**Transitioning of Care - Background Information**

The transition to life in a care home can be one of many emotions for both the resident and the families supporting them.

Often the decision to move into a care home comes about following a crisis and this can only add to the anxiety.

The group who developed this resource read research about ‘The little things’ which taught them the value of those seemingly small and insignificant things that make a difference to residents and relatives. These include making sure staff know the particular preferences of individual residents such as watching TV in bed, hating gravy or having all the lights at bedtime. These ‘little things’ might appear ‘little’ from the perspective of staff but we have realised that they are actually very ‘big’ things in the lives of residents and their families. They are also often the basis upon which judgements are made about the quality of care in nursing and residential homes.

This work focuses on the importance of relationship between relatives, relatives and staff and indeed the wider public how critical good relationships with relatives are in person centred care.

Often, people have no prior knowledge of what life in a care home is like. Indeed, the only information they may have is what they hear from the media which can be negative. The literature confirms that older people and their families experience a range of emotions including guilt, loss, relief, anxiety and distress during the move to a care home. It is important care home staff are supported to appreciate the major life event this is for older people and their families and to recognise these emotions and offer support at such a critical time.

The first contact prospective residents have with us often occurs in the pre admission assessment. When reviewing the current approach to pre admission assessment and there was a general consensus among the group that the focus was too clinical and they were not capturing the important social and biographical information that we needed to get to know our future residents as ‘people’

Of course we still need to know people’s medical history and their mobility & nutritional status and we still use many different tools & forms to capture this vital information.

It is equally important that our assessment reveals more about the long established routine that older people develop over a lifetime which we then can try, as far as possible, to continue after the move to a care home……for example knowing that Mary who has dementia only drinks her tea if it is stewed even though she can’t tell us this and will become distressed if it is served any other way or knowing that James’s daughter will sleep better if she knows that her father has his favourite quilt on his bed .

With this in mind, a major review of our assessment processes was completed and resulted in a template for assessment which we now refer to as ‘A day in the life’

Please download ‘A day in the Life’ before watching the video.

***Before you watch the video, it is worth noting that the ‘actors ‘in the clip are also our group members. Janet, plays the part of the home manager conducting the assessment, Claire plays the role of Bridget the prospective resident and Shelly, plays the role of Margaret, her daughter. It is also with noting that playing these parts helped us all to put ourselves in the shoes of residents and relatives and this helped us to gain a very real understanding of the importance of providing support during this transition.***

Watch the video entitled ‘A Positive Transition to Life in a Care Home’ [link here](https://www.youtube.com/watch?v=urgPCoBpyBg) or return to web site to view

You will see from watching the video that all the clinical information we require is still obtained but the focus is on Brigid & Margaret priorities and on their biographical information. This enables us to learn how Brigid likes to spend her day. We glean so much information from her about what is important. She likes to have her newspapers; she likes to watch television and enjoys visits from her brother. Janet also asks Brigid to walk her to the door enabling Janet to observe Brigid mobility without focusing on it. All the important information is still obtained but in a much more and person-centred way. .

Also, both Brigid and Margaret are asked about their feelings in relation to the move, many of the relatives and residents we have used this approach with have been overwhelmingly grateful in response to this question, they have reported it is the first time anyone has actually asked about their feelings. This, we believe, is the foundation block to building relationships with residents and relatives.

We have found this new paperwork is not really so much about the form we use but the approach it embraces. Our staff now feel much better equipped to provide more person-centred care for our new residents and relationships with relatives start off on a positive note. …even better……..there are no costs involved…just a different way of working!