Developing a sense of community in care homes through a relationship based approach to care.

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Background

Many care homes try to be 'home like' and this should be encouraged. However, maintaining the notion of 'home' as a realistic concept for care homes has been questioned (Peace and Holland 2001). Home itself is a place of familiarity, invoking shared memories, often with family associations, elements of which are difficult to replicate even in the smallest of homes (Peaces and Holland 2001). It is for this reason that considering care homes as a community where a complex set of relationships exist, may be of greater value (Davies 2003). There is not a general definition of community although there is understanding within the literature that communities tend to grow from a common membership, support integration and have an emotional connection (McMillan and Chavis 1986). Applying this notion of community to care homes however, may be more problematic as many residents arrive in care homes due to failing health rather than through affiliation (Abbott et al 2000). Furthermore, communities are rarely homogenous where people enter with a preformed identity but are constituted by the individuals within them (Drevdahl 2002). Indeed, in a recent review of the literature, Davies and Brown Wilson (2007) suggest one of the key processes in creating communities in care homes is understanding and respecting the significance of relationships. However, promoting relationships within a care home setting provides a considerable challenge due to the increasing frailty of the resident population. For example, Bebbington et al (2001) found that 79% of all older people

admitted to care homes have high levels of physical frailty, and 44% have a degree of cognitive frailty. The dependency of care home residents may present ongoing challenges in supporting integration with others due to hearing or sight impairment or cognitive decline (Mor et al 1995, Resnick et al 1997). To compound difficulties, people are becoming even frailer by the time they enter a care home and the length of residency is decreasing (Beringeer and Crawford 2003). In spite of this, residents actively contribute to developing relationships with each other (Cook et al 2006, Brown Wilson 2007), with those significant to them in the wider community (Cook 2006) and with families and staff within the home (Brown Wilson 2007).

Review of the Literature

Within the literature, the formation of therapeutic relationships between professionals, older people and others significant to them in their lives has been considered as central to current care philosophies (Tressolini et al 1994; Nolan et al 2004; McCormack 2001, 2003, 2004; Dewing 2004). Brooker (2004) suggests that relationships are essential when caring for people with dementia. Such relationships value the person and those who care for them, consider the world from the person's perspective and promote a positive social environment supporting well-being. Similarly, McCormack (2004) in a review of the literature identifies the importance of relationships in person centred approaches underpinned by an understanding of the values of both the older person and the staff; knowing the older person in the context of their biography, and seeing beyond the person's immediate needs.

In a range of studies, residents, families and staff express the importance of interpersonal aspects of care often described as considerate and compassionate caring

(Grau et al 1995, McGilton et al 2002, Rantz et al 1999, Wilde et al 1995). McGilton et al (2002) describe a relational approach to care being possible when care providers are empathic, reliable and able to provide continuity of care. These are similar to staff attributes in the person centred nursing framework of McCormack and McCance (2006) (See Box 1). Indeed, it is suggested that relationships between staff and those being cared for should be made explicit, leading to a negotiated relationship (McCormack 2003). However, organisational constraints may work against staff developing relationships that lead to a person centred approach (McCormack 2004) such as increasing workload and inadequate staffing patterns that did not allow sufficient time to be devoted to being with the those being cared for (McGilton et al 2007).

Box 1

Tressolini et al (1994) suggest an emerging model of care where the development of therapeutic relationships are founded on the appreciation of the whole person in the context of the community in which they live, recognition of the person's life story and what this means to their understanding of health and illness. Developing this concept of relationship centred care, Nolan et al (2006) suggest that interdependent relationships are necessary to create and sustain enriched environments of care in which the needs of all participants are acknowledged and addressed. The Senses framework (Nolan et al 2001), based on a growing body of empirical evidence (Davies et al 1999, Nolan et al 2002, Nolan et al 2006), was initially developed to support a clear rationale for staff who care for older people. The term 'senses' was chosen to reflect the subjective and perceptual nature of what determines 'good care'

for both older people and staff, supporting the development of therapeutic relationships (See Table 1).

It has been proposed that interactions through care procedures and practices structure the milieu of care supporting the development of relationships (Andrews et al 2005). This has been supported by a recent study where Brown Wilson (2007) described how relationships were often developed between staff, residents and families through the care routines. For example, personal and responsive relationships were often developed when staff listened to residents stories, using these to develop personalised care routines, in ways significant to the resident (see Table 2 for a full description). Similarly McCormack and McCance (2006) describe person centred processes such as working with the patients belief and values, having sympathetic presence while providing for the physical needs of the older person. Furthermore, Brown Wilson (2007) suggests that reciprocal relationships are based on shared understandings often developed through negotiation within the care routines.

Table 2

Relationships between staff, residents and their families have emerged within the literature as fundamental to the experiences of life within the community of a care home (Davies and Brown Wilson 2007). Furthermore, there is consensus in the literature that such relationships are built on mutual trust, understanding and a sharing of collective knowledge, described in either the context of person centred care which focuses on the nurse patient relationships in context to the social and organisational environment (Brooker 2004, Dewing 2004, McCormack 2003) or relationship centred

care that suggests all relationships need to be taken into consideration within a supportive environment(Tressolini et al 1994, Nolan et al 2006). This review has suggested that these approaches are based upon the development of relationships and highlights emerging evidence that relationships develop through caring processes (McCormack and McCance 2006, Brown Wilson 2007). However, there is a dearth of studies that have explained how different factors contribute to the formation of relationships (Dewing 2004). The study reported in this paper aims to understand the factors that may contribute to the formation of relationships in care homes to support the development of relationship based approaches to care.

Methods

This paper reports on three case studies using a constructivist framework. Each care home was chosen as an individual case with defined boundaries and a pattern of behaviour, which would enable the exploration of the range of relationships between residents, families and staff. The choice of three care homes was intended to capture a breadth of experience of residents, families and staff working in different types of home (Table 3).

Table 3

Stake (2000) suggests that using more than one case when investigating a phenomenon of interest, may lead to better understanding or theorising in relation to that phenomenon. Therefore, this study could be described as a constructivist case study, following Stake's (2000) collective case study model where each case, being the care home, was chosen to lead to a greater understanding of other cases.

Constructivist methodology seeks to share multiple perceptions between participants with the aim of creating a joint construction. This process, known as the hermeneutic dialectic supported the development of shared meanings as views and ideas were shared between participants using interviews, participant observation and focus groups (Table 4). A reflexive diary was kept throughout this process, which enabled the researcher (CBW) to reflect on the development of the joint construction within each home and document key decisions.

Table 4

Within a constructivist study, there is an iterative movement between data collection and analysis. Data were recorded using field notes, audiotape recordings and a reflexive diary. As data were collected, transcription and coding were undertaken concurrently within each case. Rodwell (1998) suggests that inductive analysis is the method of choice as it is not possible to know what perspectives will emerge within the constructivist inquiry at the outset. Throughout this process, the elements of credibility, dependability and confirmability were considered (Lincoln and Guba 1985). For example, a key feature of credibility is prolonged engagement and triangulation of data sources. To achieve this, each the home was visited at different times, on different days for a period between six and nine months. A methodological log was also maintained where decisions were recorded as the research design emerged, ensuring dependability. Confirmability was achieved by returning to the participants to ensure that the product of the research captured all perspectives.

Findings

The findings suggested that a range of factors influenced the development of relationships including, the environment, leadership, continuity of staff and the

personal philosophy staff held (Table 5). Each of these areas will be discussed using data from across the homes.

Table 5

The environment

The Beeches, which provided the setting for the first case study, provided accommodation for up to 28 residents in a converted Georgian building with large grounds and extensive gardens. The rural location of the home was identified by many residents and families as an important reason for choosing it. The communal lounge had a spacious, yet homely feel with furniture that would not look out of place in a private residence. Residents were encouraged to bring their belongings from home, for one couple, this included a treasured grandfather clock and another woman brought her piano. Full-length windows to the garden on two sides provided views of the surrounding countryside and residents were given a choice of where to sit. Families would often visit in the lounge, with some relatives feeling comfortable enough to move furniture into a familiar family group. Many families in the Beeches described an informality in their relationships with staff members, which contributed towards their involvement with their relative and others in the wider community of the home. For example, some families were also aware of the contribution their visits made to the experience of residents other than their relative:

> *'..and I bring my grandchildren, I have twins and I've been bringing them in since they were that big (demonstrating they were very small) and she will ask me about them. Whenever I come in and when Freda's got a visitor, I will*

hear her say,' oh that's Helen and she's got the these grandchildren, these twin little girls' so I think she must get something out of it.'

Helen- niece- the Beeches

This contributed to the recognition that this was home to a community of people reflected in the social relationships the residents, families and staff had developed:

'You (residents) speak to each other about what you are all doing. It's bit like a village in that respect, everybody knows what everybody else is doing and what the close relatives are doing as well, so it makes it a bit more like a family.'

Mark- son- the Beeches

Chestnut Lodge was home to 28 residents many of whom had a degree of cognitive impairment. It was also in a rural location and had been converted from farm buildings. A key pad on the entrance allowed staff and visitors to access the home freely while also providing security for residents who might wander out to the road or nearby fields. The communal space of the home was open plan with different seating areas that enabled residents to sit in a quiet area or look out on to bird tables and flowering pots. An unlocked door led to an enclosed garden that residents used as the weather permitted. Staff in Chestnut Lodge spoke about the importance of making it 'the residents' home', which included valuing relationships between residents, families and staff:

'I look on this as it's their last home, their last stop in life, and I think they all need that little extra care and loving and I think if they were at home, it is something that they would be getting.

Gayle- care worker- Chestnut Lodge

Staff were often observed traversing the communal areas throughout the day, supporting informal interaction between staff, families and residents. Consistent with this, one family member described how she was initially attracted to the home because of this personal contact:

'It's Valerie and Peter(owners), they are very friendly and at the end of a phone if I need to speak to them….We wanted something more personal.'

Kelly- daughter- Chestnut Lodge

Holyoake, on the other hand, was a large purpose built unit for older people with enduring mental health problems or dementia providing accommodation for 80 residents. The home was divided into four units, each of which had its own dining room and lounge space, which were furnished with standard high backed chairs arranged around the walls. Access to each section was via a key pad system to prevent residents from wandering out of the home. On the ground floor, there were doors opening from each lounge room to an outdoor, secure garden. There was a range of garden furniture and a number of gazebos that provided additional shade.

While the emphasis at Chestnut Lodge had been creating a sense of being ‘at home’ within the environment, the key focus at Holyoake was on the management of risk:

> *‘..we have four staff on constantly watching the residents. You have to be thinking about it(safety) at all times. So if a resident gets up and you know they’re prone to falls you’ll sit them back down, that way there’s less accidents.’*
>
> *Sally- Senior care worker- Holyoake*

This focus on risk also influenced relationships with families who were encouraged to write a note to the Manager and post it in the box outside her door, if they were unhappy about anything. The formality of this process created a focus on making sure that care was delivered. This was not helped by the layout of the environment which often meant staff were not visible during their visits, which would have enabled families to raise issues informally.

Leadership

Leadership, at all levels within the organisation emerged as an important factor shaping the way relationships developed. This created a sense of the ‘way we do things around here’ so that staff in each care home were working to similar approaches. All senior staff in the Beeches, for example, demonstrated the importance and value of relationships consistently through their own interactions and practice. The Deputy Matron described how she achieved this:

'..and to be caring , to be kind, to respect them and we hope to encourage that with new staff by our example and if what somebody does is not acceptable, you just pull them to one side and say we try to make it a homely environment here.'

Jane- Deputy Matron- the Beeches

The senior care workers ensured this focus on relationships through the organisation of care and then worked alongside staff to deliver this. The priorities of the day were discussed at handover where all staff were encouraged to contribute. If this meant that changes would be needed to the usual pattern of care, a member of staff would offer to speak to the resident who may be affected providing the opportunity for negotiation, which supported the development of reciprocal relationships. Registered Nurses were involved across the home often communicating changes through informal exchanges in the corridors. The staff would then consider how best to accommodate these changes, negotiating with each other to ensure both the needs of residents, staff and, when involved, families were met. This flexibility suggested an understanding of the communal nature of living contributing towards a relationship based approach to care.

In Chestnut Lodge, there was less evidence of senior staff leading by example but there was a sense that leadership happened 'behind the scenes' with the Registered Nurses responsible for the day to day organisation of the work:

'We allocate staff either upstairs or downstairs for about a month, that way they get to know the residents, their personal routine and what's important to them.'

RN- Staff focus group- Chestnut Lodge

Certainly, the majority of care staff in Chestnut Lodge knew each resident personally, demonstrating this through their informal communication with residents as they moved through the communal areas. Similarly to the Beeches, an informal pattern of communication was observed on most days where staff shared stories about what different residents had said or done encouraging care workers to see each resident as a person. However, there were limited opportunities for negotiation of workload between staff, which sometimes meant that the competing demands created by the communal nature of living were not always acknowledged.

Due to its large size, a different style of leadership was in evidence at Holyoake. Here, the manager was more centrally located, leading from 'the front' and communicating what were considered to be priorities in making it a safe home. This emphasis made sense to many of the staff but some felt that the dominant approach of making it a safe home had created a focus on paperwork, which they felt had altered the dynamics of the role for registered staff in this home:

'Since Care Standards took over, the opportunity for role modelling has lessened because of the paperwork. The opportunity to role model is leaning more and more on to the senior care, because when you are getting new staff,

it is the senior care who would be expected to show them how to communicate and things like that.'

Adam- Deputy Manager – Holyoake

This meant that leadership in day to day routines was most likely to come from senior care workers within each of the units:

'I'll say I can't get on with so and so's care and Ruth (senior care) comes along and they are putty in her hands and I learn from that. She's always been there for me, showing me how things are done.'

Malcolm – care worker- Holyoake

The different approaches to care adopted by the senior care workers may account for the very different approaches that were observed between units in Holyoake. While this style of leadership from the Manager communicated what needed to be done, leadership in how it was to be done was provided independently by the senior care staff.

Continuity of staff

Staff, residents and families within all three homes described how continuity of staff affected their experience of living, working and visiting in the home. Some families described how this consistency supported the development of relationships through the care routines:

'One of the good things about this home is that they tend to designate certain people to the same group so they get, as far as they are able, the same people, so it gives relationships a chance to develop, I think that's very important.'

Mark- son – the Beeches

Relationships between staff and residents within the Beeches appeared to be close, warm and friendly. Staff and residents were regularly observed sharing personal information and care routines were organised in ways that appeared to meet the needs of all residents. Both residents and staff described a communal routine where each resident knew they had a place and felt comfortable with that position.

Families in Chestnut Lodge described how having a specific nurse they could speak to about their relative, enabled them and the resident to develop positive relationships with someone who knew the needs of the residents well. A similar situation existed in Holyoake where families also felt that having continuity of staff was beneficial for residents:

'They understand their needs, their likes and dislikes. When it is the same staff, they (residents) may not know their (staff) names, but they recognise them.'

Elisabeth - wife- Holyoake

These families described how having consistent staff was a key factor in whether their relative received appropriately individualised care. However, there was a policy of

rotating staff around the different units in Holyoake, which had the potential to disrupt relationships from the families' perspectives:

> *'They just get to know the residents, what they like and dislike and then they are moved before they can have the benefit of that'.*
>
> *Family focus group- Holyoake*

Although many residents in Holyoake could not remember the names of staff, families felt they responded well to regular members of staff because they knew what to expect. The rotation of staff often placed an additional strain on family members who then needed to support the resident in adjusting to the change.

Consistency of staff

When discussing their relationships with residents, care staff in the Beeches used examples of adopting a consistent approach to personal care routines ensuring that care was delivered according to residents' wishes. Families and residents at the Beeches, described their confidence that most members of staff would act in such a consistent manner:

> *'I always say I feel safe with her. Well if I ask her for something, she does it. Some of them well they take ages. She'll say I'll go and get somebody and you know that she will come back with somebody very soon, she's very good.'*
>
> *Freda –resident- the Beeches*

This consistent approach supported trusting relationships between residents and staff at all levels within the organisation, which highlighted the critical nature of staff doing what they said they would do:

> *'If you say you are going to do something, you've got to really try to do it because they depend on it. Then they can rely on you that little bit more and they're confident with you.'*
>
> *Jane- Deputy Matron- the Beeches*

As staff consistently followed through in their care, residents felt able to believe what staff said:

> *'I don't like to be a nuisance, but they say if you need the toilet you can always ask and they don't mind. I believe they mean it.'*
>
> *Betty- resident- the Beeches*

A group of staff working on one of the units in Holyoake also described how being consistent, was an important element in developing personal and responsive relationships with residents:

> *'With Gertrude, she really doesn't want me to be there. She doesn't like getting changed by blokes but if I have to change her, I'll stand behind her and slip her nightie over her clothes so she has her dignity and she trusts me to be like that. It's about getting to know them quickly and forming relationships with them and gaining their trust'*

Samuel – care worker- Holyoake

Staff in this unit, also seemed aware of the need to develop trusting relationships with families:

> *'If you spend time listening to the families, then they know you will spend time looking after their relative, and they trust you because they know you are looking after them.'*

Ruth- Senior care worker- Holyoake

Some families responded by demonstrating their developing trust and confidence in the staff:

> *'I've started for the first time taking two consecutive days (without visiting). I tried it and I was very anxious but I didn't ring because I think they have enough to do. Leon told me after the first day he was looking for me but now he has stopped, so soon I will be able to take three days. I trust them to tell me the truth.'*

Elizabeth- wife- Holyoake

This last example illustrates how families were able to consider their own needs once they trusted the staff to focus on the resident. Families also described specific care workers who they felt were caring for their relative in 'the right way for them' suggesting that they were in agreement with the care worker's personal philosophy.

Critical mass of staff with a similar personal philosophy

Personal philosophies often influenced how individual staff members approached their care and staff often referred to a 'good team' that comprised others with a similar approach. This suggested that having a critical mass of staff with a similar philosophy contributed towards how staff worked together.

Many staff at the Beeches and Chestnut Lodge described their personal philosophy as 'do unto others' recognising the importance of the resident's personal biography:

> *'I think the most important thing is respect for clients. Older people have done things with their lives and deserve respect. You've got to think of what they want not what you want.'*
>
> *Robert- care worker - Chestnut lodge*

Staff who demonstrated this personal philosophy were more likely to focus on the resident as a person. For other staff, caring for people in a way that you would like to be cared for was a form of reciprocity - giving something now with a view to getting something back later. This was succinctly captured by one care worker:

> *'We don't know if we will be like this (the residents) one day and I think to myself, give what you can give now, because maybe in later years, you'll be wanting someone to be doing it for you.'*
>
> *Ann Marie- care worker- the Beeches*

There were days in the Beeches where everyone seemed to be in the right place at the right time and this was often attributed by staff to having a good team on. A 'good team' on these occasions appeared to have staff who described a similar personal philosophy that supported a relationships based approach to care.

For some staff, the main motivation for being in care work seemed to be to do 'a good job', which tended to support the development of pragmatic relationships. This philosophy was described by many staff in Holyoake, which appeared to fit in with the dominant focus of making it a 'safe home'. Here, many staff described the rewards in terms of a 'job well done':

> *'It's rewarding, very rewarding knowing that the residents, when I leave here at night they're well fed, clean, dry, comfortable until the next day when I come back in.'*
>
> *Leon- care worker- Holyoake*

This approach was also reflected in the description of a good team:

> *'I'll allocate who's doing what and everyone knows what they are doing. If we've got a good team, all the jobs get done, residents get proper care.'*
>
> *Sally- Senior care worker- Holyoake*

On another unit in Holyoake, staff described a different motivation in terms of their personal philosophy:

'..well that's the reason we're there, not just to change their pad, anybody can change their pad, but it's to make a difference and as for me personally, that's why I'm in care, to actually make a difference.'

Samuel- care worker- Holyoake

When there were difference in personal philosophy, how teams were allocated became very important to ensure a consistent approach:

'We all have our different approaches, it's about putting people together you know are going to team up and work well.'

Ruby- Team Leader RN - Holyoake

These examples suggest that when a critical mass of staff subscribed to a similar philosophy, this influenced the dominant approach to care and the type of relationships that developed.

Discussion

The combination of factors described in this paper influenced the relationships that developed across the three homes. It was often these influences in combination that appeared to shape the relationships that developed. For example, pragmatic relationships were most apparent in Holyoake where the leadership was from the front with an emphasis on following rules. Many staff also subscribed to a personal philosophy of 'doing a good job' underlining the practical focus of care. This was very different to the personal and responsive relationships developed in Chestnut Lodge. The influence of leadership was less apparent here although many staff subscribed to the personal philosophy of 'do unto others' which appeared to motivate

them to find out what mattered to the residents. This was supported by the environment which enabled the informal sharing of stories between residents, families and staff within the communal areas of the home.

Stories and anecdotes also supported the development of relationships between residents, staff and families in the Beeches. Ronch (2004) proposes storytelling as a powerful tool in communicating the values of a home. Furthermore, having a regular team with similar values, in the Beeches, ensured the significance of these stories was understood and acted on in everyday care routines, supporting the development of personal and responsive relationships. The contributions of residents and families were also described in terms of supporting others leading to reciprocal exchange in the wider community of the home. The combination of these influences contributed towards a shared understanding of each other's experiences. This often developed through a process of negotiation in the context of care routines, enabling the needs of residents, families and staff to be taken into account, leading to reciprocal relationships. A key feature of this relationship based approach was the style of leadership: 'leading by example.'

Leadership- role clarity, effective teamwork, facilitating communication

There was a clear sense of leadership within the Beeches that saw relationships within the home as central to the caring process. Effective leadership gives rise to clear roles and teamwork (McCormack et al 2002), which was evident in the communal organisation of care routines in the Beeches. Staff organised care routines taking into account the needs of all residents in relation to others within the communal environment. This required a level of flexibility where staff negotiated their work

ensuring the person with the right skills and approach for each resident had been allocated to that person. Certainly within the Beeches, the informal sharing of information, led by the senior staff, enabled all staff to act responsively to the changing needs of residents. Similarly, relationship oriented leadership has been described as fostering interconnections and enhancing the information flow within an organisation (Anderson et al 2003). Furthermore, Anderson et al (2005a) suggest that organisations should recognise the importance of the nature and quality of relationships between staff. To achieve this in the Beeches, there was consistent staff allocation which enabled positive relationships to develop between team members as well as with residents. Shared cultural values are a necessary part in promoting a collaborative team approach (Jeong and Keatinge 2004) and this was most aptly demonstrated by teamwork within the Beeches when there was a critical mass of staff with the same personal philosophy.

Personal motivation of staff

Some staff in Holyoake, described a personal motivation of ‘doing a good job’ as the reason they were in care work. The sense of being able to do a good job has been described as enabling staff to retain a feeling of control over their work (Secrest et al 2005). ‘Doing a good job’ as described in this paper, involved undertaking the tasks of caring to the best of their abilities. Ronch (2004) suggests that reframing the emphasis from the task of care onto the relationship between residents and staff has the potential to benefit those in the relationship. This was exemplified by staff in both the Beeches and Chestnut Lodge who described a ‘do unto others’ philosophy providing care in a way they would like for themselves or a close family member. These staff spoke about their relationship in terms of the care being provided and

what each participant brought to the relationship suggesting reciprocity. Reciprocity experienced by staff has been described as a factor in the development of close relationships (McGilton and Boscart 2007).

The context of care

The environment in the Beeches was welcoming and homelike and encouraged social interaction between residents, families and staff in communal areas. Davies (2003) suggests that the environmental design and how staff use communal spaces influences the relationships that develop between staff, residents and families. This suggests that the structural features of organisations may impact on the ability to have conversation and subsequently relationship building (Malone 2003). This was very evident in Holyoake, where staff were rarely seen in communal areas. By contrast, the open plan environment in Chestnut Lodge supported informal opportunities for staff, residents and families' interaction within communal spaces, which provided positive experiences for everyone involved. McCormack and McCance (2006) propose that effective communication takes account of individual values and underpins negotiated relationships based on shared decision making. In the Beeches, shared decision making often included residents, families and staff. Involving residents and families in decision making has the potential to contribute to a sense of significance as they feel their contribution is valued by staff. Furthermore, involving residents and staff in this way may also contribute to the staff's sense of achievement, supporting an enriched environment (Nolan et al 2006).

Conclusion/ Implications for practice

Leadership that enhances the sharing of information enabling a responsive and flexible approach to care has been shown to support the development of personal and responsive or reciprocal relationships between staff, residents and families. Encouraging the sharing of stories was an effective way of ensuring timely sharing of information as well as valuing everyone's contribution to the relationship. This study has demonstrated that this can be achieved through the use of negotiation between staff, residents and families. To promote a culture of community, staff need to share common values and leaders within the organisation should promote information sharing, participation and involvement (Deutschman 2001b). However, in the study reported here, it became clear that staff required the personal motivation to work in this way and adopt a consistent approach to care delivery that values the resident as a person. When this occurred in a supportive environment, shared understandings developed where residents, families and staff understood and valued the other's position.

By their very nature, care homes could be considered as communities based around a collection of individuals with whom relationships exist therefore a relationship based approach to care needs to see the person as an individual but also recognise they live in a social environment. Therefore, the communal nature of care delivery suggests the need to extend current models of practice to consider all the relationships within care homes thus supporting the development of community.

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Table 1 The Senses Framework (Adapted from Nolan et al 2001)

The Senses	For older people	For staff	For family carers
A Sense of Security	attention to physiological and psychological needs. To receive competent and sensitive care	to feel free from physical threat, rebuke or censure, to have emotional demands of the job recognised and feel supported	to feel confident in knowledge and ability to provide good care. To be able to relinquish care when appropriate
A Sense of Continuity	recognition and value of personal biography; skilful use of knowledge to contextualise present and future; consistent care delivered within an established relationships by known people	positive experience of work with older people, exposure to good role models, expectations of care communicated clearly and consistently	to maintain shared pleasure/ pursuits with car recipients, to maintain involvement in care as desired/ appropriate
Sense of Belonging	opportunities to maintain or form meaningful and reciprocal relationships to feel part of a community as desired	to feel part of a team with a recognised and valued contribution	to be able to maintain / improve valued relationships, to be able to confide in trusted individuals
Sense of Purpose	opportunities to engage in purposeful activity, facilitating the constructive passage of time	to have a clear set of goals	to maintain the dignity, integrity and well being of the care recipient, to pursue reciprocal care
Sense of Achievement	opportunities to meet meaningful and valued goals, to make a recognised and valued contribution	to be able to provide good care: to feel satisfied with one's efforts	to feel you have done your best, to develop new skills and abilities
Sense of Significance	to feel recognised and valued as a person of worth, to feel that you matter	to feel that your work and efforts matter	to feel that ones efforts are valued and appreciated

Table 2: Summary of the three types of relationships (Brown Wilson 2007)

The type of relationships	The key processes involved
Pragmatic relationships between staff, residents and families	often developed through an individualised task centred approach to care, which included the following processes: • getting the job done • getting to know the resident.
Personal and responsive relationships between residents, staff and to a lesser extent, families	Often developed through a resident centred approach to care- where the main focus was on why the routines or important details were significant to that resident as a person, which included the following processes. • Finding out what matters to the resident • Knowing why it is significant for the resident.
Reciprocal relationships which took into account the communal nature of living within a care home .	Often developed through a relationship centred approach to care where the focus moved beyond the needs of individual residents to recognise the significance of all members of the care home community and the relationships between them. • Developing shared understandings between staff, residents and families • Developing an understanding of how 'we all' fit into the community.

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Box 1 pre-requisites for person centred nursing-

Attributes of the nurse: Professional competence Developed interpersonal skills Commitment to the job Clarity of beliefs and values being demonstrated Knowing self

Adapted from McCormack and McCance 2006

Table 3: Key features of care homes (Brown Wilson 2007)

FEATURE	CARE HOME 1 The Beeches	CARE HOME 2 Holyoake	CARE HOME 3 Chestnut Lodge
Number / type of places	28 places Self funding residents with complex physical health care needs and some with cognitive frailty. A high proportion of residents requiring full time registered nursing care	70 places Home for residents with enduring mental health issues and complex health care needs. A high proportion of residents requiring full time registered mental health nursing care	28 places Residents with complex health needs including mental health problems. A high proportion of residents requiring full time registered nursing care
Ownership	Family owned home with employed Matron	First home acquired in a large chain	Family run home with Owner/Matron
Location	Rural area, poorly served by public transport	Situated on an industrial estate in an outer suburb	Rural area poorly served by public transport
Buildings	Converted Georgian Manor	Purpose built with recent extensions	Converted farm buildings
Staff	There was only one registered nurse on duty each shift. Many care staff were mature with life experience but no formal qualifications. Senior care workers had a National Vocational qualification in care work and were designated to manage the delivery of personal care	There was one registered nurse on duty for each unit each shift, with at least one Registered nurse in the home having a specialist mental health qualification.. Senior care workers had a National Vocational qualification in care work and were designated to manage the delivery of personal care	There was only one registered nurse on duty each shift. Many care staff had a national vocational qualification but there were no designated senior care workers managing the day to day sift

Table 4: Summary of the data collection methods in each home

FEATURE	CARE HOME 1 The Beeches	CARE HOME 2 Holyoake	CARE HOME 3 Chestnut Lodge	Total
Participant observation	100 hours	96 hours	60 hours	256 hours
Focus groups	2 with residents 1 with staff	1 with families 1 with staff	1 with residents 1 with families 1 with staff	8
Interviews with residents	6	6	4	16
Interviews with staff	6	13	6	25
Interviews with families	6	10	2	18

Table 5: Key influences in developing relationships

OTHER INFLUENCES	**Pragmatic Relationships**	**Personal Relationships Between residents and staff**	**Reciprocal Relationships Involving residents, staff and families**
Environment	An environment that focuses attention on the practical nature of caring	An environment that supports sharing of stories; being made to feel welcome	Being aware of contribution being made to others in the community; sense of being part of the community
Leadership- the way we do it around here	Leading from the front with formal methods of communication Followed up by senior care workers on the units	Independent working to meet resident's needs; informal pattern of communication in communal areas- sharing stories/ anecdotes	Leading by example with flexible and responsive patterns of working and communication; sharing stories and anecdotes
Continuity of staff- getting to know each other	Having staff the residents don't know and who don't know the residents	Having staff who know what is significant to the resident as a person	Staff who understand what is important to all of us
Critical mass of staff with a similar personal philosophy	Allocation by task- when all the jobs get done, there is a good team Working to the same approach of 'doing a good job'	Working to my strengths Working to the same approach of 'do unto others'	Negotiating workload with each other so right person is delivering the care Seeing all perspectives in the relationship