%	29%
My quality of life of my residents is positive	42%	71%	29%

As Table 1 illustrates the greatest change was around their confidence in their role as a care home manager, with all but one reporting that they felt more confident in their role as care home manager at the end of the programme. The majority reported that they felt more staff prioritised the residents' quality of life before the tasks of day. The majority of managers reported that they felt they had developed more effective influencing skills and actively provided more space and time to listen to the views of staff. They also reported changes within the staff group: they felt that the quality of interaction that staff had with residents staff had improved, that staff were more likely to be provided with sufficient time to provide the type of care residents needed and that the quality of life for residents was more positive.

The second questionnaire was a perception of workplace change schedule adapted by Nolan et al., (1998). It asked managers to rate the changes to themselves or to the place in which they work during the previous 12 months. Table two below illustrates the statements where the managers reported the greatest changes.

Table 2.

Statement	Pre programme increased a little or a lot	Post programme increased a little or a lot	% increase
My confidence as a professional has	28%	100%	71%
The quality of interaction between staff and relatives has	43%	100%	57%
The morale of my staff has	42%	100%	57%
The quality of management and leadership I am able to offer has	42%	100%	57%
The quality of life of my residents has	28%	86%	57%
My leadership and communication skills have	43%	100%	57%
The quality of my engagement with my staff had	42%	100%	57%
The amount of time staff actively talk with relatives and residents has	42%	100%	57%
Satisfaction with practice in the care home has	42%	100%	57%
The sense of personal achievement I get from my work has	42%	86%	42%
My understanding of how to improve the culture of care has	57%	100%	42%
My staff's ability to take initiative has	42%	86%	42%
The quality of interaction between staff and residents has	42%	86%	42%

Again we see the greatest change in relation to the managers' confidence, with the majority reporting they felt more confident as a professional by the end of the programme. Most managers reported an increase in the quality of management and leadership they were able to offer, that their leadership and communications skills had increased and that the quality of their engagement with their staff had improved. They also reported changes within the staff group; they felt that the quality of interaction between staff and relatives had improved, staff morale had improved, the quality of life of residents had improved, the amount of time staff actively talked with relatives and residents had increased and that their satisfaction with practice in the care home had increased. There were also some increases around the sense of personal achievement managers got from their work and their understanding of how to improve the culture of care within the home. They also reported that more staff were likely to take the initiative and the quality of interaction between them and relatives had improved.

Five out of the nine participants completed the 'Myself as leader' questionnaire before and after the programme. Common elements that showed a significant change from rating of 'rarely' or 'some of the time' to 'most of the time' or 'all of the time' were:

- Being inclusive
- Giving feedback to others on a regular basis
- Ability to trust others to get on with the job
- Having the courage and bravery to move out of comfort zone
- Ability to communicate to people in a way that is meaningful for them
- Ability to make people feel that they matter
- Keeping assumptions at bay and being open to surprises

These findings suggest that participants had changed in the way that they relate to others. The outcome of their development had impact on staff, residents and families.

Examples of the impact of developed leadership

Participants gave many detailed examples where they had tried out new ways of working to enhance relationships in their care home. Some examples of these are detailed below.

Caring conversations in practice
I used the caring conversations framework to facilitate a discussion with a relative who I had a very poor relationship with. I asked if we could meet. This was the first time I had tried to use the caring conversations. Just connecting emotionally with her – asking how she felt and sharing how I felt, which was frustrated and sad that we did not have a better relationship helped to open up dialogue. I would never normally say how I felt. We have been learning that feelings are powerful in that they cannot be disputed. I was consciously using the 7 c's in my interaction. It transformed our conversation to one that was balanced and respectful. I asked her at the end if she would mind if I shared some of our learning with other staff on the unit. She said this was not a problem and wondered if I would mind if she could join me in sharing our learning with staff.

Encouraging staff to share how they feel
I was having a problem in my home because morale was low. It felt it centred on one or two individuals. Rather than focusing in on them I decided to find out from all staff what it felt like to work as part of the team. I put out a form that had 'working as part of the team' as the topic and included positive and negative emotional words that they were asked to select from to sum up how they felt. The outcome of this was amazing. Staff all completed this and even put their name on the form. We worked together to have a look at the results (previously I may have done this myself). There were many positive emotions expressed and some negative. Each area took their results and discussed and reflected on them. Morale has noticeably improved just from doing the exercise – I think people feel heard. We do regular supervision with staff. It had become a bit stale. People come in and they don't know what to say. In the past we might discuss for example cleaning rotas etc. Now we use the emotion

words and find out how they feel about practice. We learn so much. I get so many surprises. For example I did not realise that a member of our catering staff who was not engaging with residents about meals felt sacred and apprehensive about going out and asking them for fear he would be criticised. Knowing this gave us something to really work on.

Feeling brave to give feedback

We had been using the questions – 'what has worked well for you' and 'how could the experience be better' in our work on the programme. I don't often give the inspectorate feedback about our experience so I decided to fill in this form and send this to them following our inspection. I didn't hear back from them but I felt good about doing this.

Using an appreciative approach to develop a vision for our care home

We were frustrated that new staff were coming to the home and not knowing about the way we do things around here. We had a booklet giving an introduction to the area and there are numerous policies but still there seemed to be small things that never make it onto the page of the countless documents that mattered to staff. We spent some time asking people on a good day what little things make a difference to care here. There were a number of comments about knocking on peoples doors, asking other staff how they were and if they needed a hand and taking the time to do little things that mattered to residents such as styling their hair. We are developing a more meaningful vision for our care home that gives examples not just of what we do but the way we do things.

Actions taken forward

In addition to the case examples given above participants used a range of strategies to enhance relationships in their care setting. Examples of actions taken forward aimed at enhancing the lives of those who live, visit and work in care homes are detailed below.

1. Using conversations that ask people why they are feeling low – to get behind things rather than just moaning about people.
2. Given staff ownership of initiatives e.g. rolling out the care plans – in the past we might have done this ourselves but realise the importance of ownership.
3. Reflective meetings every week for staff – this has resulted in senior carers having a voice and being able to share their expertise about how to do things and also people are beginning to understand each other's roles better.
4. Using key questions such as – 'what works well' and' how can the experience be better' to inform supervision meetings but also to inform specific topics – such as administration of medicines. Staff have expressed greater value and meaning to supervision.
5. Introduction of emotional touchpoints at supervision meeting. This has given people a language of emotions – we have learnt how people are feeling and this has often challenged our assumptions.
6. Finding out more systematically what helps people to feel upbeat and well using the 'mindapples' site and discussing how we can integrate this knowledge into care.
7. Changing the structure of residents and relatives meetings so that people feel more included and able to contribute.

8. Giving feedback to the care home inspectors about what worked well and what could be done to improve the inspection experience.
9. Improving the information that is transferred from care home to hospital. For example, making sure that a copy and summary of the care plan including information about the resident as a person is sent to the hospital.
10. Designing interventions to help new staff to get up to speed about the 'way things are done around here'.
11. Focusing on specific areas of improvement that matter to people based on feedback from residents, relatives and staff.
12. Significantly changing the language we use in the home and feeling confident to challenge language that is not person centred.

From this last point about use of language the language poster below gives examples of language used in some of the care homes and how this has changed. A further example of change in language is shown in the 'before and after' posters about mealtimes in the home.

Meal times poster before and after programme

BEFORE

Mealtimes at the Care Centre

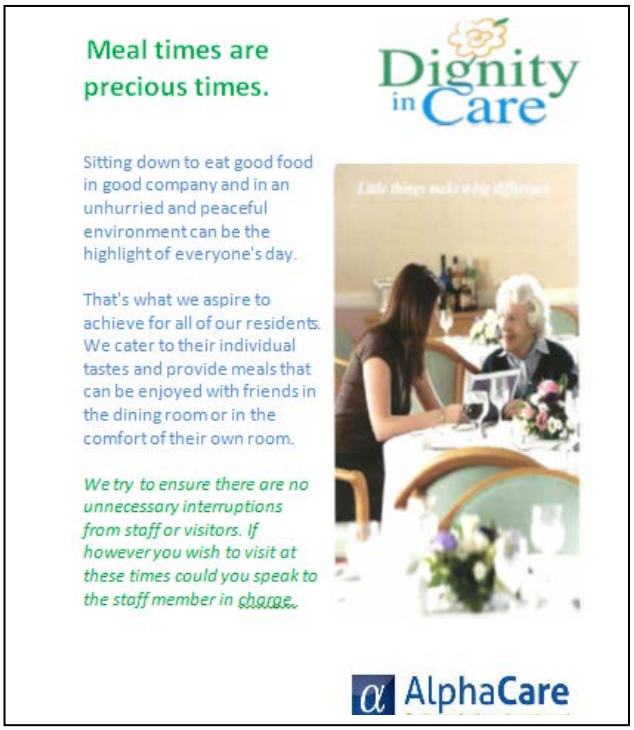
We operate protected mealtimes at the Centre

We would be grateful if you could please refrain from coming in at mealtimes

Thank you

XXXXXXXXXX

AFTER



Language is central to the ethos of culture in the workplace. It is no surprise that noticing the language used was a powerful vehicle for others to reflect on practice and changed the way in which they thought about practice.

Outcomes of inspections

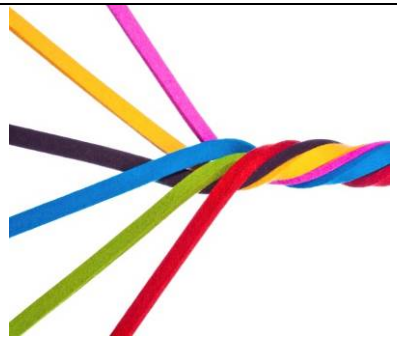
It was not the intention at the outset of the programme to monitor changes in inspection grades. It was felt that this may not be helpful as it would be difficult to assume that changes had been as a result of the programme

However it is interesting to note that for the majority of the homes represented in this programme the inspection grades had risen and in particular they had risen in the leadership and management domain. Whilst we cannot conclude this was as a result of the programme the participants were proud of the changes in ratings and wanted this to be shared more widely.

Perceived developments in implementing the MHL evidence base

Participants were asked to select images that summed up how they felt about progress of work in relation to some of the MHL evidence based themes. Their reflections are represented below with the images chosen.

Using images to portray how things are now in relation to the My Home Life Themes

Shared decision making		**Shared Decision making**	
Before		**After**	
	Everybody was invited to come round the table to discuss things but nobody turned up or they turned up but there was not a sense of really working together. We were all sitting alongside each other but not really engaging in shared decision making.		This is how shared decision making feels now. All strands and all people have come together. We have a much stronger core. The bond is stronger. It's no longer an us and them. We plan together how we do things – redesigning the garden, what things we want to focus on improving
Improving health and well-being		**Improving health and well being**	
Before		**After**	
	I knew I needed help to ensure the health and well- being of residents but I didn't always know who to ask or have the confidence to ask.		Now it feels like this – we are all working together – I know who to ask and how to ask for help and support to achieve the desired goal of the best health and well-being for residents we care for.

Maintaining identity		**Maintaining identity**	
Before		**After**	
	This is how it used to feel – a bunch or cars crashing – a bunch of people – the dementia unit. Not really knowing who was going where, what mattered to each individual – just a lot of people being cared for together in the unit. We liked to think we were paying attention to people's identity but I am not sure we were.		Now staff are listening more to people – finding out what matters to them. It's about little things – we feel comfortable to challenge people if they say we are going to 'get' Ann – we ask how would that make you feel could we say this better – I am going to help Ann to walk through to the dining room. Language is important in helping to maintain identity.
Creating Community		**Creating Community**	
Before		**After**	
	I think staff felt sad they did not really feel part of a community.		It feels like this – we are all different – but all have something to offer – put together we make something better than just what we can do by ourselves.
Workforce fit for purpose		**Workforce fit for purpose**	

Before		**After**	
	I used to make the decisions, probably thought my idea was best and expected people to follow.		Now I take the time to find out what people's strengths are and help them to grow and develop. I have learnt to trust others – they might not do it exactly the way I would but they are given the opportunity more to develop.

Things we have changed Nov 2013

Some of the participants had the opportunity to present the outcomes of their involvement in My Home Life to an audience of over 500 people at a National Scottish Care Conference in Glasgow. Participants developed this narrative to illustrate their learning and developments (some of the quotes have already been cited in this report).

Our growth during the My Home Life Programme

I used to take on everything myself and not trust others to do as good a job as me – I was run ragged – now I put effort into making sure I support others to do things – I trust people more now.

I used to react to things now I consciously press the pause button to give myself time to respond in a way that is appreciative.

I used to think I had an open door policy – but when I asked staff if this was the case they had a different view – just having the door open and saying I had an open door policy did not mean I had one.

I used to feel uncertain about taking some things forward – it can feel like taking a risk – now I always ask myself the question what is the worst thing that can happen here! Just even asking myself this question has made me more confident to give things a go.

I used to run residents meeting and many were asleep during the meeting – I now have changed the meeting to encourage interaction by all – people are now awake during the meeting.

I used to send a whole pile of clinical information about a resident if they were being transferred to hospital and got frustrated if people did not read this or lost it – now I summarise the clinical information and make sure I forward information about the resident as a person – staff in the hospital have thanked me for this.

When there is conflict with staff I used to bring them into the office and ask them what is happening – now I help them to explore things in a more balanced way using emotions.

I never used to share how I was feeling with staff as I did not think it was professional – now I do and it helps the relationship.

I used to react to an issue raised by a resident or relative and try to fix it – now I spend the time hearing what they are saying and ask them what they think would help to resolve things and how we could work together on it.

I used to use words like we are going to investigate this – when relatives raised issues of concern – now I use words like I need to find out more about a bit more about what has happened. Investigate can sound as if we don't believe what they are saying and we need to check this out.

We used to use words like wanderer we now talk about people who like to be on the move a lot of the time.

I used to care for people like I wanted my own loved one to be cared for – now I care for people like they want to be cared for and make sure I ask them.

Evaluation against the authenticity criteria (adapted)

The approach to the evaluation of MHL is congruent with principles of appreciation and collaboration. We can see from the evidence documented in this report that self-evaluation and reflection is embedded into the programme as a driver of practice development.

The quality of the MHL programme can be usefully judged by reference to a learning framework based on authenticity criteria congruent with the ethos and purpose of the programme. These expect to see learning and change at individual, local and system level. Insight and changes in practice happen through a series of steps that start with the individual care home manager. Building on new insights there is expected to be a wider ripple effect on relationships within the home. These relationships are the basis for the design, development and delivery of desired changes to practice to enhance the Senses in practice – the senses of significance, purpose, achievement, belonging, continuity and security in the home.

Bushe and Kassam (2005) describe transformational change where there is a qualitative shift in the state of being or identity of the system (case is not transformational when the changes described new processes, procedures, resources or plans that were applied without changing the basic nature of the system).

The questions related to transformational development relate to what extent has the MHL programme:

- resulted in new knowledge rather than just new processes?;
- changed background assumptions on which all actions are based?; and
- stimulated numerous diverse ideas for change pursued by a range of people?

More specifically the following criteria can be used to make a judgement about outcome [5]:

1) **Enhanced awareness of own perspectives and behaviours:** Is the programme providing participants with new insights into their own situation? Is it making individual's working assumptions explicit (whether they are affirmed or challenged)? Is it creating new knowledge rather than just new processes?

2) **Enhanced awareness of perspectives and behaviours of other stakeholders**: Is the programme helping participants to better understand the position of other interest groups? (eg close colleagues, relatives, residents, other professionals, commissioners, the Care Inspectorate) Is it making the working assumptions of others explicit? Is it creating new shared knowledge rather than just new processes?

3) **Encouraging action:** Is the programme stimulating or identifying diverse areas for change for the individual Manager and the wider teams with which they work, that are pursued by a range of people?

4) **Enabling action:** Is the programme facilitating, enabling or empowering change amongst a range of people? Is this action creating new knowledge rather than just new processes?

5) **Establishing positive change:** Do the changes achieved produce positive outcomes in relation to significance, purpose, achievement, belonging, continuity and security in the home? Are there any surprising or unexpected changes?

6) **Equal access and fairness:** Are the voices of all the participants and relevant stakeholders being heard?

5. These are adapted from Guba, E.G., Lincoln, Y.S. (1989) Fourth Generation Evaluation. Newbury Park: Sage, pp245-250 and Hanson, E., Magnusson, L., Nolan, J., and Nolan, M (2006) Developing a model of participatory research involving researchers, practitioners, older people and their family carers: An international collaboration, *Journal of Research in Nursing* Vol 11(4) 325–342 and Devised by Nolan, M.R., Hanson, E., Magnusson, L., Andersson, B. (2003) Gauging quality in constructivist research: the ÄldreVäst Sjuhärad model revisited. *Quality in Ageing — Policy, Practice and Research* 4:2, 22–27. Dewar B (2011) Caring about caring; an appreciative inquiry about compassionate relationship centred care, PhD, Edinburgh Napier University, Edinburgh accessed from http://researchrepository.napier.ac.uk/id/eprint/4845

Quality Criteria	**Example of evidence**
Enhanced awareness of own perspectives and behaviours	Managers were more aware of the way in which they led teams. Awareness for example about their hesitance over trusting others to lead developments, questioning themselves and concepts they had about their practice e.g. the reality about the open door policy, and actively seeking out views of others about their leadership approach. Processes in the programme challenged assumptions such as what evidence is valued, that sharing emotionally is unprofessional and why others act in a particular way. New knowledge was generated particularly in relation to the way relationships and conversations can alter the outcome of situations.
Enhanced awareness of perspectives and behaviours of other stakeholders	Managers developed more strategies to actively seek out the views of others including residents and relatives. Many reported that they had not always actively done this in the past. Practicing in this way generated many surprises for managers which they were able to respond to with curiosity rather than defensiveness. Managers felt it took courage to feel comfortable to genuinely ask and hear responses. There were many examples of new shared knowledge for example – learning what stops people from connecting with residents can relate to the fact that residents may ask for something they cannot provide

Quality Criteria	Example of evidence
	or criticise the service that they currently deliver.
Encouraging and enabling action	A wide range of actions were taken forward in each home. These were taken forward not only by the managers but others in the team. For example in exploring feelings about being part of the team several staff were part of this action and took lead roles in driving actions forward.
Establishing positive change	In relation to achieving the senses in practice a few examples below indicate how the senses of significance, belonging and purpose were enhanced. significance (staff in the homes had greater opportunity to contribute to discussions and positive aspects of their work were more often noticed and celebrated, staff were more often asked to share how they feel and had their perspectives explored enabling them to feel heard), belonging (staff, residents and families felt a greater sense of belonging in that they were asked more often how they felt and were consulted more about developments, new staff were asked more about how they feel and this information was used to inform information for others), purpose (staff worked with a range of stakeholders to identify what matters to them and used this as the starting point to develop a clearer vision that was meaningful for all, staff were more conscious about developing a shared purpose across a wide range of interactions such as complaints meetings, staff meetings etc)
Equal access and fairness	Managers felt their voices were heard in the group. They adopted new strategies to try to hear the voices of others in the care environment more – these included emotional touchpoints, appreciative questioning etc. Further work in hearing the voices of wider stakeholders is underway with the community development strand.

Broader issues explored in the programme

During the programme data were collected about the key issues that managers raised. These were collated and presented back to the managers to open dialogue about prioritising the issue they would most like to take forward collaboratively with wider stakeholders as part of the community development Strand of the MHL programme. Issues included relationships with the inspectorate, developing the care home as part of the wider community, and the relationship with health. The managers decided they would like to take forward the issue of the relationship with health in the community development strand.

Key issues that staff would like to develop/discuss further with external stakeholders to enhance their role in promoting health and well- being and good end of life care for residents in care homes included:

1. **Equality in access to health**
   Enhanced service from GP's and the introduction of the Asset team is viewed very positively by care homes however this service is not available to all care homes. The value of this service was it meant:

   - Residents knew the Dr
   - Timely treatment
   - Fewer admissions to hospital
   - Good relationship with staff and shared decision making
   - Staff in care homes not feeling isolated

2. **Equal partners in taking forward health initiatives**
   Meeting the requirements of Anticipatory Care Planning (ACP) was something that was currently underway and the care home managers felt there were ways in which the introduction, roll out and success of this could be enhanced. Key issues related to this point include:

   - Managers sometimes feeling unsupported with this specifically they would welcome more involvement of the GP's.
   - Managers feeling there is increasing pressure to fill this in during admission which is a very hard and emotional time for resident and family anyway making it difficult to ask these questions at that time.
   - Staff have had training which is valued. There would be benefit in further support that could explore with staff their experiences of having these conversations about anticipatory care planning in the real world.
   - Audit carried out to count how many ACPs have been done but care home managers would value extending scope of the audit to establish how people are feeling about having these conversations. Care home staff would like to have input into future plans for anticipatory care plans and have support which includes ongoing discussions as well as one off training. They appreciate that this is a resource issue but would welcome thinking about different types of support.

3. **Decision making about care home placement**. This can be challenging for families as once they go through long process to hear they have funding there is a big rush to find a care home quickly. There is little time to make a really informed decision. This may mean that families make the wrong decision. Managers would like to explore how this could be improved.

4. **Social workers and care home working together during assessment process**. Currently Care home managers are not involved in this process. Managers valued the social worker and care home meetings and would like to start these up again.

5. **Time of entry to a care home**. Emphasis on staying at home as long as possible – is this always the best thing? – residents now coming to home when very ill and frail – is there value to coming to home before this point so that the resident is able to enjoy being part of the home before too ill to notice. It would be good to have opportunities to debate this.

6. **Training opportunities**. Training opportunities are available and are valued. Sometimes training feels like it is driven by policy directives or are clinically focused. Managers would like to focus on these important aspects but also consider other needs such as learning how to respond to complaints, resilience, partnership working.

7. **Respite care in care homes**. In the future respite beds are to be in a separate unit with separate living rooms, which raises a number of issues for care homes. Managers would like to develop shared understanding of the future of respite care and the care home's role in this.

8. **Developing relationships with health care colleagues**
   Care home liaison team are greatly valued for their input. They support staff, provide training and act as advocates for the care home. Because of the excellent job they do this can sometimes mean that care home staff have less contact with health. Managers would like to explore how they can feel more confident to develop positive relationships with health care colleagues.

9. **Relationships with the inspectorate**. Relationships with the inspectorate are often very good but it would be good to explore opportunities where these could be enhanced. The My Home Life group are trying to discuss different evidence based aspects of the programme with inspectors and this has been well received by some. However there is more scope to consider sharing and discussing enhancing relationships further.

The points raised above have been shared with wider stakeholder groups and will be explored further at an appreciative inquiry event aimed at developing partnerships with health on the 5th February 2014.

Next steps

My Home Life Roll out in North Lanarkshire

Following discussion with the care home managers who have undertaken the My Home Life programme over the past year in North Lanarkshire the group developed a proposal for future roll out. They were keen that other staff within their care homes were supported to learn about My Home Life and also that they themselves became skilled at facilitating such a programme.

Discussions regarding funding of the roll out are underway. An overview of the roll out is described below.

Managers propose that over a period of 12 months the MHL rollout programme support 4-6 staff across 6-8 care homes to complete the leadership programme (4 days workshop and 7 half days of action learning and a half day validation event). There would be 3 cohorts involving between 24 and 48 care home staff, each cohort would have between 8-12 care home staff participating in each. All of these staff would become MHL ambassadors. The 4 day workshop would be facilitated by Belinda Dewar from MHL and one care home manager who is a MHL ambassador and has already completed the programme. Following each 4 day workshop 2 care home managers would facilitate action learning over a 7 month period with care home staff from across 3 care homes that participated in the workshops.

In addition to facilitating the 4 day workshops, Belinda Dewar will provide 2 half day support groups for managers who are carrying out action learning and the validation event. Care home managers would be paid for their time preparing and facilitating the 4 day workshop. They would run the action learning sets within their existing workload. Care Home Managers will be given the opportunity of registering with The University of West of Scotland to undertake the Effective Facilitation module at MSc level.

The care home managers felt that this would really enhance their ability to achieve relationship centred care across their home and enable them to reach out more readily to the wider community.

Conclusions

The My Home Life Leadership Support Programme offers a way of supporting leadership development that is crucial in achieving relationship centred care in care homes. The conceptual framework of the programme – developing relationships with self, residents and families and the team and wider organisation through appreciative relationship centred approaches provides a clear structure to support sustainable development.

Care home managers play a key role in enhancing the quality of life of the frailest older people in our communities. They have a complex and demanding role where they need to be able to balance a range of competing demands, values, strategies and regulatory frameworks in order to provide effective care services. The evidence in this report clearly demonstrates that the care home managers were able to develop their leadership capacity and create cultures within their homes that were more open. In particular there was evidence that the programme had enhanced awareness of themselves as leaders, and that many had developed new and creative approaches to building relationships. The experience gave care home managers the space and time to reflect on their practice, to share learning with their peers and have the confidence to try out new ways of working that enhanced the experiences of those giving and receiving care. The outcomes presented in this report suggest that the programme resulted in new knowledge rather than just new processes, changed background assumptions on which all actions were based and stimulated numerous diverse ideas for change pursued by a range of people in the care home environment. All of the participants reported a range of relationship focused initiatives aimed at enhancing the quality of lives of those who work, live and visit care homes and that move closer to implementing the evidence base of My Home Life.

Appendix 1: MHL Vision