Chapter 1   Introduction: Getting the Best Out of This Resource

Contents

Introduction

> I thought that we knew best what was good for the people here. Now I know that we don't and even if we do, it's not always what the person wants. Practice Development has shown me that what I know is important but how I talk to and value what people want and do not want is more important (Care worker's reflection). (McCormack et al., 2010)

This resource is firmly based in care practice and uses a person-centred practice development approach. It is relevant to all health and social care professionals across a multitude of settings. By paying attention to developing person-centred cultures in care settings (hospital and community based) and care homes, the conditions to 'grow' person-centredness for patients, service users and residents can be created. These conditions of course need a learning culture within the workplace and the organisation or care home to thrive. A learning culture helps care teams to be reflective about their work, to learn in and from work and to evaluate their effectiveness. This culture also supports teams, their leaders and managers in developing helping or facilitation skills across the team. Look at these examples from East Sussex Healthcare NHS Trust on the south coast of England.

> Inspired by a practice development session at their hospital, Lizzie and Katherine asked their local practice development lead for support with finding out what patients really thought of their care and of their experiences. Lizzie and Katherine started with just an idea about what they would like to do although they didn't know how to collect their evidence. After a few informal discussion sessions they had a plan for what they would do (patient stories), why and how. They commented that the barriers they thought would deter them no longer seemed such a problem.
>
> A therapist working in a rehabilitation unit, and developing her facilitation skills, learned how to do this by committing to clinical supervision and becoming a supervisor for other practitioners. Within a year she was leading action learning sets in the unit and could identify how she was using her facilitation skills in many other aspects of her role.
>
> Also, see what team members say who have experienced developing their practice in a care home in the way we are offering you in this resource (adapted from McCormack et al., 2010).
>
> Mary identified the lack of Catering involvement with the people who live in their homes other than through the provision of food. For example, many in the catering department could not identify people

who live in the home by their face. This brought about the 'Face to the Plate' development where a photo of each person who lives in the home was placed on their menu sheet.

Mary describes the processes she used: I spoke to staff about this and I asked them to introduce the catering staff to people who live in the homes so that residents could tell the catering staff a little about themselves. I further developed this new relationship by talking with the catering manager. We explored other ways to involve the catering team with people who live in the home's care. Now they take part in social activities such as outings and sitting down with a cup of tea in the dining room at breakfast time to talk with people who live in the homes. They will also be involved in helping the selection of daily menu choices within the coming weeks, and some are now part of our person-centred working group. (Registered Nurse)

We have been overly obsessed by tasks in my team. I am developing a greater awareness of how this gets in the way of being person-centred. However, it is only when we all have a similar awareness that we become truly person-centred in the way we work. How I achieve this whilst working in a busy community team is my challenge! (Therapy assistant)

Team members started the day by reviewing how they would schedule the different activities that needed to be done with patients and identified who needed to be involved. The plan included those activities (such as showering) that could be undertaken in the afternoon as a more 'relaxing activity' as opposed to a 'morning task' . . . it was good to see team members check with each other what help they needed with their work.

Welcome to this *Practice Development Workbook for Nursing, Health and Social Care Teams*. Developed by a team with expertise in practice development, from the England Centre for Practice Development at the Canterbury Christchurch University and the University of Ulster, these resources can help you and your colleagues to improve the care you offer patients/clients and other service users (or residents) and families in your service(s). We believe these resources will be particularly useful to experienced and new or novice practice developers because of the way we have designed them to be used and the options and guidance we offer throughout. Whilst the focus of this resource is to enable the provision of enhanced or better care for patients and residents, its use could help you and others have a much wider impact in your service/care home or across your organisation. This could include you feeling more knowledgeable and confident, the development of more person-centred relationships with patients/residents and families, more power sharing and joint decision-making between service or care home managers and team members and developing a culture that enables everyone there to feel valued, respected and helped to achieve their full potential.

Although we refer to this as a 'resource' it can also form a workbook for individuals or small groups of practitioners to work through in their workplaces or as part of a programme or academic module. Many of the resources, learning activities and tools in this resource have been developed, tested, revised and collected, over several years, by the authors in collaboration with other practitioners with whom they have worked in a variety of settings, including hospital, community, residential and nursing care homes. In a few cases there are resources developed by other practice developers and practitioners in associated fields (such as education and research). As far as possible, original sources are acknowledged and references provided.

You will note that a few of the resources offered are specific to engaging patients and residents with dementia in practice development. They are here for two reasons. The first relates to evidence that the number of older people being cared for in health and social care settings is growing significantly. Whatever setting or profession you are in, you are increasingly likely to be working with patients/residents with dementia at some point. The second reason concerns the assumption that patients/residents with dementia or severe cognitive impairment cannot meaningfully engage in practice development (or research or evaluation for that matter) nor can they give consent. So they tend to be excluded.
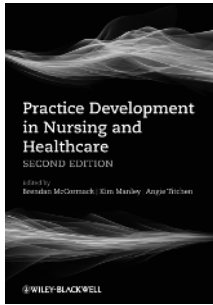
However, over the last few years, great strides have been made in developing approaches to include patients/residents with dementia and severe cognitive impairment in practice development and research. Some of these approaches are therefore offered here with practical guidance to help care staff include such patients/residents in practice development work.

Finally, this workbook can be used alongside the material on the companion website (**www.wiley.com/go/ practicedevelopment/workbook**) and the book *Practice Development in Nursing and Healthcare* (McCormack et al., 2013). This more theoretical book contains up-to-date thinking on practice development that is illustrated with real-life examples. This workbook is the perfect partner as it provides tools, learning materials and practical know-how about how to put this thinking into action.

Aim of the resource The purpose of bringing together this resource is to:

> offer practical guidance, practice development learning activities and tools that can be used by teams (and patients/residents and families) in care settings within the work place and working day to make changes to the way care is planned and delivered and ultimately to make a positive difference to the lives of service users and those who work with them.

We see the resource as providing you and your colleagues with a comprehensive collection and choice of materials and learning activities that will enable you to move closer towards offering person-centred care and services. We aim to make this collection user-friendly by including material that has already been tested for use in health and social care settings and thus in 'real-life' situations by teams. As you engage with the materials and activities, you will be learning about the range of skills for becoming more person-centred and at the same time contributing to developing the culture that is needed to support and sustain person-centredness in your workplace.

This resource matters because . . .

Compliance, quality improvement and innovation are all part of our work. You will be probably only too aware of inspection and regulation requirements across health and social care services. Adopting an approach to continuous practice development that ensures that you are continuously developing your practice will really help with meeting these standards. In all its strategy work, the Department of Health and similar bodies in other countries has shown that it values the efforts made to ensure high quality care for people. However, it also recognises that we all need help to continuously develop and do our best. This resource can help teams learn more about how to give the kind of care they would like to give, given the chance.

Compliance

By law, all health and social care services are responsible for making sure that the care and treatment they provide meet government standards of quality and safety. In England for example, the Care Quality Commission (CQC) registers services if they can show that they are meeting government standards. The CQC inspects services to assess that they continue to meet the government standards and will take different levels of action if they don't. Similarly, care at home or in care homes (at the GPs or at a dentist) is also regulated and inspected by the CQC.

The five standards for health and social care (aimed at service users) are as follows.

1. You should expect to be respected, involved in your care and support, and told what's happening at every stage.
2. You should expect care, treatment and support that meets your needs.
3. You should expect to be safe.
4. You should expect to be cared for by staff with the right skills to do their jobs properly.
5. You should expect your care provider to routinely check the quality of their services.

(www.cqc.org.uk/public/what-are-standards/government-standards)

Quality

There are many indicators and standards for quality within health and social care. Here we are touching on one framework that puts the patient or service user at the centre. In October 2011 the NHS National Quality Board (NQB) agreed on a working definition of patient experience to guide the measurement of patient experience across the NHS. So was born the NHS Patient Experience Framework, which was launched in 2012, based on a similar framework from the Picker Institute. This framework outlines those elements that are critical to the patients' experience of NHS Services.

- *Respect for patient-centred values, preferences, and expressed needs*, including: cultural issues; the dignity, privacy and independence of patients and service users; an awareness of quality-of-life issues; and shared decision-making.
- *Coordination and integration of care* across the health and social care system.
- *Information, communication, and education* on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion.
- *Physical comfort* including pain management, help with activities of daily living, and clean and comfortable surroundings.
- *Emotional support* and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances.
- *Welcoming the involvement of family and friends*, on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as caregivers.
- *Transition and continuity* as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions.
- *Access to care* with attention for example, to time spent waiting for admission or time between admission and placement in a room in an in-patient setting, and waiting time for an appointment or visit in the out-patient, primary care or social care setting.

(www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/
@dh/@en/documents/digitalasset/dh_132788.pdf)

Professionally, all registered health and social care practitioners must work within the spirit and the law regarding practice and professional standards. So, you and the way you and your team go about caring for people matters. Most of us would probably say that we are doing the very best we can for patients/residents within the limits placed on us by the busyness and the demanding nature of the work. However, we also know that it is always possible to make further improvements and find creative ways of working with people that lead to better care outcomes.

Who is it for?

This resource is primarily for all health and social care practitioners, service managers in primary, secondary and tertiary care, as well as patients/residents, their families and volunteers, who want, by working together, to improve and develop the way care is given in their care setting or care home. It is for people who want to constantly strive to improve care processes and outcomes. Educators, trainers and project facilitators who go into different care settings might also find this resource useful.

With such a wide array of people involved in health and social care, the resource attempts to offer something for everyone in language that they can understand. As with most new ideas or resources it will take you a little while to become familiar with this resource and everything in it. It is meant to offer a wide range of ideas and materials; there will be some contents that you will find easier to grasp than others and some you will really need to think about before using. And then there will be some materials you will not use. This is the nature of a resource as comprehensive as this one.

> *For me, person-centred care has been in the main about the staff. About developing them to deliver care to people . . . that is of the best quality possible. It's about them learning about their own values and beliefs in order to be able to realise that patients/residents also have a set of values and beliefs that need to be met.*
>
> *My role of facilitator has been in facilitating the growth of the team . . . and supporting them to provide person-centred care. I am very glad I had the opportunity to participate in this programme albeit that on occasion it broke my heart. All I have learned and the networking I have been able to avail of have been of tremendous benefit to me and will continue to be used . . .(Reflection by a Nurse) (Adapted from McCormack et al., 2010)*

Why use this resource?

The resource has the following benefits.

- Using the resource helps you to become more person-centred in your work with patients/residents and colleagues.
- It takes you systematically through the steps of developing practice that many experience as a journey.
- Many of the activities and tools have already been used in health and social care settings and will help teams learn and act alongside the people for whom they care.
- It brings different methods 'alive' and helps you to work with them in practical ways.
- The resource can be used very flexibly within your own workplace by individuals and small groups.
- It will help you to learn, in your workplace, more about your workplace and work and how to improve what you can offer patients/residents and families. This happens through learning spaces rather than training spaces.
- As learning is integrated with developing the way you work, the two happen together. Activities therefore help you to learn at the same time as you are changing things about how you work.
- It will maximise opportunities for all team members to enhance their leadership capability.
- Staff, patients and residents will be actively engaged in designing and collecting data/evidence in the care setting.
- It will help your workplace develop formalised action plans based on priorities in your workplace decided by care staff, patients/residents, families and other stakeholders.
- Patients, residents and their families will be active participants in developing practice.
- Methods of developing the workplace culture will be integrated into everyday care processes, and reflective and development processes.

On first inspection though, it is possible that you might have some very legitimate concerns such as:

'Some team members I work with and my managers won't want to use this resource'
'I'm not sure it fits with what I do'
'It could be misunderstood and misused'
'It's too wordy in parts and it has terminology that doesn't mean anything to me'
'Knowing how to use it is still an issue especially if there is no one else in the workplace who has the necessary skills to help us'

We have been sensitive to these concerns in putting together this resource. We know that practice development including developing workplace culture is an area that perhaps not many people working in health and social care settings know about yet, so we have tried to make the resource as attractive and accessible as possible. We want people to use it! Making it accessible in words that everyone can understand has not been easy due to the diversity of needs in care settings. So, as we say above, we have developed specific parts of this resource for different team members.

Like every area of our work, practice development has its own terminology. When we come new to something, this language can feel to us like jargon. We have tried to make the resources accessible through using as little 'jargon' as possible. We have explained any terminology that might not mean anything to you or that could be misunderstood. We have explained some of the more difficult ideas and principles in materials targeted at staff with professional and vocational qualifications so they will be able explain them to others. We have also tried to be concise, whilst giving you enough detail so that you can engage with or facilitate the activities.

To help you further, we will periodically refer to the book we mentioned earlier: *Practice Development in Nursing and Healthcare* (McCormack et al., 2013). As we said there, this book can help you develop your knowledge about practice development.

I grew to appreciate the value of the practice development and the way it helped me to keep track of the journey, challenge different perspectives, develop new skills, facilitate reflection and bring about the changes needed. (McCormack et al., 2010)

And so you are clear, the activities themselves will help you develop your way of working or your practice. They get you, the people you care for and the care team into action together. We have also given you choices of activities so that you can find the ones that fit with what you do and your setting. But remember, working with this resource is likely to take you into new and sometimes difficult ground, so we provide ideas and suggest where you might get further local support.

In summary, using the resource can benefit you, the care team, people who receive care, families and others. It will also benefit the organisation's business because achieving more person-centred workplaces through practice development improves effectiveness. However, the resource needs to be introduced with care and sensitivity where staff or managers are not familiar with practice development or workplace learning.

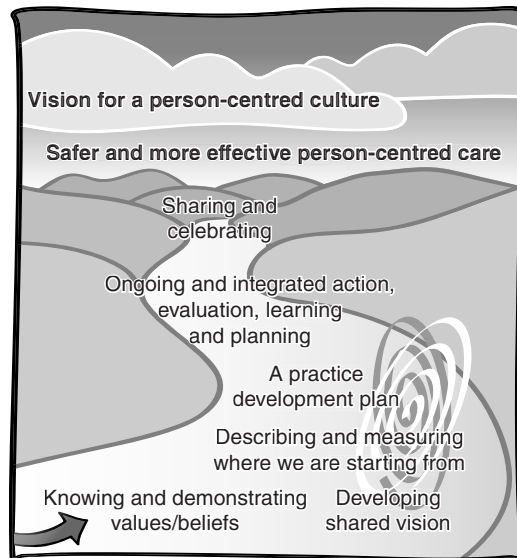## How can this resource be used in your workplace?

Fig. 1.1 The key steps of the practice development journey.

The resources follow the steps of the practice development journey (see Figure 1.1). They are set out in the following chapters, each with a different theme.

Chapter 2	Knowing and demonstrating values and beliefs about person-centred care
Chapter 3	Developing a shared vision for person-centred care
Chapter 4	Introduction to measuring progress and evaluation
Chapter 5	Getting started together: Measuring and evaluating where we are now
Chapter 6	A practice development plan
Chapter 7	Mini-projects: Ongoing and integrated action, evaluation, learning and planning
Chapter 8	Learning in the workplace
Chapter 9	What if . . .? When things don't go so well
Chapter 10	Practice development as a continuous process (also see the companion website at **www.wiley.com/go/practicedevelopment/workbook**
Bonus online chapter	Sharing and celebrating (available at **www.wiley.com/go/practicedevelopment/workbook**)

Within each chapter there are materials (e.g. templates, posters, guidance, handouts, learning activities and tools) that you can use in your practice development work. Some of these are in the book itself as they are integral to the learning activity set out, whilst others are located on the companion website to this book. Visit **www.wiley.com/go/ practicedevelopment/workbook** where you can find these additional resources to help you with your work.

We imagine that those who will be leading, coordinating and facilitating the development of practice will be the people who familiarise themselves in more depth with what the resource offers. Then, use and direct others to sections and materials that will be useful to them at that time.

We stress here, again, that this resource is a vast treasure trove of materials. This is because practice development is a multi-faceted process and involves many different aspects. We have kept it big to provide you with a wide range and diversity of materials to choose from to find the best fit. We do not expect that you will use anywhere near all the materials. Neither do we expect you to read the resource as if it was a book. You can think of it as being a collection of assets and learning activities that you can draw on at certain times during your work over the coming years. It is more about cherry-picking what you need at different times. We suggest, therefore, do not look at it all at once. Then you and others will not be overloaded! To be able to cherry-pick, you will need to familiarise yourself with the resource. You can do this as follows.

- View the list of *Contents* that appears at the front of the book. This list will show you the structure and themes.
- Print out or look at the initial summary and introduction to each chapter. In each of these, there is a sub-section,'Resources in this chapter'.
- Read these introductions and sub-sections – to give you a 'map' of the resource.
- Identify which guides, handouts, activities and tools look appealing: at the front of each guide there is a summary of what it is and who it is for.
- Use the list of *Contents* to find out which page they are on.
- Visit the companion website **www.wiley.com/go/practicedevelopment/workbook** to see the additional resources and print off those that are most useful to you for the activity/activities you are engaging in.

The ways you use the materials will vary according to what the resource is, your experience and skills, the kind of work you are doing, who you are helping or working with and so on. For example, some resources may help you to plan out a brief 15 minute learning activity or meeting in the overlap period between shifts, so that the structure, content and processes are more effective. In some cases, they can help you to take risks in trying out new ways of helping people to learn and change. They may even help you when you are feeling 'stuck' for what to do! Looking through these resources may help you to generate new ideas.

You may decide to find a learning buddy, someone in the team who you trust and who you think will help you to think about your work and give you honest feedback about your learning. Buddies are there for each other, so you could do the same for them or another colleague. For more ideas about learning with a buddy, see Chapter 8. Alternatively, if you have a clinical supervisor, this person can help you with your learning as part of your clinical supervision.

You might like to buy yourself a nice, small notebook (or decorate a more functional one!) to use for these and all the learning activities in this resource.

You are free to copy parts of the material for your own and your team's use, except where indicated otherwise. You can make multiple or partial photocopies of the materials for your own use/use with colleagues. Also, you can adapt them to your own situation unless it is stated that they cannot be changed in any way.

If you adapt any materials, please acknowledge the original source by adding, for example: 'adapted from Dewing, McCormack & Titchen (2013) *Practice Development Workbook for Nursing, Health and Social Care Teams*, John Wiley & Sons, Oxford.

If the materials already have a reference in their title, for example: Claims, concerns and issues: An evaluation tool for working with stakeholders (Guba & Lincoln, 1989), please leave in the reference (e.g. Guba & Lincoln (1989)) and add 'adapted from Dewing, McCormack & Titchen (2013) *Practice Development Workbook for Nursing, Health and Social Care Teams*, John Wiley & Sons, Oxford.'

To use materials from the print book outside of the workplace/care setting, please visit www.wiley.com and request permissions.

You will also find some further tools and resources (such as presentations) on this website: **www.wiley.com/go/practicedevelopment/workbook**

That is the introduction to this collection of resources. Please feel free to browse through the rest of the resource. However, if you are interested in finding out more about practice development please continue reading as we set the scene by discussing a little more about practice development. This is a brief overview of the subject area that will give you some essential insights and understandings. This subject matter is elaborated on in *Practice Development in Nursing and Healthcare* (McCormack et al., 2013), which directly complements this resource. You might like to have it available to you and your team as an additional resource and a source of detailed information to answer questions and issues that arise as you progress with your practice development journey.

What is practice development?

> Practice development is a continuous journey of developing, and innovating in care settings, so that patients/residents, families and the team engage with each other in person-centred ways.
>
> This engagement is brought about by teams developing their knowledge and skills and changing the culture and organisation of care.
>
> It is helped to happen by the team working with systematic and continuous processes of development and evaluation that involve and include the views, experiences and needs of patients/residents, families, the team and others.
>
> Adapted from Garbett & McCormack (2002)

Practice development begins with a shared vision and purpose about the development journey to be taken. Visions of this kind are based on people's values. Values are buried very deep in us and in the workplace culture of our care settings and care homes. They are often invisible, so if we want to be effective as a team in bringing about change together, we need to bring everyone's values out into the open. To begin practice development we must:

- make our own values clear to ourselves and others because it is our values that drive the kind of care we give or would like to give (if all the things like lack of time and money that stop us from doing so were removed).
- be respectful of values that are different from our own. When we can talk together about what we value and what we want to create together, this talk gives us the opportunity to find some common ground about what the vision for the development or the direction of travel could be.
- agree the common ground and shared interests. This common ground or shared values is the very foundation for the practice development journey as you can see in Figure 1.1. These shared values will inform the development of the vision of the care home that you will be creating in Chapters 2 and 3 of this resource.

And again, if you can imagine Figure 1.2 as three round blocks stacked one on top of the other and you are looking from the top, then it is the shared values and vision that are the firm foundation. The main effort in practice development comes when we start to seriously examine how the values we talk about are or are not put into action every day.
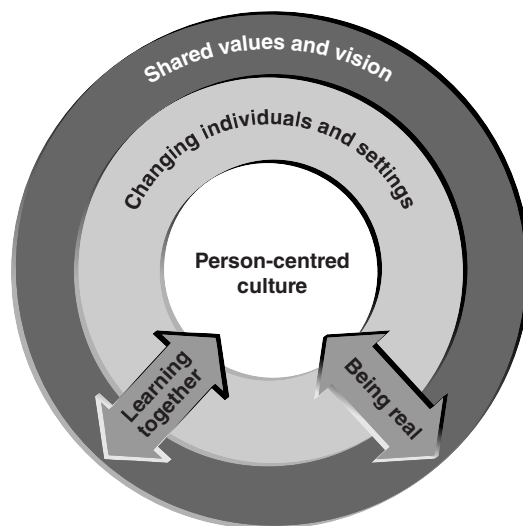

Fig. 1.2 Practice development (adapted from Garbett & McCormack, 2002).

It gets more complex though, because not everyone in the care setting or home will have the same values or the same priorities – because we are all different people. For example, if you value offering patients/residents care that meets their needs, as they see them, and time and again you observe that people are not getting that kind of care, then there is a gap. When there is a gap between the talked about values and the values really being put into action, it is unlikely a shared vision of a person-centred culture will become real in any significant way (see the top of the

stack or centre of Figure 1.2). It is also unlikely to become real, if you or other team members prize or value efficiency and getting through the work (tasks) quickly above being with people and being person-centred.

Working and learning together in a practice development way, these differences are acknowledged and we try to find the values that we do share. We identify where we are prepared to give ground and move towards each others' values. The important principle to establish is that everyone is prepared to look at or relook at their values and how they live them in the way they work. Making a vision come 'alive' nearly always means that we have to be willing to change ourselves and our workplace settings in some way (see the second ring in Figure 1.2). We do that by learning together and being real, that is, by being ourselves rather than by hiding behind a role or wearing a mask (shown by the arrows moving from shared vision to a person-centred culture in Figure 1.2). How this is actually done is the content of the rest of this resource.

The principles of practice development work

When we begin building on Figure 1.2, we see the principles of practice development as:

- based on working towards a shared common vision.
- a continuous process of improvement and innovation towards:
  - increased effectiveness in person-centred care
  - a longer-term sustainable transformation of the culture and organisation of care.
- brought about by teams developing their knowledge and skills through reflection and work-based learning.
- helped by teams being committed to systematic, rigorous and continuous processes of change. These processes of change aim to free us from the obstacles inside us and outside us in the care setting (these obstacles get in the way of us achieving our shared vision).
- being real. We've made this adaption to the original model and included this because we feel that being real is essential to developing person-centredness. We need to learn to be authentic and genuine in how we relate to others in order for more meaningful relationships to thrive.
- reflecting the perspectives of patients/residents and families.

This last principle means that we need to be learning with and from patients/residents and families. This leads us to the person-centred framework that also underpins this resource.

The person-centred practice framework

So what is person-centred working ?

We suggest that it is a way of working that helps patients/residents to maintain or enhance their identity and freedom, feel included and attached and be provided with comfort and occupation. This involves being treated respectfully as a person, participating in decision-making about care, being part of and contributing to the care setting and being involved in shared decision-making.

It is 'an approach to work or practice established through the formation and fostering of therapeutic relationships between all care providers, older people and others significant to them in their lives. It is underpinned by values of respect for persons, individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development.' (McCormack et al., 2010: 25)

However, to create the conditions for such work for all patients/residents, we need to understand this complexity in preparation for the whole practice development journey. This journey might include, of course, the development of your skills for working with families and patients/residents who are living with a variety of conditions.
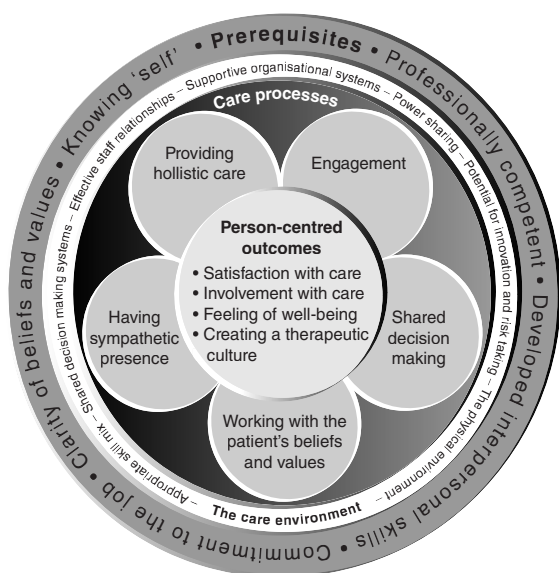

Fig. 1.3 The person-centred practice framework (McCormack & McCance, 2010).

The person-centred practice framework presented here is an adaptation of the Person-centred Nursing Framework developed by McCormack & McCance (2006, 2010). Working with the original framework in a number of practice development programmes (such as the Older Persons National Practice Development Programme in the Republic of Ireland) McCormack et al. (2010) showed that the framework applied to all health and social care workers and not just nurses.

The Framework has four parts:
- prerequisites, which are the qualities and skills of the care worker/team member;
- the care environment, which focuses on the setting in which care is delivered;
- person-centred processes, which focus on delivering care through a range of activities;
- expected outcomes, which are the results of effective person-centred practice.

The relationship between the parts of the framework is shown in Figure 1.3, that is, to reach the centre of the framework, the prerequisites must first be considered and then the care environment, both of which are necessary in providing effective care through the care processes. This ordering, leads to more person-centred care processes and

ultimately to the achievement of the outcomes – the central component of the framework. This is not to suggest that you can't think or bring about changes to the care setting before doing work on the qualities and skills of the care worker, because in reality these activities often happen at the same time. However, basically it is a way of thinking about all the necessary parts for creating a person-centred culture, that is, we need to:

- work on having the best team in place;
- strive to make the environment of care work to support person-centred principles;
- engage with patients/residents in particular ways.

All these things together create a person-centred culture and help us achieve person-centred outcomes for patients/residents, care staff, teams and organisations.

The prerequisites focus on the characteristics and qualities of the care worker. They include:

- being competent to do the job having developed interpersonal skills;
- being committed to the job;
- being clear about beliefs and values;
- knowing who you are as a person (what you believe in, knowing what you feel strongly about etc).

The care environment focuses on the setting in which care is delivered and includes:

- having the right staff skill mix and staffing levels to be able to deliver person-centred care;
- facilitation of discussions between those involved in the care of patients/residents (including family members) to:
  - develop effective staff relationships
  - to share power as a team and with patients/residents and families;
- organisational systems that are supportive
- potential for innovation and risk taking.

Supportive organisational systems acknowledge the incredible influence that organisational culture can have on (1) the quality of care delivered and (2) the freedom afforded to care staff to work autonomously, be innovative and take assessed risks. Finally, we know that the physical environment can have an impact on being able to work in a person-centred way – for example, it is easier to plan individualised washing and dressing when a service or facility has en-suite rooms, rather than bathrooms shared between a group of patients/residents.

Person-centred processes specifically focus on the patient/resident, describing core aspects of person-centred practice in the context of care delivery through a range of activities that make person-centred practice real. Working with patients/residents' beliefs and values reinforces one of the fundamental principles of person-centred care, which places importance on developing a clear picture of what the patient/resident values about his/her life and how he/she makes sense of what is happening.

Working with patients/residents' beliefs and values is closely linked to shared decision-making. This focuses on team members helping patients/residents participate by providing information and integrating it into the way things are usually done. However, this is dependent on systems that facilitate shared decision-making (the care environment). This must involve a process of negotiation. This negotiation must take account of the patient/resident's values to form a sound basis for decision-making. The success of this negotiation rests on successful communication. Having sympathetic presence as a care worker means showing that you recognise the patient/resident's uniqueness and value in the way you are with them and the way you work with them. Finally, providing holistic care by competent care workers is essential because it is a 'way in' to carrying out person-centred processes and to achieving person-centred outcomes.

Outcomes are the results expected from effective person-centred practice and include:

- satisfaction with care;
- involvement in care;
- feeling of well-being;
- creating a therapeutic environment.

Patient and resident satisfaction reflects the ways in which a patient/resident evaluates their care experiences. Involvement in care is the outcome expected as a result of participating in shared decision-making processes. A feeling of well-being indicates that the patient/resident feels valued and includes mental and physical well-being.

Finally, a therapeutic environment is one where decision-making is shared, staff relationships are collaborative, leadership is effective and innovative practices are supported – this is the ultimate outcome for teams working to develop a workplace that is person-centred.

To learn more about practice development and person-centred practice, read relevant chapters in *Practice Development in Nursing and Healthcare* (McCormack et al., 2013). This book contains up-to-date thinking on practice development and person-centred practice that is illustrated with real-life examples.

You will have noticed that in both these frameworks, clarity of values and beliefs is at the foundation (the outer ring). For this reason, Chapter 2 focuses on knowing and demonstrating our values about person-centred care. Chapter 3 will help you to start to build a vision for person-centred practice based on the values that you and the people who live, work and visit the care home hold.

So now it's over to you to make use of the resource!

Useful websites and resources (also see Chapters 3, 5, 8, 10 & bonus online chapter and for Frequently Asked Questions, see Chapter 9)

For ease of use, this section is also available on the companion website: **www.wiley.com/go/practicedevelopment/workbook**

1. **Department of Health** offers a range of resources on its website relevant to all settings and health-care groups such as people living with dementia (www.dh.gov.uk, http://dementia.dh.gov.uk).

   There is also an Information Portal with resources for implementing the National Dementia Strategy.

   Quality outcomes for people with dementia: building on the work of the National Dementia Strategy
   (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_119827)

   Who cares? Information & support for the carers of people with dementia
   (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/
   @dh/@en/documents/digitalasset/dh_078091.pdf)

2. **NHS National Institute for Health & Clinical Excellence (NICE)**

   NICE quality standards set out aspirational, but achievable, descriptions of high-quality and cost-effective patient care. The standards cover the treatment and prevention of different diseases and common conditions. Drawing on the best available evidence, such as NICE guidance and other sources of evidence that have been accredited by NHS Evidence (www.evidence.nhs.uk/default.aspx), the standards are developed in collaboration with NHS and social care professionals and service users, and address three dimensions of quality:
   • clinical effectiveness;
   • patient safety;
   • patient experience.
   There is also, for example, a dementia quality standard. (www.nice.org.uk/aboutnice/qualitystandards)

3. **NHS Improving Quality**

   NHS Improving Quality works to improve health outcomes across England by providing improvement and change expertise –
   See more at: www.nhsiq.nhs.uk/#sthash.iNh0jDgo.dpuf
   This site offers short videos of patients' stories of their experiences of health care in many different fields of clinical practice. In this chapter we show you how you can use these videos in your workplace to start you off on your practice development journey.

4. **The King's Fund**

    The King's Fund aims to understand how the health-care system in England can be improved. The organisation works with individuals and organisations to shape policy, transform services and bring about changes that will result in changes of behaviour.

    This website contains reports and strategy documents that may be useful for NHS service and care home managers who are leading strategic developments. It includes information about the educational programmes offered to senior managers and those aspiring to become such managers (www.kingsfund.org.uk/).

5. **England Centre for Practice Development**

    The Centre has a commitment to increase scholarly activities and research in practice development to improve patient and service user experiences of care. It is hosted and based at Canterbury Christ Church University, and its members are part of the International Practice Development Collaborative (IPDC). Whether you are leading a practice development project, want to increase your skills in practice development, or are interested in partnership working within practice and service development, the ECPD can support you for the benefit of your practice and the practice of others (www.canterbury.ac.uk/health/EnglandCentreforPracticeDevelopment/Home.aspx).

6. **Person-centred Practice Research Centre (PcPRC), Institute of Nursing and Health Research**

    The vision for the PcPRC is to be a world-leading centre in research and development that has as its focus the enhancement of knowledge and expertise in person-centred practice by:
    • providing safe, supportive and challenging thinking spaces;
    • working openly;
    • keeping practice at the core of their work;
    • valuing individual strengths, experiences and commitments;
    • nurturing newness and individual development;
    • celebrating achievements.

    There is a list of publications with abstracts and resources/tools you can download from the website (www.science.ulster.ac.uk/inr/pcp.php).

7. **Foundation of Nursing Studies – Centre for Nursing Innovation**

    In the Centre for Nursing Innovation you will find:
    • a library of information about leading and facilitating innovation and change;
    • A free access e-journal: The International Practice Development Journal (see 11 further on);
    • a learning zone containing useful tools and resources;
    • a common room where you can interact with others;
    • programmes of support, facilitation and funding.

    (www.fons.org)

8. **The Patients Association**

    The Patients Association listens to patients and speaks up for change. The organisation is perhaps best known for capturing stories about health care from over thousands of patients, family members and carers every year. They use this knowledge to campaign for real improvements to health and social care services across the UK. The association has also produced a number of research reports including our two reports on poor care in hospital: 'Listen to Patients, Speak up for Change', 'Patients not Numbers, People not Statistics', our report on the Health and Social Care Bill 'PAUSE: Patients Association Urges Serious Examination', and various others including 'Public Attitudes to Pain', 'Meaningful and comparable information? Tissue Viability Nursing Services and Pressure Ulcers' and 'Malnutrition in the Hospital and Community Setting'.

    You will find booklets, publications and more information on this website (www.patients-association.com).

9. **Picker Institute**

    The Picker Institute is an independent non-profit organisation dedicated to the principles of patient-centred care. In cooperation with a range of educational institutions and other organisations and individuals, the Picker Institute sponsors awards, research and education to promote patient-centred care and the patient-centred care movement.

    Eight principles for patient-centred care are offered on this website, which you may find useful for discussion in your workplace (www.pickerinstitute.org).

10. **Kissing it Better**

    Kissing it Better is about the little things that make the world of difference to health care. The organisation focuses on improving practical concerns such as good communication, appetising food, comfort and surroundings – things that show both patients and their carers that the traditional values of health-care providers are central to good care. *Kissing it Better* offers an easy-to-use, on-line 'suggestion box' of what has been shown by

experience to work. The website offers good ideas for transforming patient care. Simple but powerful ways of being person-centred in the everyday things of patient/resident care in all fields of practice could be used to inspire changes in your setting/home (www.kissingitbetter.co.uk).

11. **International Practice Development Journal (IPDJ)**

    The International Practice Development Journal is a free online journal with a vision, over the next five years, of becoming the first choice publication for academics and practitioners working in the practice development field internationally. The aim is to publish material that challenges assumptions and provokes new visions and ideas, helping health-care workers engage in dialogue about the contribution practice development makes to health-care services and academia. There are an increasing number of reflective articles by practitioners on their experience of doing practice development.

    Just visit the website of the Foundation of Nursing Studies (www.fons.org) and sign up for free access. Also see the other pages on the Foundation of Nursing Studies website for ideas and possible sources of project funding for practice development work.

12. **Opening doors on creativity: Resources to awaken creative working**

    This resource offered by the Royal College of Nursing (RCN), is for health-care practitioners who have a responsibility for, or an interest in, systematic practice development and its associated areas, such as evidence-based practice, clinical leadership or clinical governance. The resource could provide a 'spark' to ignite your enthusiasm for using more creative ways of thinking about practice development, develop your practical skills and confidence with creativity, and enable you to facilitate learning activities for others using new skills and creative facilitation. *Opening doors* combines creative activities, imagery, practical ideas and mini-case examples. It seeks to extend further the ability of practitioners to liberate their own feelings and thinking and use innovative strategies with others, for the purposes of practice transformation within person-centred, evidence-based care. The resource in PDF form can be accessed by Googling the title or going through the RCN website (www.rcn.org.uk).

13. **Health Service Executive (HSE), Ireland**

    In 2010, the HSE published a guide developed from the Irish programme, entitled 'Enhancing Care for Older People – A Guide to Practice Development Processes to Support and Enhance Care in Residential Settings for Older People'. We recommend Sections 4 and 5 of the Ireland guide as complementary to this section here.

    You can access the complete programme report and a workplace learning resource from the Lenus website (www.lenus.ie).

14. **Age UK** also offers a range of publications, information, guides and factsheets for older people in general. In particular, this document might be useful for you to get at the perspective of people who live in care homes and their families as you work with this resource. (www.ageuk.org.uk).

15. **Social Care Institute for Excellence (SCIE)**

    This is an excellent website that is well worthwhile browsing for inspiration. For example, it has a number of videos about care of people and being person-centred (they call it 'personalisation'). These videos can be used as learning resources (www.scie.org.uk/socialcaretv/topic.asp?guid=6ddc31cf-a355-46cf-9fce-2685b51272d3).

16. **Places to Flourish**

    This beautiful resource has been developed to support continued quality improvement in residential care services for older people. The resource builds on the principles of the Teaghlach model and the National Person Centred Care Programme and other national quality initiatives in Ireland. Its intention is to encourage innovation and an improved experience of living and working in all public and private residential care settings (www.placestoflourish.org).

17. **Relatives & Residents Association**

    The Relatives & Residents Association offers help to residents in care homes and their families in three key areas: a helpline, campaigning and resources and projects. You can download posters, leaflets and newsletters for free from this website (www.relres.org).

18. ***My* Home Life** – a new initiative aimed at improving the quality of life of those who are living, dying, visiting and working in care homes for older people (www.myhomelifemovement.org.uk).

    ***My* Home Life** aims to celebrate existing best practice in care homes and promote care homes as a positive option for some older people. The ***My* Home Life** team offers a range of resources, events, initiatives and other activities. Their research has identified eight practice themes, which together form a vision for care homes. There are videos illustrating these themes that you can download and use as learning resources.