

Compassion in Care

A Novel Education Series
on Person-Centred Communication Skills



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Background

Raheny Community Nursing Unit (RCNU) is home to 100 older persons. 90% of the residents have dementia or cognitive impairment, and many of those have a related communication impairment.

In order to support residents' access to information, choice, social inclusion and general well-being, all staff (including non-clinical) require **skills and knowledge in communicating with persons with cognitive and/or communication impairment.**

Person-centredness is crucial to communication, but this can be difficult to 'teach'.

'Bottom-Up' Approach

1. Appreciative Inquiry (Belinda Dewar, 2011 and 2014).
A respectful, consultative approach to developing skills in compassionate care.

Traditional, didactic methods: Expert = Teacher...
"You need to change".

Appreciative Inquiry: Expert = Student...
"What do you think works best?"
How can I support you to keep up and develop your skills?"

2. Recruitment for a Focus Group to form an education tool.

Focus Group Work

- **Residents' voices** should be pivotal to education.

Residents across the home were asked

“What matters most to you day-to-day?

What do (or could) staff do to help your day go well?”

- Responses were themed and used to structure more detailed filmed interviews with a smaller number of residents.
- The filmed interviews would form the basis of an interactive workshop for all staff about **person-centred, compassionate care**. The workshop would adopt an ‘Appreciative Inquiry’ approach.





'Making a Home a Home' Workshop

Aims

- To reinforce the importance of acknowledging
the Person and their Story
in our day-to-day interactions with residents
- To explore what difference it makes ...
 - _ to how we provide Care
 - _ to the experience of the resident

'Making a Home a Home' Workshop

7 residents and/or their families expressed an interest in participating in filmed interviews.

5 were available at the time. Of those:

- 1 resident had advanced dementia
- 2 residents had combined mild cognitive impairment and communication impairment (one mild, one severe).



Communication was supported as necessary to enable residents to decide whether to participate, to express their decision and then to participate in the filmed interviews.

One participant did not have capacity to understand the information, but his wife chose to participate on his behalf. She felt strongly that he would have wanted this.



Part 1: My Story....

Part 2: Moving to a nursing home..

Part 3: What Matters to Me?

Pillars of well-being

(Kitwood, 1997)



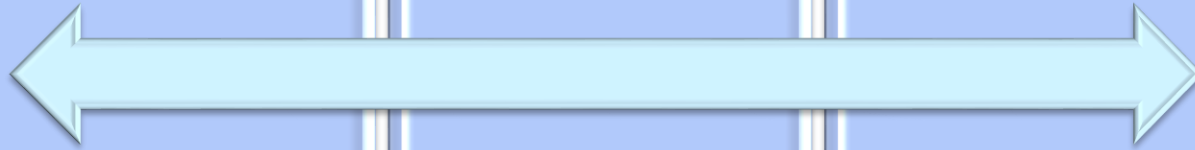
Personal worth
– the feeling of
being valued by
self and others



Sense of
control,
authority and
agency



Social ease





Workshop discussions:

What difference can it make knowing a little about a person's
life stories?

How do you think the person felt during their transition
into care?

**How might these feelings affect anyone's
behaviour?**

What practical ways do residents suggest to help us **support
their well-being every day?**

What the residents said

**"Just be yourself
– don't put on an
act"**

**"Know the
resident"**

**"Say
hello"**

"Communication"

**"Caring is
caring"**

**"Give him time",
"talk to him"**

**Knock /
"Announce
yourself"
before entering**



Workshop reflections

28/05/2018

Shock

Frightened

Lonely
(didn't know anybody)

Personal worth Frustration
(eg loss bereavement)

(Moving into a Nursing Home)

Sit down & talk

Give time

- Know life story -
↓ connection

Be yourself

Say "hello"

Introduce

Talk & Listen

Find common interest

Announce yourself



Take Home Messages

(from Staff Feedback)

*"All staff should **find out about the person's** interests, likes and dislikes, family and any important things that matter to that person.."*

"Good to compare our own personal life experiences with the residents"

*"Understood how people **feel**"*

*"**Concentrate on the resident**, not the task"*

*"**'Pillars of Well-Being'** very useful"*

*"**Communication** so important. And **knowing the person.**"*

*"Learning to **be present**, to **give the person time.**"*

Becoming a Series

Common theme throughout workshop:

“Communication”

*(Offering choice, informing, including, greeting, showing respect, forming closer friendships with residents. **In every thing we do, in the way we are).***

The Speech and Language Therapist provided
2 further sessions focusing on Communication.



Becoming a Series

- The workshop and communication sessions are interlinked, with common themes and reference points.
- All 3 sessions adopt an 'Appreciative Inquiry' approach (Dewar, 2011 and 2014), and use Kitwood's 'Pillars of Well-Being' (Dementia Reconsidered, 1987) as a framework for discussions.



THE LAW

Communication: Legislative context

Disability Act 2005

- Information should be communicated in a format that is accessible to the person concerned
- NDA Strategic Plan 2010-2012

Assisted Decision Making (Capacity) Act, 2015

- Presumption of capacity
- Entitlement to 'supported or assisted decision making'

HIQA Standards

National Quality standards for Residential Care Settings for Older People in Ireland (Feb 2009)

Standard 1: Each resident has **access to information, in an accessible format**, appropriate to his/her individual needs, to assist in decision making.

Standard 2: Each resident's rights to consultation and participation in the organisation of the residential care setting, and his/her life within it, are reflected in all policies and practices.

Standard 17: Each resident can exercise choice and control over his/her life and is encouraged and enabled to maximise independence in accordance with his/her wishes



Communication Sessions:

Aim to support staff to:

- Better understand the experience of living with cognitive and communication impairment.
- Adopt effective communication strategies to support each person's well-being .

(Including strategies to interpret responsive behaviours in order to help the person, and

Ways to support a person with dementia adapt to change).



‘Compassion in Care’ Series

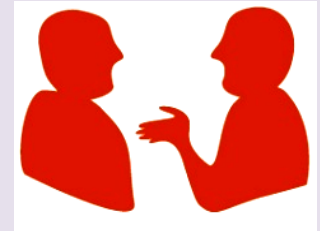
Session 1

Workshop. ‘Making a Home a Home’



Session 2

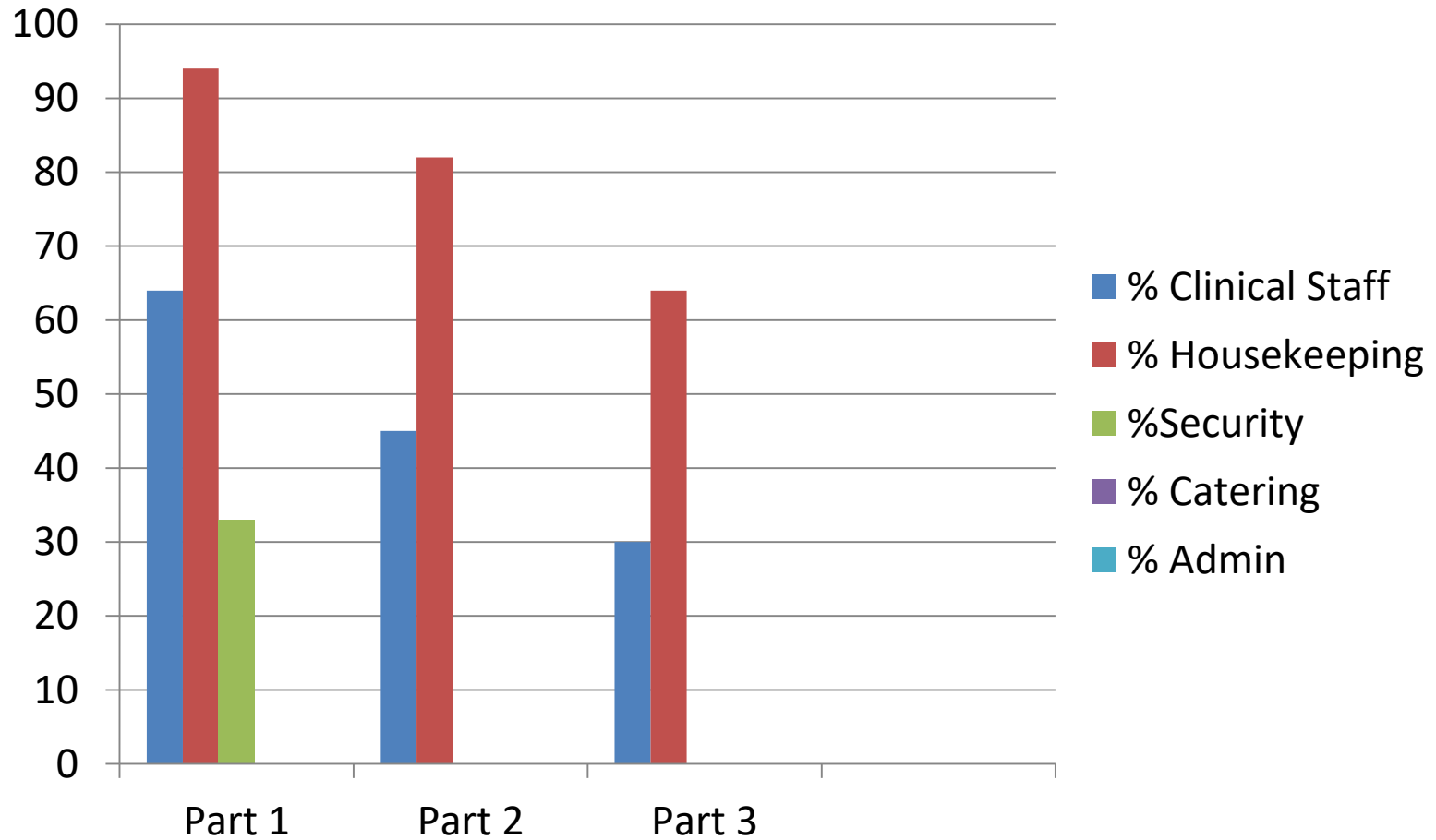
Communication: What can go wrong?



Session 3

Supporting Communication with Residents

% Attendance May-Dec 2018





Take Home Messages

(from Staff Feedback)

- Some positive learning / insights:
 - “helped us see **what it might actually feel like** for an individual with dementia trying to communicate”
 - “insights into (the experience of) dementia and communication (impairment)”
 - “(the need for) **communication ‘ACCESS’**”
 - “How to try to figure out **why a person might behave differently.**”



Take Home Messages

(from Staff Feedback)

- *“(Gave us) ideas for (helping someone with) paranoia or anger/frustration.”*
- *“How to communicate better with persons with dementia.”*
- *“(learning about changes in) perception.”*
- *“How it can help to **slow down your speech.**”*
- *“Message in and message out.”*
- *“E.g. **don’t ask questions** a person cannot answer.”*

Findings from Questionnaires / Interview

Staff report **concrete changes** they have made to how they interact with residents e.g.

“I have made a conscious effort not to approach (specific resident) from behind (where she can’t see me)”

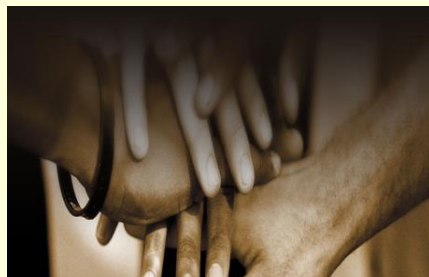
And **differences they have noticed in residents** because of those changes e.g.

“(The resident) is more relaxed when they are approached from the front (where they can see me)”.



*“I found the course very helpful ... i.e. to **knock on the door** and introduce myself and how important it is to **talk to the resident** and not over them”.*

One staff said they now always **engage in meaningful conversations** before and during interventions. Whether simple small talk or more in-depth meaningful conversations.



One staff said they now **always state their purpose before an intervention** – they didn't before.

Another said they now **adapt their own communication** to help residents understand and respond. They try to use **short sentences, pause and paraphrase**. They sometimes **write down key words**.



Challenges

- Simultaneous organisation rollout of weekly education on a range of other topics. Education overload.
- Logistics of achieving full attendance across all staff groups.
- Maintaining momentum.
- Quantity of information!



What Next?...

- Completion of all staff groups.
- Further involvement of participants.
- Include other centres of care?

The End

References

Caring about caring: An appreciative inquiry about compassionate relationship-centred care (Dewar, B. PhD Thesis. October 2011)

Reflections on using an appreciative inquiry approach to enhance dignity within a care home setting (Dewar, B. Conference Paper, RCN International Research Conference, University of Glasgow. April 2014).

Dementia reconsidered: The person comes first (Kitwood, T., Open University Press. 1997)

Contented Dementia (James, O., Vermillion, 2009)