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Faculty of Medicine and Health Sciences

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Examining the relationship between organisational culture and the quality of care: early findings from the CHOICE project

PANICOA
Preventing Abuse and Neglect in Institutional Care of Older Adults
A RESEARCH INITIATIVE TO ENHANCE DIGNITY

DH Department of Health

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Anne Killett, Diane Burns, Alison Bowes, Dawn Brooker, Martin O'Neill, Jenny La Fontaine, Isabelle Latham, Michael Wilson, Alison Dawson, Heather Strange and Fiona Kelly

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The views expressed in this presentation are not necessarily those of the funders.

The context of the study and this presentation

- PANICOA; a programme of research aiming to enhance dignity and tackle abuse and neglect in the care of older adults
- CHOICE; Care Home Organisations Implementing Cultures for Excellence
- Exploring the relationship between the organisation, management and delivery of care and the experience of care within residential settings
- The presentation is of very early findings

The study rationale

- Practice experience suggests that care homes with similar resources and demands can provide vastly different experiences of care

- Organisational culture, (the assumptions, values and norms shared by and influencing how members of an organisation behave and interact.) is argued to play an important role in shaping the care experience

Organisational culture

'The way we do things round here'

This study is looking at culture through a layered approach


Artefacts


Values and beliefs


Norms


Assumptions

The research aims

- To examine the experience of residents with characteristics that make them particularly vulnerable to the effects of mistreatment, in order to highlight ***key practices and organisational features*** implicated in positive and negative experiences
- To determine individual circumstances, organisational cultures and practices most likely to encourage, or inhibit, the provision of high quality of care for residents

Methods

- Comparative case study design in three phases
- Phase 1: key informant interviews and documentary analysis to provide context for sampling of cases
- Phase 2: A linked series of 11 case studies of care home settings carried out in Scotland, Wales and England
- Phase 3: Findings development

In-depth case studies

- PIECEdem observational framework carried out giving detailed information on the care of residents with high levels of complex needs.
- Ethnographic data collection (semi-structured interviews, observations and documents) used to gather data on organisational culture in relation to care practices.
- The analysis of the PIECEdem observations is used to focus the ethnographic data collection

Analysis

- Following Eisenhardt comparative case study analysis
- Within case analysis, ‘bottom up’ examination of aspects of organizational culture shaping person’s immediate experience
- Repeated cycling through case study data, coding, analysing codes for emergent patterns
- Initial propositions from the emergent patterns
- Cross case analysis – case studies sifted into various categories, then compared for in-group similarities, inter-group differences

Case study sample

Case study	Sector	Size of organisation	Number of residents	Provision
1	Not for profit	Large, national	49-69	Residential with nursing
2	For profit	Small, local	25-49	Residential care
3	For profit	Single	Under 25	Residential care dementia
4	For profit		49-69	Residential, nursing, respite
5	Not for profit	Large, national	Under 25	Dementia care
6	Local authority		25-49	Residential
7	Not for profit	Large, national	25-49	Residential, mild dementia, EOLC
8	For profit	Large, national	Under 25	Dementia nursing and personal care
9	Not for profit	Small, national	49-69	Units; nursing, residential and dementia
10	Not for profit	Large, national	49-69	Residential specialising in dementia
11	Not for profit	Medium, national	49-69	Units; 2 nursing, 1 residential

Early findings: Culture and care

In the 11 homes we found examples of:

Excellent care

- Inspiring, creative, sensitive approach to individual residents

Homes working hard to provide good care

But also examples of impoverished care

- Little engagement for long periods
- No activity
- Insensitive help with feeding

How did this relate to culture?

Strong positive cultures

Assumptions, values and norms were consistent with and underpinned good care

In some cases these were

explicit, and shared by the organisation and the staff.

In other cases

more complex relationship between the stated values of the organisation and the staff

Cultures that undermined positive care

Fragmented cultures

Emerging propositions: relationship between organisational culture and care experiences

The built environment: relationship to values in care

Connectedness within the home

Unity of vision, purpose and practice

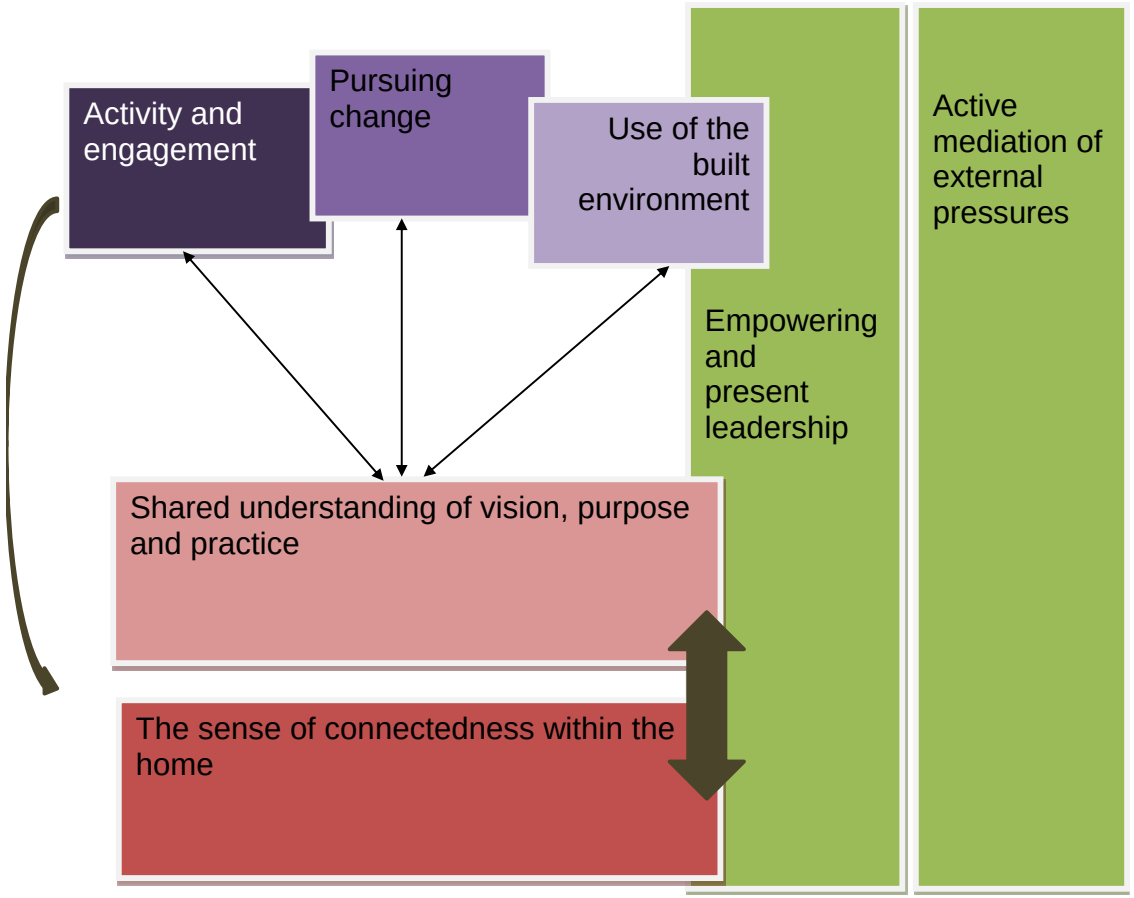
Empowering and distributed leadership

Active mediation of factors external to the care home

Human engagement and activity as care work

Culture of pursuing development, and engaging with change in resident-oriented way

Culture that supports high quality care – early findings



Connectedness within the home

May be facilitated by pre-existing membership of a social group (for example religious faith)

The particular social group may value and reinforce connectedness

Connectedness is possible without such shared membership

Where person-centeredness runs through practices (including e.g. Recruitment and staff relationships) this supports connectedness

Case study 7 – connectedness

Staff were observed creating an intimacy of interaction and engagement when caring for residents. This 'connectedness' was created despite other activity or noise in the environment. The connectedness appeared to be reached when the staff and resident were 1:1.

PIECEdem observation, 17.35-17.50

Resident has been in her room with door closed

'6. Care home manager walking with participant asks participant "do you want a [not heard]?"

7. Takes her to a care worker. Chatting. Care worker establishes eye contact and immediately greets participant with smile and warmth.

8. Talks to participant throughout, participant responds. Resident is calm, looks tired.

9. Door closed shower turned on. Staff and resident talking together and deciding which bed clothes?'

Shared understanding of vision, purpose and practice

Unity of vision purpose and practice with management and among the staff group are important in influencing care quality

Vision and purpose needs to go further than the organisational level – this is not always the case

Distributed leadership can help to achieve this

Case study 9 – shared purpose

The sense of united purpose, based on a shared value, was not limited to the senior management. Team leaders had been appointed precisely because of their understanding of person-centred care and ability to lead through example as well as take tough decisions:

Interview with Team leader:

"They asked me several times if I would (become team leader to the dementia unit), because they liked my approach I think… I think I set a good example, and I hope that others would follow, but you can't make everyone do the same, sometimes you have to (pull people along), "

Next steps

- Important projects (such as My Home Life, the NHS Confederation 'Delivering Dignity' commission) have reiterated the importance of organisational culture in the provision of quality care
- This project has examined the moment by moment experiences of care, and related these to elements of the culture.
- These early findings will be further developed through panel group and stakeholder discussion
- Final report
- An output to take back into practice

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Our thanks to the PANICOA programme.

Further information:

http://panicoa.org.uk/

http://ihsc.worc.ac.uk/dementia/carehomesp.html

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