

Relationship Centred Care in Care Homes

CONCEPT AND KEY STEPS
TO ITS IMPLEMENTATION

ACKNOWLEDGEMENTS



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INTRODUCTION

When a person moves into a care home for the first time, it is likely they have come from their own homes where they have been living for many years. Often, this includes a limited circle of family, friends, neighbours and colleagues within their private space at home. In their unit at the care home, they will need to share their space and time with 20 or more people they have never met and interact with another sizeable number of care professionals. On top of the physical impact it might have in their lives, resettling oneself in a care home also brings psychological, social, and spiritual impacts that must be considered.

The concept of Relationship Centred Care (RCC) – sometimes known as Relationship-Based Care – aims to address the challenges of living in a new care community by developing relationship-focused feelings of belonging, connection, insideness, control and ownership, so that the individual may have the kind of relational environment of a home away from home. Why this emphasis on relationships? Because, as the psychiatrist George Vaillant said, “the key to healthy ageing is relationships, relationships, relationships.” (Vaillant, 2017).

At the same time, RCC cares for all people involved in the network of caring relationships, such as those between team members and family. Therefore, RCC has a distinctive interest around all relationships that are meaningful to every person in that network.



CONCEPTS AND KEY STEPS TO IMPLEMENTATION

The relationships that Residents experience may vary depending on whether they are from Resident to Resident, Resident to team members, Resident to relative, team members to relative, Resident to visitors, team members to visitors, relative to visitors, and so on. We are also aware that the environment where these relationships happen influences the interactions that take place, both spontaneously and planned.

Examples of intentional and planned interactions fitting nicely in RCC's priority of facilitating and nurturing authentic and caring relationships might include organised activities for Residents, like intergenerational practices where Residents, children from a nursery and team members can be playing, singing, and dancing together. We can also think about a concert involving people from the community that visit the home and interact with Residents, relatives, and team members. However, in the end, relationships (not activities nor sheer interactions) are the real heart of RCC.

It is important to highlight that spontaneous encounters are also essential in developing a relationship centred approach to caring. For example, when a Resident engages with the relative of another Resident, it can become a routine involving two separate families. Although, nobody would have expected this, the shared living environment often organically facilitates the generation of new relationships within which a sense of belonging, engagement and meaningfulness may be gained.



CONCEPTS AND KEY STEPS TO IMPLEMENTATION

For RCC to become established in an organisation, some key steps are necessary.

The first step is that the relational culture and leadership style of RCC should be ingrained in the whole organisation. The buy-in from the leaders in the organisation and understanding of RCC is a key step to ensure there is a real strategy, commitment, and supportiveness to implement this approach. When relationships are the real centre of caring there should not be an area in the organisation where a relational culture has not been installed. Why? Because relationships are about fostering the in-between, the bonding, and once given the right conditions – i.e. respect, trust, appreciation, inclusivity... – it is expected that relationships bring about new relationships that spread out unlimited. Otherwise said, RCC can't be sectorial and work just in some organisational areas. It involves a holistic approach.

This understanding of RCC as an overarching organisational approach is essential so, for example, a healthcare assistant recognises the importance of a spontaneous engagement between Residents, relatives and friends of other Residents and creates the space for these engagements to happen organically. Therefore, the pathways towards new caring relationships are being permanently paved.

Recognising team members as leaders and valuing their skillsets is a great way to honour RCC. As an example, to have the title of RCC champion in a team members' name badge gives this member a position of influence towards other colleagues as frontline strategic implementers of this vision.



CONCEPTS AND KEY STEPS TO IMPLEMENTATION

Another step would be to create an atmosphere of respect, trust and inclusion, as it has been concluded in recent research by the Open University (Larkin et al., 2023). How?

- All people involved in the caring web of relationships are properly informed of care plans and treatment.
- Treatment, care environment and relationships are decided through open and honest dialogue within the framework of genuine and trustworthy relationships.
- Transparent communication is important. For example, a resident should be invited to their own care plan meetings if possible, and a health care assistant should feel empowered to give a director feedback.
- Care provider is aware of and respects places, interests, life history and preferences of Residents at the core of RCC provision.



CONCEPTS AND KEY STEPS TO IMPLEMENTATION

A third step for establishing RCC is the creation of multiple and diverse opportunities to build a relational way of living in all possible directions. For instance, through facilitating relationships:

- Between Residents: different opportunities to support each other and develop friendships.
- Between Residents and team members: opportunities to do activities together; space for Residents to be involved and make decisions; team members advocating for Residents who have communication difficulties.
- Between team members and their colleagues: feeling part of a team; feeling respected and welcomed; enjoying a good and warm work environment.
- Between team members and management: a good work-life balance; team members feeling appreciated and respected; an open door for communication with senior leadership and management.
- Involving family: Resident's personal relationships with family, friends and pets are fostered.
- Involving community: access to the care home is easy for the community. Events and opportunities to engage are developed and regular celebration of significant dates (e.g., holidays) takes place.



CONCEPTS AND KEY STEPS TO IMPLEMENTATION

Another interesting step consists of creating an environment that permits building relationships while supporting continuation of autonomy through initiatives such as:

- Rooms that allow for private and communal space.
- Presence of meaningful objects and space for activities.
- Open opportunities to communicate with managers.
- Private space for team members.
- Dementia friendly households with sensory art, appropriate colours and accessible furniture and items.

The nature of the relationships among all individuals involved in caring for the Resident will influence the extent and quality of care provided. In order to achieve meaningful relationships, there are some factors that should be taken into consideration, including the knowledge of Residents' medical and social history by team members and the development of a care plan involving the Resident and family.

It is worth noting that there may be times when the connection does not happen, and there is a point where we need to pay attention to the right level of involvement that practitioners and care team members should have with Residents. Protocols are important to establish what team members can support with, but also to have a range of options to attempt a successful engagement with Residents. Nurturing relationships that

matter to individuals ultimately leads to better care for them since good care requires good relationships. This includes any type of relationships that individuals may find significant in terms of their wellbeing in life. Therefore, RCC regards not just the obvious relationships you can find in a care home setting, such as those between caring team members and Residents, but also intergenerational family relationships, to give one example. Thus, RCC is linked to intergenerational caring that provides opportunities for older Residents and children to be together. There is evidence demonstrating that good intergenerational practices are impactful to prevent loneliness and monotony and can also transport the Residents into a time when they were playing with their children or grandchildren.



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Nevertheless, what is more valuable in terms of implementation of RCC is to do intentional work so that relationships – and therefore care – flow in an atmosphere of respect, equality, trust, a sense of control, inclusion and belonging. Therefore, relationships can be authentic – unconditioned, not forced or fictitious, not institutionalised. This will also provide a better work environment for healthcare team members.

In conclusion, building relationships takes time and effort, requiring professionals to work with sensitivity and adopt a focus on long-term care sustainability. This can be achieved by adopting biographical and life-course approaches, which allow us to understand and appreciate the personal histories and evolving needs of individuals over time. By knowing individuals and showing interest on their life history, we can be in a better position to facilitate meaningful connections. Therefore, RCC, rather than being an institutionalised product, is a practice based on caring, respecting, belonging and embracing responsibility towards the wellbeing, while in a relational flow with that person.

It is then important for care homes to distance themselves from a hospital-like environment and develop professionals for this kind of relational care. Given the layers and factors in the process of establishing a relationship, there should be a close collaboration between different care home departments, and specific RCC team building activities.



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