

# Shifting from process to outcomes in dementia care

'The most important crucible of transformation is the human heart. Without this all new initiatives that come from government are bound to fail. Deep change only ever takes place when people decide to do things differently, when they experience some sort of conversion'.

Reverend Canon Dr Giles Fraser, St. Paul's Cathedral



David Sheard describes Dementia Care Matters approach, *Achieving*, which identifies how to measure real outcomes in dementia care homes by joining together quality of service features with quality of life

**A**chieving person-centred and relationship-focused dementia care cannot be simple. Otherwise by now it would have just happened. For over twenty years a wealth of literature has been produced on the concepts and skills involved. Articles, books, conferences and training courses urge care homes to practice person-centred care. Somehow though person-centred care remains a kind of magic – elusive, mystical, never fully understood, seen in glimmers but difficult to get a grasp and permanent hold of.

The most important part of achieving person-centred care has been missed out. It is presumed people actually know what 'it' is. When this is tested out and managers and staff are asked to describe what person-centred care looks, sounds and feels like, people often flounder. They only know what they know.

### A clear picture on the box

It can be difficult to put together a large number of jigsaw pieces without the picture on the box to guide you. Similarly it is a tall order in dementia care to describe something if you have no direct experience of what it could be like. Yet this is so fundamental to achieving real positive outcomes in dementia care. Without the picture on the box, dementia care home

managers are bombarded by commissioners, regulators, owners/directors, care managers and families all throwing in their own pieces to the jigsaw. Care home managers faced with piecing together legislation, regulation, management requirements, skills gaps and best practice are often left with no overall guidance on how all these pieces fit together. With managers lost in daily process management, conforming to policies, procedures and systems, leadership on achieving real outcomes can feel very distant.

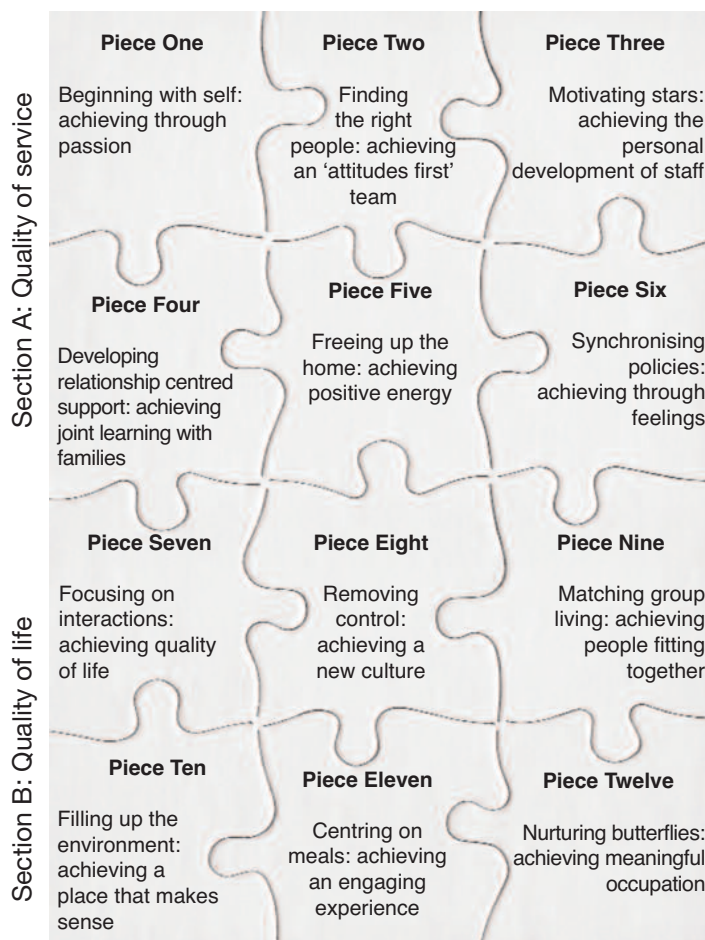
### Joining up the pieces

The emergence of a range of approaches – managerialism, detailed processes and hospitality – focused dementia care homes on achieving quality and rightly professionalised the care sector. However, the prominence of these methods as pieces in the jigsaw blurred the overall picture: that the essential core business of providing care and support is to achieve quality of life for an individual. Consequently the jigsaw pieces of a care home have often not fitted together and the picture on the box has become blurred.

Successful dementia care homes, that meet all legislative and regulatory requirements

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*The photograph opposite is taken from Achieving. Photos in the book are reproduced with the kind permission of people living and working together at Merevale House, Atherstone, Warwickshire and also from Barchester Healthcare and Kingsley Healthcare.*



and also achieve excellence, need to be focused on fitting together all the pieces that make up both quality of service and quality of life. Achieving this involves 'the picture on the box' being a true representation of the joined up pieces. This means bringing together a care home's dementia care philosophy, core beliefs, dementia specific standards and best practice skills into measurable outcomes.

However, until recently, achieving outcomes in care homes has not been their main focus. Following a period of zealous inspection of processes

in care homes, a year ago the government announced a switch from inspecting the jigsaw pieces – the process, to measuring care homes' ability to deliver the end result – the picture on the box, the outcomes.

In February 2010 the Care Quality Commission published its guide to the regulations and outcomes with which registered providers need to comply from 1 April 2010. It stated that the regulations were translated "into expected 'outcomes' that describe quality and safety from the perspective of people who use services."

**Defining an outcome**

So the 'rules' of the game altered and quality of care is now to be measured by collating evidence of outcomes. This is without any checks in the first place whether a sector heavily focused on processes knows how to define or achieve an outcome.

A policy on achieving outcomes has been established without any investment in converting people's focus to "doing things differently" (see Giles Fraser's comment above). A significant number of dementia care organisations within the UK certainly have been promoting how to achieve new cultures of care in practice. However this shift to an outcomes focus highlights the need for dementia care learning organisations also to focus their learning initiatives less on process and more on how their learning and development 'products' will achieve outcomes.

In the *Feelings Matter Most* series of five publications, Dementia Care Matters promoted:

*Being*: a philosophy in dementia care

*Enabling*: the importance of qualitative observation

*Inspiring*: the need to shift from management to leadership

*Nurturing*: the central need for a strategy on emotional labour

*Growing*: evidencing what works in dementia care training

Following their publication a need was identified to gather together the philosophy, values, methodologies and skills within these publications in order to turn these into an outcomes model. *Achieving* therefore sets out to be Dementia Care Matters definitive guide to person-centred and relationship-focused dementia care.

**The jigsaw of person-centred care**

*Achieving* aims to guide managers and staff from person-centred care being a 'whole person' approach to demonstrating how this philosophy and practice based on the individual becomes a 'whole home' approach.

The model takes the



metaphor of a jigsaw and applies it to the concept of person-centred care. Person-centred care is made up of many pieces. Each piece can have a lot of colour and detail on it. Understanding each piece, knowing you have all the pieces needed and being able to put them together is essential to complete the picture. Starting with a vision of what's on the box lid helps enormously, otherwise you are fitting pieces together without knowing what you are trying to form.

The model guides managers and staff through how to piece together the jigsaw of person-centred care by providing:

- twelve core beliefs – beliefs that underpin the picture
- twelve clear pieces – pieces which are all of equal worth and needed to complete the picture
- two sections to the jigsaw: section A, focused on quality of service outcomes, and section B, focused on quality of life outcomes
- thirty six outcomes: each of the 12 'jigsaw' pieces has 3 outcomes which give the piece its colour and detail.

There are 12 pieces in the jigsaw. Six relate to quality of *service* features (largely management responsibilities) and six pieces of the jigsaw focus on quality of *life* (relevant for all members of staff).

These outcomes are the

evidence that quality dementia care is being achieved.

**Measuring outcomes matters**


Too much attention in life can be spent measuring things rather than getting on with the change. If all the effort spent

over the years in measuring the quality of dementia care had been put into instigating real improvements in people's quality of life, dementia care would be in a very much better position than it is now. However, it is also true that you only know where you are heading if you know where you have come from and where your starting point is.

The 50-point checklist in *Inspiring* (Sheard 2008d) was received positively across a wide range of care home organisations. Managers, nurses and care staff saw the checklist as:

- a tangible way to baseline their service
- a goal-setting exercise
- a comparative measure against progress in other care homes
- a tool to advocate for change.


Care homes working through the Twelve Pieces and 36 Outcomes approach will be helped by using a similar measurement tool, the Measuring Outcomes Matters (MOM) tool, which is contained in the manual. →



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**Achieving**

real outcomes in dementia care homes

Sixth in the Feelings Matter Most series authored by Dr David Sheard; this "How to" guide provides a joined up approach to achieving a person centred and relationship focused care home. Benefit from step by step guidance on adopting 12 core beliefs and achieving 36 outcomes in dementia care.

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*"This manual forms the basis of our new Memory Lane Guide for all our communities within Barchester Healthcare and we hope offers you and your organisation clarity on what it really takes to 'get it' in dementia care."* Sheena Wyllie, Director of Dementia Care, Barchester Healthcare



## Outcomes becoming natural?

No amount of written outcomes will in themselves deliver person-centred or relationship-centred care. Cynics will see the outcome methodology as yet another management task. Some people may point to the dangers of spending more time collating evidence than getting on with the job. Those who are 'natural' at being person-centred may be puzzled at an approach which expects them to provide evidence.

Overall, achieving real outcomes in dementia care must fit with your identity and beliefs. Achieving real outcomes in dementia care homes is about creating an atmosphere, a set of relationships, a culture, a guaranteed quality of life. From this comes real quality of service. The one feeds the other.

Ideally I would like people to want to achieve real outcomes because this fits with their values, or as Reverend Dr Giles Fraser says, because they have gone through some sort of conversion. In the end, achieving real outcomes also makes good business sense. This methodology can be sold, if it has to be, in terms of cost savings in recruitment and retention of staff, in positioning a care home in being a market leader in quality care and in a care home being 'customer focused'. All of these features can translate into profitability.

## The way forward

Where are dementia care homes heading? The destination is a care home where people receive less passive 'care' and are supported to live and be more in control of their own quality of life, where families and friends seek to be less paternalistic and more in partnership, and where staff know how to facilitate support and not just how to deliver care.

Will it happen? Well, human nature has shown that whilst the minority will make it happen, because being person centred is already who they are, the majority will make it happen because they know they will be contracted, regulated and

inspected on it. Nothing really matters until you decide it does.

It's time to harden up about dementia care homes. If task orientation is still strong then it's time to get tough. It's time for compulsion to make person centred care really happen. As one Barchester General Manager commented to me, "We need to be belligerent about moving forward, to stop being nice and friendly, to be more honest and less sensitive about those who fail to make and sustain improvements."

It's time for the world of dementia care to prove it can achieve real positive outcomes. Achieving outcomes requires compulsion? Are you converted?

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