

# Care prepared



**THE FAMILY CARER EXPERIENCE –  
A TRAINING RESOURCE**

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# The Family Carer Experience – a training resource

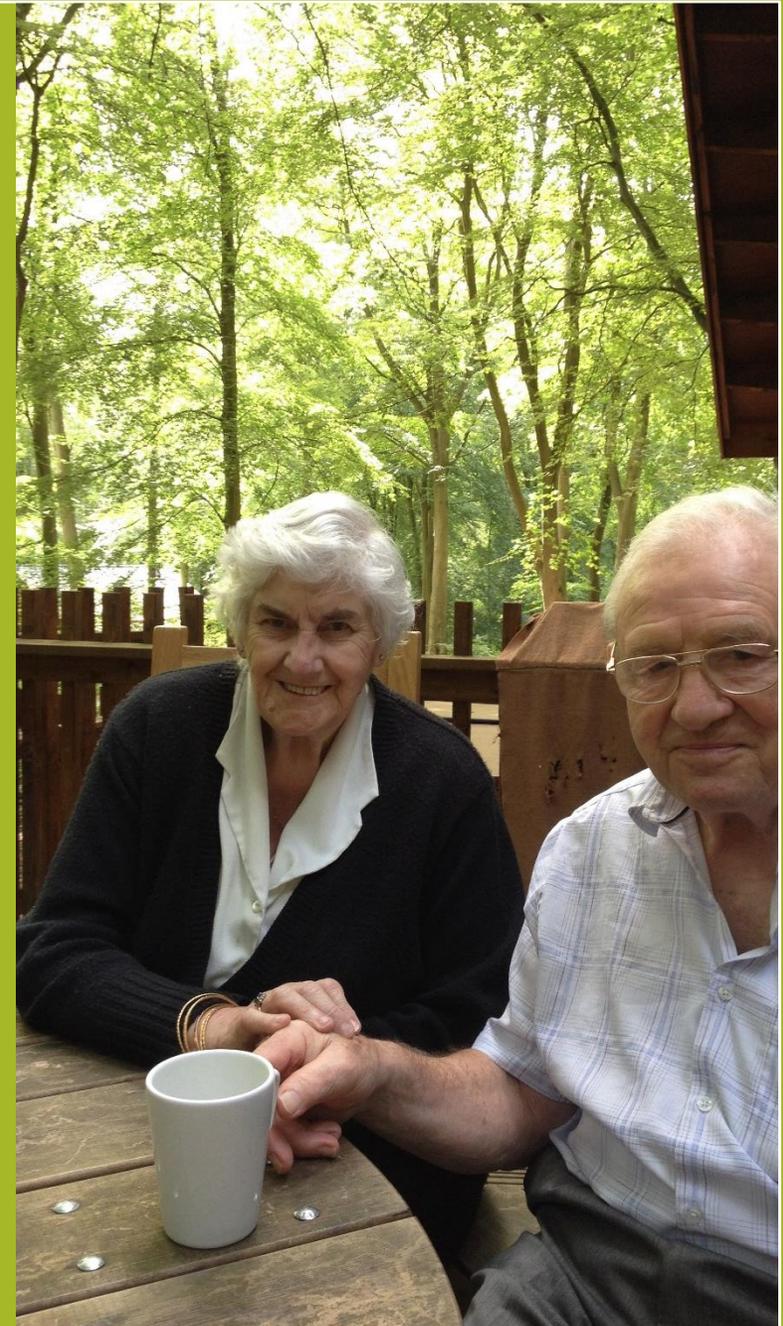
CONTEXT

WHAT DID I DO?

HOW DID I DO IT?

WHAT WERE THE OUTCOMES?

CONCLUSION





## CONTEXT

- A 51 bed nursing home rated inadequate by the Care Quality Commission – needed a **simple, quick**, training resource to support team to understand and manage issues.
- Multiple complaints about:
  - Quality of care
  - Food
  - Management
- Care team relationships with relatives poor:
  - Avoidance (unwilling to give good or bad information spontaneously)
  - Denial when issues arose - “not my fault, I wasn’t looking after him/her”
  - Not applying what was in the care plan – not person centred
  - Not proactive

frightened  
frustrated  
Disappointed  
perplexed  
WORRIED  
Traumatized  
confused  
anxious



ANGRY



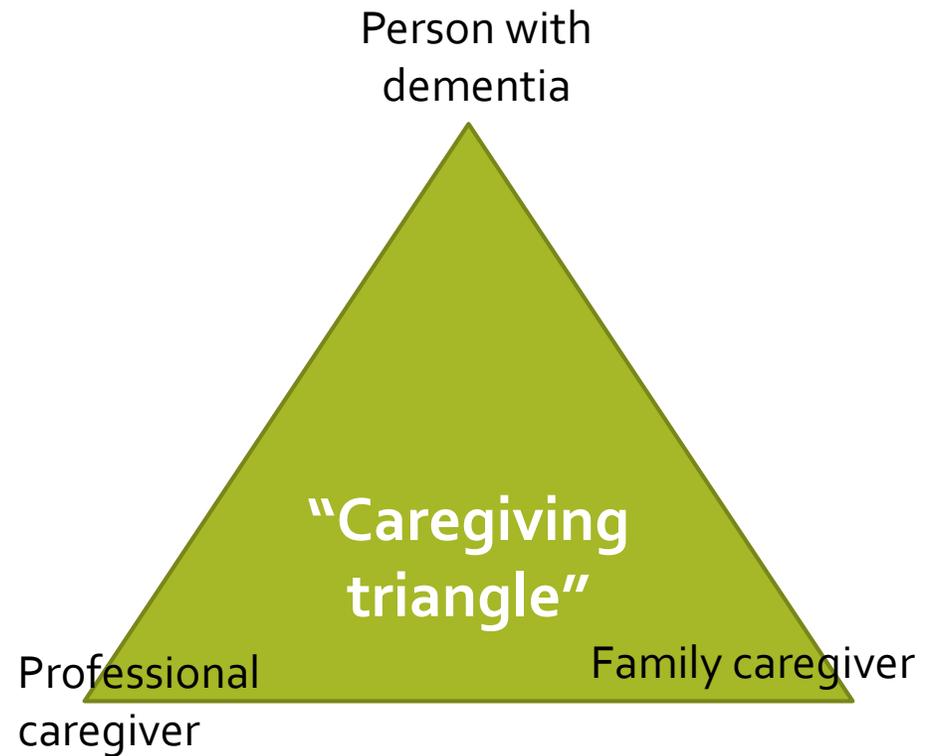
Helpless

NICE GUIDELINE - Dementia: supporting people with Dementia: supporting people with dementia and their carers in health and dementia and their carers in health and social care social care

“As the relationships between nursing staff and people with dementia are central to person-centred care, staff's attitudes and work methods are crucial” (Kitwood [1997](#)).

“Improving staff-family relationships has the potential to reduce conflict and to improve the long-term care environment, relieve the pressure of work overload, decrease staff frustration and reduce negative reactions to care givers” (Bramble et al, [2009](#))

“When a relative with dementia is admitted to a long term care facility a ‘caregiving triangle’ is established; the family caregiver, the professional caregivers of the facility and the resident with dementia inevitably have to communicate because they are partners in care (De Rooij et al. [2012](#)).”



De Rooij et al. 2012

“Little things matter!” (Hung et al. [2017](#))

# How? – film, a series of coloured cards and a simple question/answer sheet

## 7 Critical questions

What was your reason for moving your relative into a care home?

What were your expectations of the care home?

What has been your experience?

How do you feel when you get a call from the care home?

How do you feel when you visit your relative?

What is working and what is not working?

What could be improved?

<p>How do you feel when you visit your relative?</p>	<p>What were your expectations of the care home?</p>	<p>How do you feel when you visit your relative? (list 4 feelings that were expressed?)</p>	<p>What were your expectations of the care home? (list 4 expectations that were discussed)</p>
<p>What was your reason for moving your relative into a care home?</p>	<p>What is working and what is not working?</p>	<p>What was your reason for moving your relative into a care home? (list 4 reasons people were moved into a care home)</p>	<p>What is working and what is not working? (list 2 things that families said are working and 2 that are not working)</p>
<p>What has been your experience?</p>		<p>What could be improved? (list 4 things families said could be improved).</p>	
<p>What could be improved?</p>	<p>How do you feel when you get a call from the care home?</p>	<p>What changes will you make to your practice? (list 4 things you will do differently to improve relations with family and residents)</p>	<p>How do you feel when you get a call from the care home? (list 2 things you can do when you call or see family to reduce their anxiety).</p>

# Outcomes

## Care Team

- Team members of all disciplines were observed actively engaging with family members
- Improved record keeping
- Improved knowledge and understanding of individual residents/relatives needs and preferences (more person centred)

## Relatives/Residents

- Care was delivered in a more person centred
- Increased numbers of compliments
- Fewer complaints
- Improved communication within the 'caregiver triangle'
- Increased positive engagement with the CQC – families wrote to express positive changes in engagement

# Conclusions

- Using a video training resource does improve engagement between the caregiver triangle in the short term (needs further assessment to establish if this is a lasting effect).
- The video training needs to be facilitated for best effect, works well as a one-to-one training or in small groups.
- There was an improvement in person centred approaches not just with people whose family members participated
- Engaging family members in this way offers greater opportunity for “hearing their story”;
  - limited to those who participated

# References

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caring with dignity

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