

How is that person spending their day?

This is a key question for every residential and nursing care manager to ask their team. Why? Because person centred care is more than writing a care plan based on clinical needs and the answers to a few questions about likes and dislikes. If a manager aspires to run an excellent service then every minute of a residents' day should be spent in a way that they enjoy.

In 2010 the Social Care Institute for Excellence was commissioned by the Care Quality Commission to develop a definition of excellence for regulated adult social care services in England. One of their key findings was that "an excellent service supports and enables people to engage in activities, pastimes and roles which bring them pleasure and meaning and enhance their quality of life."

We know from research that, on average, a resident will spend 8 hours asleep and 5 hours engaged in personal care. That leaves 11 hours a day to be enjoyed in a way that holds meaning and purpose for that person. For some people just sitting comfortably by a window watching the clouds go by will bring great pleasure, for others it will be the height of boredom.

I spend a good deal of time in care homes and I often stop and sit down in a communal lounge. If a staff member is in there too I might quietly ask the key question "How is that person spending their day?" sometimes I get a great answer. Recently a carer said " Mary really hates being on her own so we bring her down here and she loves to sit by the window with the bird table outside. She won't go to the other lounge because the TV drives her mad". Quite often I'm told "It's good for them to be together" or " We always bring everyone here before lunch" or, worse still, I occasionally hear "They are not allowed to stay in their rooms"!

For me the best indicator of quality activity provision is a lounge where a range of different things are going on dependent on the interests of the residents in the room at the time. A mixture of armchairs in clusters and a few higher chairs around a table will offer scope for different activities. Jigsaw puzzles and board games cannot be played on laps, you need a decent table. Inviting one or two people to watch or join in an existing game is better than just asking people to play. It goes without saying that putting the TV on will stop interaction. From a very young age we are taught not to talk if the tele is on and that message will stay with us even when dementia has stolen other memories. The ideal scenario is to have a small separate TV lounge for the minority that want to sit and watch their chosen programmes communally. Better still, watching in the comfort of your own armchair in your own bedroom with control of the remote is preferable for most people.

I would urge any manager to take a long hard look at what is happening in the communal areas of their home. Do they really reflect person centred care? Is the activity meaningful to

everyone in the room? If not then how can you change that? If there is little, or no activity going on, how can you change that?

When I chat to residents about where they would like to sit or what they would like to be doing I get a vast range of responses. Most of them would be achievable and easy to provide with a little forethought. One lady simply said “I’d be happy if I could just sit and listen to Val Doonican all day. I used to do that home“. She owned lots of CD’s of his music but didn’t have a CD player in her room! In this day of cheap electronic equipment I’d hope that a quick trip to the shops could make a big difference to how she spends her day.

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NAPA – National Activity Providers Association.

A national charity that supports care staff to enable older people to live life the way they choose with meaning and purpose.

www.napa-activities.co.uk

