

Active Residents in Care Homes (ARCH): A holistic approach to promoting and encouraging meaningful activity for residents living in care homes (innovative practice)

Abstract

The Active Residents in Care Homes (ARCH) intervention aims to promote meaningful activity among care home residents. Residents, family members and staff from three residential care homes in South London are participating. It is a whole systems approach which involves formal and 'on the floor' training to empower care home staff to facilitate activity. Training is delivered by two occupational therapists, a physiotherapist and a rehabilitation assistant. This paper describes the ARCH intervention, the evaluation methods and discusses some preliminary findings.

Keywords: residential care; care homes; meaningful activities; older people; dementia

Introduction

The numbers of older people living in care homes in England and Wales has continued increasing, with those aged over 85 rising by 8,000 since 2001 (Office for National Statistics [ONS], 2014). Improving the quality of care for people living in care homes was a key objective of the English National Dementia Strategy (Department of Health [DoH], 2009). In particular, participation in meaningful activities has been highlighted as a high priority for quality improvement for older people in care homes (National Institute for Health and Care Excellence [NICE], 2013).

Many care home staff are not given adequate training on how to provide residents with opportunities to engage in meaningful activities, this potentially has negative consequences for residents' mental and physical health, self-esteem and quality of life (Boyd, Payne & Hutcheson, 2014). Being able to engage in meaningful activities has been shown to increase personhood for people with dementia who live in residential care settings (Milte et al., 2016). Further, taking part in physical activity is associated with significant positive effects on cognition, agitation, mobility, mood, and ability to perform activities of daily living, such as, bathing and dressing (Brett, Traynor & Stapley, 2016).

Different ways of increasing meaningful activities and improving quality of life for care home residents have been explored (Clemson et al., 2012; Richards et al., 2011; Underwood et al., 2013). However, interventions aiming to provide a holistic and integrated approach to providing activities which involve residents, family members, care home managers, care workers and clinicians are limited. This paper reports on how the Active Residents in Care Home (ARCH) intervention is being implemented in three

care homes in South London. For full details of the background to the development of the ARCH project see Koskela et al. (2015).

The Active Residents in Care Homes (ARCH) intervention

This project involves three self-selected residential care homes from three different London boroughs catering for older people with or without dementia.

The ARCH intervention takes place over one year in each care home, the first five months are the 'implementation phase' and months six to 12 are the 'consolidation phase'. The 'implementation phase' involves two occupational therapists, a physiotherapist and a rehabilitation assistant working together to assess and integrate the programme into the homes. The 'consolidation phase' involves the therapists supporting residents, staff and families to sustain the progress made during the first phase.

ARCH has four main aims:

1. To improve the health and quality of life of residents (with dementia) in care homes through increasing their level of participation in meaningful activity.
2. To increase the confidence and skills of care home staff to actively facilitate residents' engagement in meaningful activity.
3. To identify environmental (e.g. social, cultural or physical) barriers to activity and initiate actions to address these in partnership with the care home.
4. To create a culture of activity where residents are supported to engage in meaningful activity throughout the day and where activity is considered integral to care.

These aims are achieved through five phases in which the therapists become integrated into the care homes, working with care workers and managers to implement the programme. The therapists do not prescribe or direct care workers how to carry out their roles, rather they empower staff and residents to initiate and take part in meaningful activities. ARCH also aims to facilitate cultural changes within the care homes, to help staff understand how every interaction and activity can be meaningful, thereby moving away from more traditional or task oriented approaches to care.

Working collaboratively, the therapists and care staff assess residents' individual needs. These assessments are used to develop individual and group activity plans, with each resident assigned a care worker 'champion' who works with them to achieve their goals. Care staff, with the support of the therapists, start the implementation of new activity plans, whilst the training and practical support addresses staff confidence and competence.

Initially, therapists spend time getting to know residents and staff to understand life in the home. In partnership with care workers and managers, they develop an implementation plan which involves putting into place environmental or organisational actions to reduce barriers to participation in activities. Here, the first of 10 staff training modules begin, involving both 'on the floor' and formal training for care workers. It encourages staff to think about residents' individual needs through the teaching of theory behind certain behaviours and ways in which they can potentially change or improve their working practice to help residents. The full list of training modules is available in Box 1.

The training modules are key aspects of a 'wellbeing wheel', which is a central tool that staff utilise to understand residents' wellbeing in a holistic way and can be used continuously by staff to assess how all aspects of a resident's life (such as continence, sleep and medication) are impacting on engaging in meaningful activities. At the beginning of the training, and utilising the 'wellbeing wheel', care staff are assigned a resident who they work with closely to implement their learning.

Box 1. Modules in the ARCH training programme

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| 1. | Introduction to ARCH and the wellbeing wheel |
| 2. | Importance of knowing the person |
| 3. | Communication |
| 4. | Wellbeing, ill-being and behaviour |
| 5. | Meaningful activity |
| 6. | Facilitating group activities |
| 7. | The environment |
| 8. | Mobility, activity and positive risk taking |
| 9. | Falls and medication |
| 10. | Sleep and arousal |

The environment in the care home is modified to benefit residents, for example, the placing of improved signage and moving furniture to encourage communication and movement. Finally, the therapists begin a stepped withdrawal by supporting staff one day per week for the next eight months, after which staff will take forward the ARCH model independently.

Evaluation methods

The evaluation of the ARCH intervention is conducted over three time points (baseline, four months and 12 months) using multiple methods. Qualitative data collection involves in-depth one-to-one semi-structured interviews with residents, family members and staff. Quantitative data collection includes

outcome measures investigating resident's quality of life and staff perceived competence and confidence.

Preliminary findings

Data analysis is in progress. Preliminary post-intervention qualitative data shows a positive response from staff and family members to the programme and its impact on residents. Framework analysis (Richie & Spencer, 1994) is being used and higher level themes have been identified as improved staff job satisfaction, and perceived positive impact on residents.

Improved staff job satisfaction and working practice

Care workers talked about how the training and working with the therapists were valuable and worthwhile experiences, which gave them more confidence in their practice and job satisfaction. For example, a care worker described how she feels more confident interacting with residents:

Care worker 1: *"Before when the ARCH team came first I said oh, I cannot do it because I'm very quiet, they can't hear me, I can't do it because of my accent, they don't understand me but now I don't feel that way, I just get up and do it."*

Another care worker discussed how she now feels she can communicate better with residents and understand their individual needs:

Care worker 2: *"... (I) talk to them in a way that they will understand me, in a way that I have to respect their wishes, what they wanted to do instead of what I want to do with them. I ask them what they want to do today, what they like to do. What is in the past that they used to do so we can do it today and I can do it with them."*

Perceived positive impact on residents

Staff and family members suggested they feel ARCH positively impacts on residents. For example, some family members described how the residents seemed happier and more relaxed after taking part in activities implemented with the support of the ARCH team, which have continued after the clinical team left:

Daughter: *"I think some of the residents seem a bit happier reallywhen they have things to do I think they are much happier and more relaxed and you know, chatting. And then even after an activity they're then talking about the activity afterwards so it sort of has a longer lasting effect."*

Some staff members have also reported improvements in the mood and physical well-being of residents as a result of taking part in more enjoyable physical activities:

Care worker 3: "...before it could be that they're sat (in) one place, getting stiff, pain, and when they walk around you know, the pain (has) gone down so you see them with (a) very, very cheerful face."

Conclusions and future directions

Promoting activity in residential care homes is an emerging area for development in the UK, with policy makers and service managers recognising its importance for maintaining residents' quality of life. The preliminary findings presented here suggest the ARCH intervention is having a positive impact on residents' wellbeing and on the job satisfaction of staff. However, understanding the sustainability of ARCH long term after the clinical team have left is an essential part of the evaluation and will be addressed in future research outputs.

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