



Delivering high quality person-centred health and care

An introduction for Health Care Support Workers



What is person-centred care?

- The term 'person-centred care' is used to describe many different principles and activities. When care is person-centred, what it looks like will depend on the needs, circumstances and preferences of the person receiving care. What is important to one person in their health care may not be as important to another. It may also change over time, as the person's needs change.
- In health care, no matter who you are or what your role is, the people who use our services should be central to everything that we do.
- Take a few minutes to play the video on the next page

What is person-centred care?



‘Must Do With Me’ principles

To give the right care for the right patient at the right time, there are five principles that should ensure that all our interactions with patients and their family are characterised by listening, dignity, compassion and respect.

Person-centred care is promoted by these five key **‘Must Do With Me’** principles which you’ll see on the next page.



'Must Do With Me' principles?

What matters to you?

- Your personal goals and the things that are important to you have been discussed and form the basis of your care or treatment.

Who matters to you?

- We have asked you about the people that matter most in your life and we have given you the opportunity to involve them in a way that you chose

What information do you need?

- We have provided you with understandable full information and supported you to make decisions that take account of your personal goals and the things that are important to you.

Nothing about me, without me.

- You will always be given the opportunity to be involved in discussions. All information exchanges and communications between professionals or between different services or supports are transparent and always provide you with the opportunity either to be present or to contribute to the process.

Personalised contact

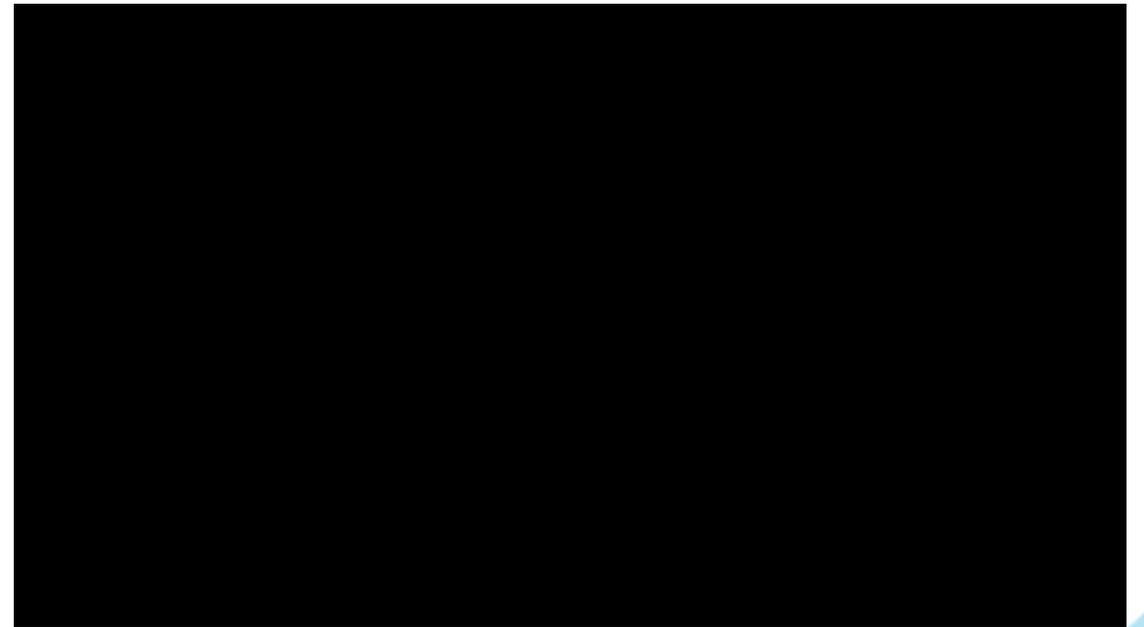
- As much as possible, the timing and methods by which you contact and use services or supports are flexible and can be adapted to your personal needs.

Conversations

Asking people ‘what matters to them today’ can support more meaningful conversations between patients, families and the people providing care.

This person-centred approach can help:

- establish more effective relationships
- build trust
- understand more about the person and what's most important to them
- you work better with the person and support the things they value in their care



Please play the video above to hear a little more about the value and importance of asking **“What matters to you?”**

How do we ask people of about ‘what matters?’

When chatting to the person you are looking after, try asking “What matters to you?” or use one of these phrases:

What is important to you at the moment?

What can I do to help support you in your care today?

What would you like to achieve today?

Is there anything else you want to tell me that we haven't covered?

Is there anything you need information about today?

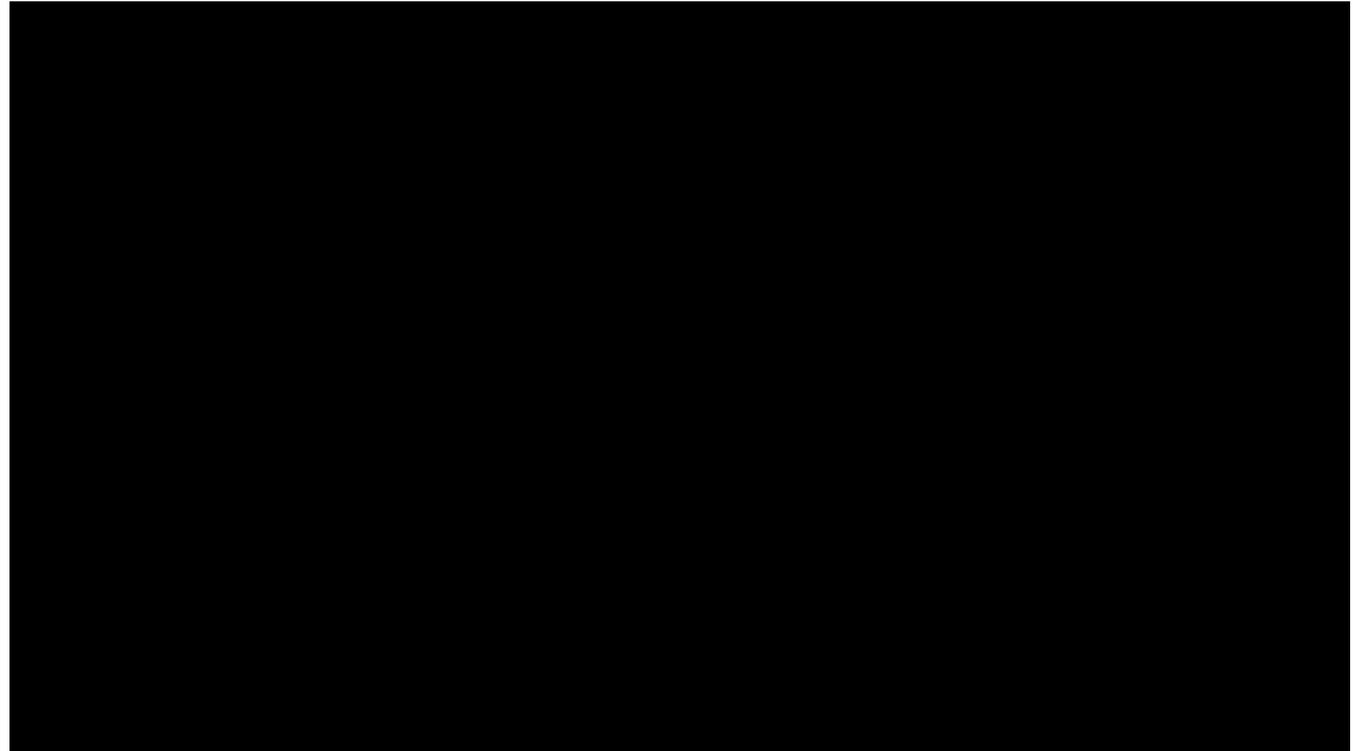
What do you find works for you when this happens?

Ask, Listen and Do 'What Matters'

- **Asking, listening** and **doing** what matters to people helps to individualise their care.
- When we work together with people in partnership we are more likely to achieve common goals and have a shared understanding of expectations. This can improve:
 - patient and staff satisfaction
 - quality of care
 - experience of care

What matters to you? conversations

Please play this video which was created by one of our ward teams. They tell their story about how they ask, listen and do what matters for their patients.



Further information about how to put the WMTY approach to 'ask, listen and do what matters' for patients into practice can be found at [NHSGGC : WMTY Information for staff](#)

Writing 'What Matters to patients'



Care Rounds Checklist

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (please circle) 1hr 2hr 3hr 4hr

Date: _____

1. Signed _____ Name _____ Designation _____

2. Signed _____ Name _____ Designation _____

3. Signed _____ Name _____ Designation _____

Attach Addressograph Label

Ward: _____

NHS
Greater Glasgow and Clyde

USE FOLLOWING CODES:
Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

1 THINK DELIRIUM
Is the patient more confused or drowsy than normal? If YES, inform registered nurse.

2 PAIN: assess and address
Is the patient distressed or in pain? If YES, inform registered nurse.

3 SKIN INSPECTION
Pressure areas checked:
Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)

4 KEEP MOVING
Has the patient moved or walked?
Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B
Chair Assist to walk or stand (W/ST)

5 ELIMINATION
Does the patient need the toilet?
Independent = I Assistance given = A Incontinent of urine or faeces = IC

6 FOOD, FLUIDS AND NUTRITION
Is the patient nil by mouth?
Drink taken?
Food, snack, or supplement taken?
Has oral hygiene been carried out as per care plan?

7 ENVIRONMENT Check
Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?

'Must do's' for me. Ask the patient if there is anything they want specifically done today.

On a day to day basis we record what matters to the patient on the 'What matters to me' board and in the red circle (shown above) on the Care Rounds Checklist

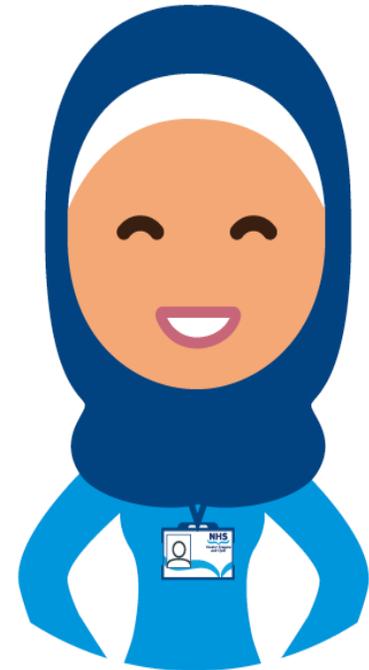
Getting to know who matters to patients is important too...

- Welcoming people as they arrive in the ward helps people to feel welcome and to be acknowledged – using the **#hellomynameis** principle is a useful introduction (click on the link to find out more).
- Working in partnership with the people who matter to patients can help to build respect and trust
- You should always be polite and courteous when talking to people
- Offering to share information about the ward and what happens each day can be useful too.



Person Centred Care Planning

- **The purpose of a person-centred care plan is to:**
 - Describe the care, treatment and interventions that a person should receive, to ensure that they get the **right care at the right time**.
 - Provide a record of care and **personal needs, actions and responsibilities**.
 - Ensure care planned is **based on best practice and best evidence** to ensure quality care.
 - Identify **patient and family involvement** in care
 - Provide a structured **multi-professional approach** to the plan of care.
 - Provide **quantitative and qualitative information** that can be monitored and measured to assess and evidence quality of care
 - Provide **factual information** that can be used in defence of a complaint in a legal context.



Core principles of Person Centred Care Planning



WHAT MATTERS

Listen to understand **what matters** to the individual in the context of their illness or treatment and include their **individual preferences and choices**



WHO MATTERS

Ask **who matters** and how they wish them to be involved in decision making about their plan of care and provision of care



COMMUNICATION AND SUPPORT NEEDS

Include the preferred approach, tools and resources to support **communication and support needs**



REALISTIC AIMS AND GOALS

Set **realistic aims and goals** which are achievable across the whole episode of care



MULTI-PROFESSIONAL APPROACH

Reflective of a structured **multi-professional approach** to plan of care

Person Centred Visiting

- It is important for patients to be able to have support from the people who matter most to them while in hospital
- Family play a vital role in supporting patient recovery and wellbeing
- The core principles of Person Centred Visiting (next slide) should be applied in every inpatient ward
- Information about current visiting arrangements is available on NHSGGC's website [here](#)



Core principles of Person Centred Visiting



WELCOMING

Welcome and encourage the involvement of the people who matter to patients.



PATIENT LED

We are guided by patients: when the people who matter will visit, how they would like them involved in their care, and when they want to rest.



PARTNERSHIP

We work in partnership with the people who matter to patients.



FLEXIBILITY

We have no set visiting times.



RESPECT

We respect peoples' individual needs and act on an individual basis to ensure the safety, privacy and dignity of all patients. This means there may be times when we need to ask people to leave a clinical area temporarily.

Applying the PCV core principles

- The application of the core principles of Person Centred Visiting in practice may look very different, depending on the patients you are helping and the ward you work in (for example, visiting in single room wards may look different to shared bays)
- Avoid 'one size fits all' approaches where possible – for example, it may be helpful for some family members to be present during mealtimes, or ward rounds
- Please speak to staff in your area to understand current arrangements.



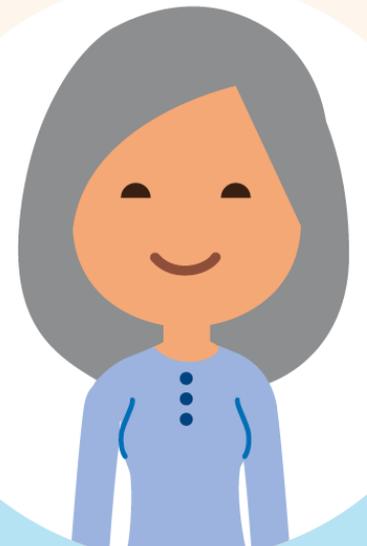
The difference this makes

“ Being in hospital is a stressful time and welcome family and friends being able to visit when they want.

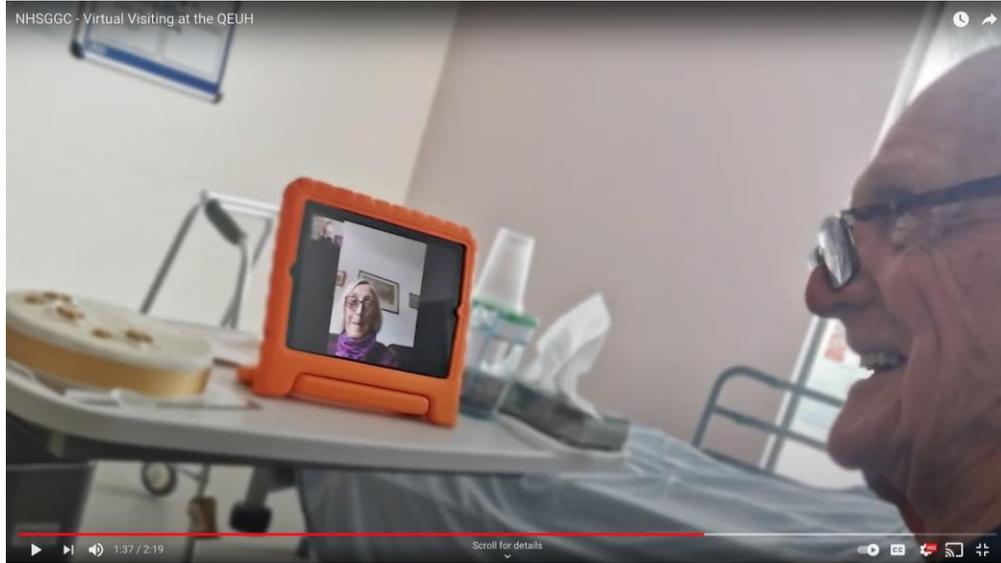
Change to visiting long overdue. Living in modern time and need to move forward.

I would like my partner to be there to help with personal care”

Patients in Critical Care, QEUH



Virtual visiting



Virtual visiting can help patients to see those who matter to them when they are not able to visit in person. Patients can keep in touch with their relatives and friends by using technology on their mobile device, laptops or computers.



All wards have iPads set up to enable 'virtual visits' (video call) using **FaceTime, Skype or Zoom.**

Further information can be found [here.](#)

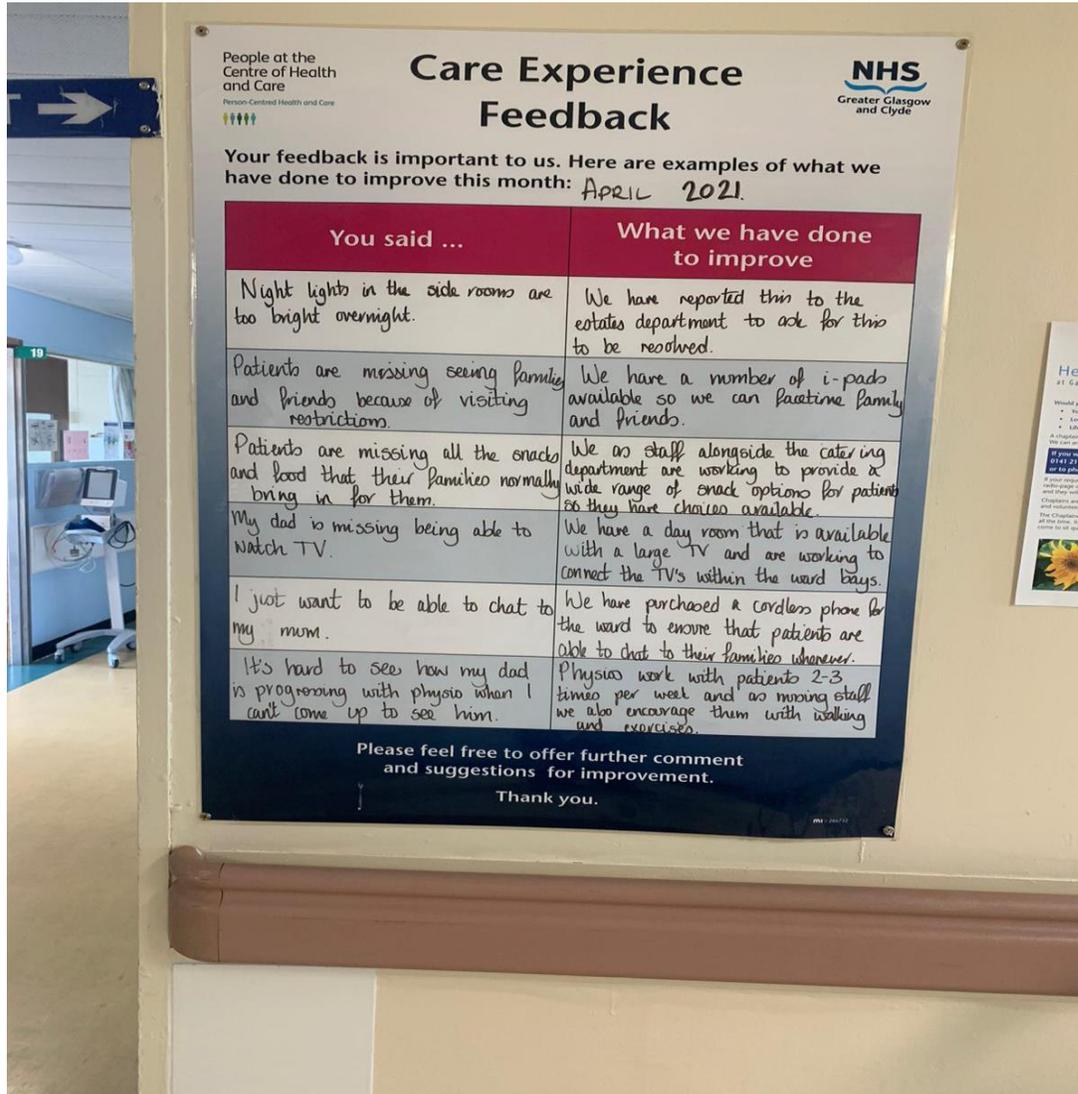
Asking patients about their experience of care



Gathering feedback helps us to learn what is important to patients and their families, so we can learn what we do well and where we can improve.

For example, [Care Opinion](#) is an online platform where patients, families and carers can share their experience of health or care services to help make care better for everyone.

Care Experience Feedback



In your ward or department there may be other ways to gather care experience or feedback. Find out by asking your colleagues.

Many wards display their Care Experience feedback on the 'You said, we did' board.



Make person centred care part of your everyday approach...

“people will forget what you said, people will forget what you did, but people will never forget how you made them feel”

(Maya Anjelou)