

The Look and Feel of Person-Centred Care

The “culture of care” in a residential facility makes all the difference. You can recognize a culture of person-centred care when you walk through the front door. Staff members look happy. Residents are engaged with their environment. People are friendly and helpful. The air smells clean. Natural light enters the building.

In a care home that embraces a “person-centred” culture of care, the residents’ voices are heard and respected. Care policies and practices honour values such as dignity, self-determination, choice, autonomy and purpose living. Physical care is gentle. The emotional needs of residents are supported with compassion.

In a person-centred environment, staff members know the residents – their preferences, hopes, fears, phobias, favourite music, strengths and needs. They know how to make each person feel “at home” in a space that is private, comfortable and familiar. Family caregivers feel welcome and acknowledged as part of the team.

In a care facility with a positive and respectful culture, the resident would experience the following examples of person-centred care:

- Staff members do not rush through care and they do not “do for” residents what they can do for themselves, even if it takes longer. Care staff support residents to use their existing strengths so that “learned helplessness” and “excess disability” is not created.
- The resident is viewed as a “whole” person with physical, psychological, social and spiritual needs. Staff use a strengths-based approach – their focus is not on the person’s diagnoses, symptoms or limitations.
- Families are encouraged to visit and be involved. They are made to feel welcome and appreciated. Staff members facilitate connections between residents and their families, whether this is in person, on the phone or via technology.
- Residents who prefer to sleep in later are able to do so. Those who are afraid of the tub and shower are given bed baths instead, to prevent re-traumatization. The “bath schedule” can be altered for those who have always enjoyed an evening bath.
- Residents receive food that they prefer eg: they would never be served coffee if they had expressed a preference for tea. Those who dislike “porridge” are served something else. Food Services staff members are empowered to create a dignified and coherent dining experience.
- Residents enjoy meaningful recreation and leisure activities:
 - Residents who like big recreation events and parties are always assisted to attend.

- Those who are afraid of dogs are returned to their room with a video or someone to visit with, when therapy animals are in the building.
- Those who were avid, life-long gardeners are assisted to visit the facility herb garden regularly and help with garden maintenance.
- There is access to safe outdoor space for residents who thrive on being outside, in nature.
- Recreation staff and volunteers have time to meet with those introverted residents one-on-one and provide relational care and meaningful leisure activities.
- Staff members know to prevent problems that are preventable. For example, residents who become anxious and disoriented when tired in the later afternoon may be assisted to rest after lunch. There is not a “one-size-fits-all” approach to care planning.
- We see respect for each resident reflected in the language used by staff - never demeaning terms like “dear”. And they avoid terminology that is stigmatizing such as “aggressive”, “feeder”, “wanderer” and “bed-seeking”.
- Anxiolytics and anti-psychotics are *not* the first line response for anxiety or agitation.
 - Non-pharmacological interventions such as relaxation techniques, recreation, hand massage, distraction and music are trialed first.
 - Where medications are ordered for the short term, attention is paid to monitoring efficacy/continued need and plans to de-prescribe are put in place.
- The physical environment assists the resident to use existing strengths and accommodates limitations.
 - Residents live in smaller “neighbourhoods” and they have private rooms unless they want to share.
 - They are able to understand signage and way-finding measures within the facility.
 - There are no dead-end corridors with locked doors.
 - There are places to sit and visit.
- Staff members benefit from ongoing continuing education so they are able to:
 - Provide compassionate palliative care at the end of life.
 - Prevent skin breakdown and falls and manage pain effectively.
 - Interact effectively with residents who live with serious mental health challenges such as substance use disorders, PTSD or BPSD.
 - Respond therapeutically to behaviours associated with dementia. We would not witness a staff member scold and reprimand a resident who entered another’s room by mistake. We would not witness a staff member cause pain and fear by saying “Your husband died many years ago – you live here now.”