

Institution: City, University of London (City)		
Unit of Assessment: 03 Allied Health Professions, Dentistry, Nursing and Pharmacy		
Title of case study: My Home Life: Improving quality of life for older people in care homes		
Period when the underpinning research was undertaken: 2007 - ongoing		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Professor Julianne Meyer CBE	Professor of Nursing: Care for Older People	1996 – present (emeritus since 2019)
Period when the claimed impact occurred: August 2013 – ongoing		
Is this case study continued from a case study submitted in 2014? Yes		
1. Summary of the impact <p>Around 410,000 vulnerable older people live in care homes in the UK relying on them for their everyday needs and quality of life. It has long been recognised that there is variability and inequality in provision. Impact from our research addresses these issues. Co-created under the leadership of <i>Meyer</i> at City, University of London, My Home Life is a collaborative initiative that promotes culture change, better practices, and improved standards in care homes. Since 2014, My Home Life has raised standards through the transfer of knowledge and research, contributing to improved quality of life for care home residents. It has achieved this by participating in the development of CQC guidelines for inspecting and rating providers that are now used for approximately 11,300 care homes, contributing to at least four independent policy reports, and providing training to 1,776 individual care home managers in England, Scotland, Northern Ireland, Wales, Australia and Germany through its Leadership Support Programme.</p>		
2. Underpinning research <p>Care homes provide residential and healthcare services to vulnerable older people who have complex needs. The Alzheimer's Society estimates that 70% of residents have dementia or memory problems in addition to disability, frailty, and other chronic health conditions. The care home sector suffers from structural problems including insecure and low paid work, lack of staff training, and staffing shortages, that highlight the difficulty of improving the quality of care. In addition, traditional quality improvement knowledge and strategies cannot be transferred from healthcare to the care home sector without being adapted to the context within which they operate, including the needs of staff and residents. The My Home Life (MHL) initiative translates knowledge and research evidence into leadership programmes that support and empower managers to improve quality of life for residents in care homes.</p> <p>Research led by <i>Meyer</i> successfully highlighted the factors that enhance quality improvement in care homes such as evidence-based practice [3.1], quality of life indicators to measure quality improvement [3.2], better partnership working between health and social care [3.3], and relational leadership to enable better voice, choice and control for residents [3.4], among others. Results from our research informed the co-creation and mixed methods evaluation of a successful and on-going leadership programme for care home managers, generating new findings about the care home sector [3.5]. <i>Meyer's</i> research and leadership has informed two international consensus studies on measuring quality of life in care homes; it informed a project to develop a consensus on quality-of-life indicators in Europe [3.2] and the ongoing WE-THRIVE global research initiative to develop measurement infrastructure that supports improved quality of life for those in long term care.</p> <p>My Home Life, through <i>Meyer's</i> leadership, has developed a reputation for expertise in undertaking research into care homes. As an example, Meyer was an invited partner in a realist evaluation (PEACH Study) to explore how Quality Improvement Collaboratives (QICs) work to improve healthcare in care homes. Data were generated from a multiple case study</p>		

design across four sites and 29 care homes to explain how NHS and care home staff work together to design and implement improvement. The findings from PEACH were then compared with the findings of other leading QICs to improve care in care homes (five in the UK and one in the Netherlands) [3.6]. Cross comparative findings challenge taking a model (QIC) that works in the NHS and transplanting it to care homes without revision. Overall, five lessons were learnt that are specific to care homes: (i) plan for the resources needed to support collaborative teams with collecting, processing, and interpreting data; (ii) create encouraging and safe working environments to help collaborative team members feel valued; (iii) recruit collaborative teams, QIC leads, and facilitators who have established relationships with care homes; (iv) regularly check project ideas are aligned with team members' job roles, responsibilities, and priorities; and (v) accept that planned activities may need adapting as the project progresses. Researchers concluded that improvement tools and techniques cannot to be taken "off-the-shelf" and applied without adaptation to the local context. The research therefore identified and began addressing a gap in the existing quality improvement and care home evidence base and proposed collaborative projects in care homes as the key method for learning and improvement.

3. References to the research

- [3.1] National Care Homes Research & Development Forum (2007). My Home Life: Quality of life in care homes – Literature review, commissioned by Help the Aged, London.
- [3.2] European Centre for Social Welfare Policy and Research (Coordinator) (2010) Measuring Progress: Indicators for Care Homes. Vienna, Bad Schallerbach, Utrecht, London, Dortmund, Essen, Düsseldorf: European Centre, E-Qalin, Vilans, City University, Uni Dortmund, MDS, MGEPA NRW.
- [3.3] British Geriatrics Society (2011). Quest for Quality: Inquiry into the quality of healthcare support for older people in care homes: A call for leadership, partnership and quality improvement. (Available from <https://www.bgs.org.uk/blog/a-quest-for-quality-in-care-homes> accessed 11 March 21)
- [3.4] Owen T and Meyer J (2012). My Home Life: Promoting quality of life in care homes. Joseph Rowntree Foundation, York ISBN: 978 1 85935 937 2. (Available from <https://www.jrf.org.uk/report/my-home-life-promoting-quality-life-care-homes>, accessed 11 March 2021)
- [3.5] Dewar B, Barrie K, Sharp C, Meyer J. Implementation of a complex intervention to support leadership development in nursing homes: a multimethod participatory study. *Journal of Applied Gerontology*. 2019;38(7):931-58. <https://doi.org/10.1177/0733464817705957>
- [3.6] Devi R, Martin G, Banerjee J, Butler L, Pattison T, Cruickshank L, Maries-Tillott C, Wilson T, Damery S, Meyer J, Poot A. Improving the quality of care in care homes using the quality improvement collaborative approach: Lessons learnt from six projects conducted in the UK and the Netherlands. *International Journal of Environmental Research and Public Health*. 2020;7601. <https://doi.org/10.3390/ijerph17207601>

The research reports and papers have either been published in peer reviewed journals or have been commissioned research reports from major government and charitable funders. For example, Help the Aged (GBP25,000) funded the evidence synthesis for best practice in care homes (Vision: 2005-2007) [3.1]. Bupa Giving (GBP279,500) shared the best practice findings with around 18,000 care homes, using a range of creative resources (Dissemination: 2007-2009). The next phase (Implementation: 2009 to 2013) was funded from several sources (Joseph Rowntree Foundation, Department of Health, Local Authorities and City Bridge Trust; over GBP2,000,000 in total) to support care home managers progress quality improvement, together with The European Commission, DG Employment and Consumer Protection who co-financed a large European project within the framework of the PROGRESS Programme [3.2]. Since then, the research has focused on partnership working with care homes (Sustainability: 2014-to date).

4. Details of the impact

Research led by Meyer has had international impact on best practice in care homes. Results from our research have been translated into an international social movement for quality improvement known as My Home Life, which has now spread across England, Northern Ireland, Scotland, Wales, Australia, and Germany. Since 2013, MHL has been a driving force in setting standards and supporting quality improvement in care homes.

Setting best standards and promoting relationship-centred care

MHL's evidence-informed working methods have repeatedly been recognised as best practice by the Care Quality Commission (CQC), the independent regulator of all health and social care services in England. In 2014, MHL helped to inform the key lines of enquiry (KLOEs) in the consultation on their provider handbooks [5.1]. Additionally, MHL provided feedback on the draft provider handbooks as an independent contributor [5.2]. The final versions, published by CQC, set out the guidelines for inspecting and rating providers of health and adult social care services. These standards are now used to assess 11,300 care homes in England supporting more than 400,000 residents. Since the publication of these guidelines there have been several CQC inspection reports that identify MHL as a positive support mechanism for care home managers. In one report, CQC stated "*The programme [MHL] provides a good support mechanism for managers to reflect on [their] own performance and leadership skills*" and a second report noted "*The Deputy Manager was enrolled on My Home Life, which was an initiative run by the local authority to promote more person-centred practice in care homes. We saw examples of how this had inspired more creative practice.*" [5.3].

In tandem with the impact achieved via CQC, Meyer's research and/or MHL have directly influenced reports from charities and think tanks such as: the Joseph Rowntree Foundation Care Home inquiry; The Demos Commission on Residential Care; HSJ/Serco Commission on Hospital Care for Frail Older People; and "A place to Call Home?" review by the Older People's Commissioner for Wales [5.4]. All reports reinforce the key MHL message regarding relationship-centred care. As a result of increased awareness, MHL is being endorsed and adopted as a standard in Wales [5.4] and Northern Ireland [5.5]. Furthermore, MHL has been cited in Parliament as an example to advance the case for better standards; Paul Burstow, MP for Sutton and Cheam and Minister of State in the Department of Health at the time, commented "*Rather than care that is just about transactions, the [My Home Life] programme is about changing the nature of the relationship between those who provide care and those who receive it*" [5.6].

Supporting quality improvement and practice development

MHL has had a major impact on quality improvement through its leadership support initiatives. Data from a UK telephone survey conducted by MHL in 2017 of 221 randomly selected care home managers suggested that MHL had influenced practice in 1,872 care homes, affecting the lives of approximately 56,000 residents in the UK [5.7]. Since August 2013, approximately 1,119 care home managers have participated in the MHL Leadership Support programme in England, sharing best practice with staff and improving the quality of life for 33,500 residents. The MHL NW London CCG Collaborative provides further evidence of positive impact; in 2018 alone, care homes involved in MHL across NW London reported a 14% reduction in ambulance callouts, 16% in ambulance conveyances, 9% in A&E attendances and 5% in non-elective admissions. In contrast care homes not involved in MHL reported increases across the board [5.8]. Positive change was demonstrated following the leadership training provision and 93% of participants from the NW London Leadership Support programme reported increases in their ability to shift leadership style [5.8]. The Health and Social Care Workforce lead North West London CCG has stated "*Participation in My Home Life Leadership Programme has contributed to improved leadership of the Managers ... linked to systemic changes in individual homes. The improvement of professional relationships extended beyond the care homes, into the wider health and social care community.*" [5.8].

Informed by findings from all its underpinning and ongoing research, MHL continues to support the leadership development of care home managers to take forward quality improvement in countries across the UK, Germany and Australia expanding its reach globally. For example,

in a study unconnected to MHL that explored what governments could do to encourage care providers to improve quality of residential care for older people in England and Australia, the value of MHL was highlighted on more than one occasion: *“In England, managers had particular praise for the My Home Life programme ... which promotes relationship-centred quality by bringing managers together for training events and support ... some people thought the programme should be funded by government.”* [5.9].

Significant impact has been achieved by MHL globally underpinned by the research of Meyer who was awarded a CBE in 2015 for services to nursing and older people and in 2017, celebrated as one of 150 Leading Women (1868–2018) by University of London in recognition of the impact MHL has had on both practice and research [5.10].

5. Sources to corroborate the impact

- [5.1] CQC Overview to the provider handbooks for adult social care. Appendix 2: Adult Social Care Research Material which informed KLOEs and characteristics, p15.
- [5.2] CQC Consultation response: Provider handbooks for adult social care. Appendix A: Organisations that submitted responses to the consultation across all sectors.
- [5.3] CQC Inspection Reports: Swan Care Residential Home 30 May 2014 and St Georges Nursing Home 26 September 2018
- [5.4] Reports from charities and think tanks that have been influenced by My Home Life including: (a) JRF John Kennedy’s Care Home Inquiry; (b) Demos: The commission on residential care; (c) HSJ/Serco Commission on Hospital Care for Frail Older People (2015); (d) A Place to Call Home? A review into the quality of life and care of older people living in care homes in Wales.
- [5.5] Actions taken forward by the Northern Ireland Department of Health, 27 June 2018 (Available from <https://www.health-ni.gov.uk/news/department-health-details-series-measures-care-home-standards> accessed 18 March 2021)
- [5.6] Hansard reports from 1 May and 16 July 2014 reporting comments made by Paul Burstow, MP then Minister of State in the Department of Health. (Available from <https://hansard.parliament.uk/commons/2014-05-01/debates/14050125000001/CareHomes> and <https://hansard.parliament.uk/Commons/2014-07-16/debates/14071651000001/SpecialMeasuresRegime> accessed 18 March 2021)
- [5.7] My Home Life Awareness Survey 2017
- [5.8] Testimonial from Health and Social Care Workforce Lead, Strategy and Transformation Team, North West London Collaboration of Clinical Commissioning Groups.
- [5.9] Trigg L. Improving the quality of residential care for older people: A study of government approaches in England and Australia; a summary of independent research funded by NIHR Doctoral Research Fellowship Programme. 2018 LSE/PSSRU (Available from <https://www.lse.ac.uk/cpec/assets/documents/Lisa-Trigg-Summary.pdf>, accessed 16 March 2021).
- [5.10] Professor Meyer’s contribution to improving quality of life in care homes through the My Home Life initiative has been recognised with the award of CBE 2015 (London Gazette, 31 December 2014, Supplement No. 1, pN9) and being listed as one of 150 Leading Women (1868–2018) by University of London in 2017. (Available from <https://london.ac.uk/about-us/leading-women-1868-2018> accessed 18 March 2021).