Manual for Person Centered Approaches

During this module you will be asked some questions to simply provoke thought and test your current knowledge please have a note pad or supervision workbook to hand to make notes. Your performance will only be measured on the answers you select when completing the knowledge test at the end of the module.

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Learning Outcomes

- Understanding person-centered approaches for care and support
- Knowing how to work in a person-centered way
- Knowing how to establish consent
- Knowing how to encourage active participation
- Knowing how to promote individuals’ wellbeing

Complementary Manuals

- Equality, Diversity and Equal Opportunities
- Promoting Dignity and Compassion in Care
- Mental Capacity Act 2005
- Improving Outcomes for People with Dementia

Chapter One

Introduction to Person-centered Care

The traditional model of care provision was institutional and regimented; the old approach has its admirers and worked well for a lot of people, but it also failed to address the individuality of people who were often on the margins of society.

People with poor mental and / or physical health were expected to fit in with services offered and it was often assumed that everyone with a particular condition required the same treatment.

A person -centered approach to care looks at what the individual needs and plans care provision to suit them. The individual is not just another body to be treated but is a human being who care givers must work with to identify ways of meeting physical, emotional, spiritual and social needs.

Services that do not provide person -centered care are like conveyor belts in factories; they cannot cope with anything that doesn't fit the mould. People are all different and care provision must reflect that. A 50 year old with early-onset Alzheimer's will have very different needs to a 90 year old with the same disease; why should they both be treated the same way?

A good exercise to do is to get together with someone who is different to you, perhaps an older family member, a friend or even a client, and both have a go at answering the questions below.

• Favourite type of music
• I relax by ……
• I usually get up at …
• My favourite food is…
• My favourite hobby is…
• I like to watch…
• I am happy when I…

Have a look at the answers you have completed and consider whether if you lived together you would both be happy being treated the same way. Could you eat the same foods? Do you both get up early or does one of you like a lie in? Could you agree on a programme to watch? If your answers are different it is likely that you would both have very different expectations and priorities and would want these to be considered by service providers.

Change framework

Person -centered practices have been developed over the last quarter of a century or so in both the learning disability and dementia care fields. In the last decade government initiatives and policy have put person-centered approaches at the top of the agenda. Documents such as

‘Valuing People Now: a new three-year strategy for people with learning disabilities’; ‘Living Well with Dementia: A National Dementia Strategy’ and ‘New Horizons: Towards a shared vision for mental health’ have all been issued by the Department of Health to provide guidance on caring for people with diverse needs in a person-centered way.

It is no longer acceptable for care providers to develop services for one particular ‘type’ of person; they must be flexible to respond to the needs of individuals. This does not mean that care services have to meet all needs of all people, but they do have to be able to adapt to the different needs of the individuals to whom they provide a service.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

The Health and Social Care Act set up the Care Quality Commission (CQC) and gave it the power to assess the quality of care delivered by registered providers. The CQC produced a document ‘Essential Standards of Quality and Safety’ which gave guidance for compliance with the new regulations and standards; they also issued advice on providing evidence to prove that clients’ needs were being met appropriately.

Person-centered care is a fundamental part of the majority of the 16 core quality and safety standards. To meet the standards care providers have to show that the client is at the centre of service provision; all areas of care are assessed in relation to their responsiveness to the needs of the individual clients.

The Human Rights Act 1998

Human rights legislation exists to protect all of us from the actions of public bodies like councils and NHS trusts. There are some rights which are particularly relevant to the provision of care and they are summarized below:

- Article 2 – right to life
- Article 3 – protection from torture or inhuman or degrading treatment
- Article 5 – the right to liberty and security of person
- Article 6 – the right to a fair trial
- Article 8 - the protection of private and family life
- Article 9 – freedom of thought, conscience and religion
- Article 10 – freedom of expression
- Article 14 – freedom from discrimination

Collectively these rights mean that individuals in your care should be protected from abuse and undignified treatment; they should not be unnecessarily restrained or have their freedom of movement restricted. They must be able to complain about the treatment they receive and be supported to understand and defend their rights.
People receiving care have the right to maintain a family life and have their privacy respected and they must be allowed to practice and express their religious beliefs.

The Human Rights Act 1998 has been used to challenge health authorities’ use of blanket policies such as ‘no lifting’; these have been found to be unlawful as they do not allow for differences between individuals, they remove freedom of choice and they may be discriminatory. (Ref The Queen v. East Sussex County Council 2003).

For good practical examples of how this Act might affect your life or the lives of your clients download 'Ours to Own Understanding Human Rights' from www.equalityhumanrights.com

Equality Act 2010

This Act was intended to both simplify and strengthen existing legislation and to go further towards eliminating discrimination in British society.

Discrimination occurs when someone is treated less favourably because of a protected characteristic; or when conditions are imposed which result in less favourable treatment for people with a protected characteristic.

There are now 9 'protected characteristics' which are:

- Age
- Disability
- Gender Reassignment
- Race
- Pregnancy or maternity
- Religion / Belief
- Marriage or civil partnership
- Sex
- Sexual orientation

The Act not only makes it illegal to discriminate against individuals it also protects them from harassment and victimisation and makes it a legal requirement for employers and the owners of premises to make 'reasonable adjustments' to support equal access for all to education, jobs, services and opportunities.

'Reasonable adjustments' might include widening doors to accommodate wheelchairs; improving rest areas to meet the needs of pregnant women or breast feeding mothers; or providing advocacy services for people with communication difficulties.

Person-centered values

To appropriately meet people's care needs you must know and understand them as individuals and adapt care provision accordingly. The individual becomes the most important part of a care partnership, working to find creative ways of maintaining their physical and mental wellbeing and improve quality of life.

Person-centered approaches to care are based on several core values which include:

- Independence – people must be encouraged to do as much as possible for themselves, care givers must not ‘deskill’ them by doing too much for them. The care premises should be designed to encourage independent movement
- Dignity – all people are to be treated as competent adults and cared for in a way that maintains their self-respect
- Privacy – clients must have space to spend time alone with loved ones; their personal information should be protected and their dignity maintained when bathing or toileting
- Rights – as discussed above the human rights of clients are to be respected and protected
- Choice – the right to choose is not removed when someone is admitted to care; care providers must support clients to make decisions or to participate in decision making
- Respect – all clients are to be treated as competent adults; they are to be treated with respect regardless of physical frailty, mental capacity or behavior. Respect does not have to be ‘earned’.
- Partnership – by viewing the provision of care as a partnership between the person who needs it and the person who provides it the relationship is made more equal and mutual respect is encouraged.
- Individuality – each person is different and their sense of self is to be supported

Chapter Two

Care Planning

Person-centered care can only be achieved with appropriate planning; the way in which planning is carried out will depend on its aim and the best way of gathering information from the individual concerned.

Planning might be necessary to:

- Decide on support needs
- Identify how personal budgets may be spent
- Work out ways of achieving personal aims for the future
- Make arrangements for specific events e.g. deterioration in health; end of life care

All care planning must have the individual at its center from start to finish; they must have control of every aspect of the process including deciding how planning will be carried out and who will be involved. When the person cannot make their own decisions those made for them must reflect as closely as possible the choices they would have made themselves.

Think about different ways in which planning might be done and from the table below note down some ideas.

People who might be involved in care planning	Questions you might ask to assess daily needs
Questions you might ask to find out about a person's future plans	Ways in which people might communicate their thoughts

Choosing right person

The relationship between care providers and the people they provide services for does not exist in isolation; care providers cannot and should not meet every need that the person has. An essential part of care provision is to support people to develop and maintain relationships within and beyond the care setting.

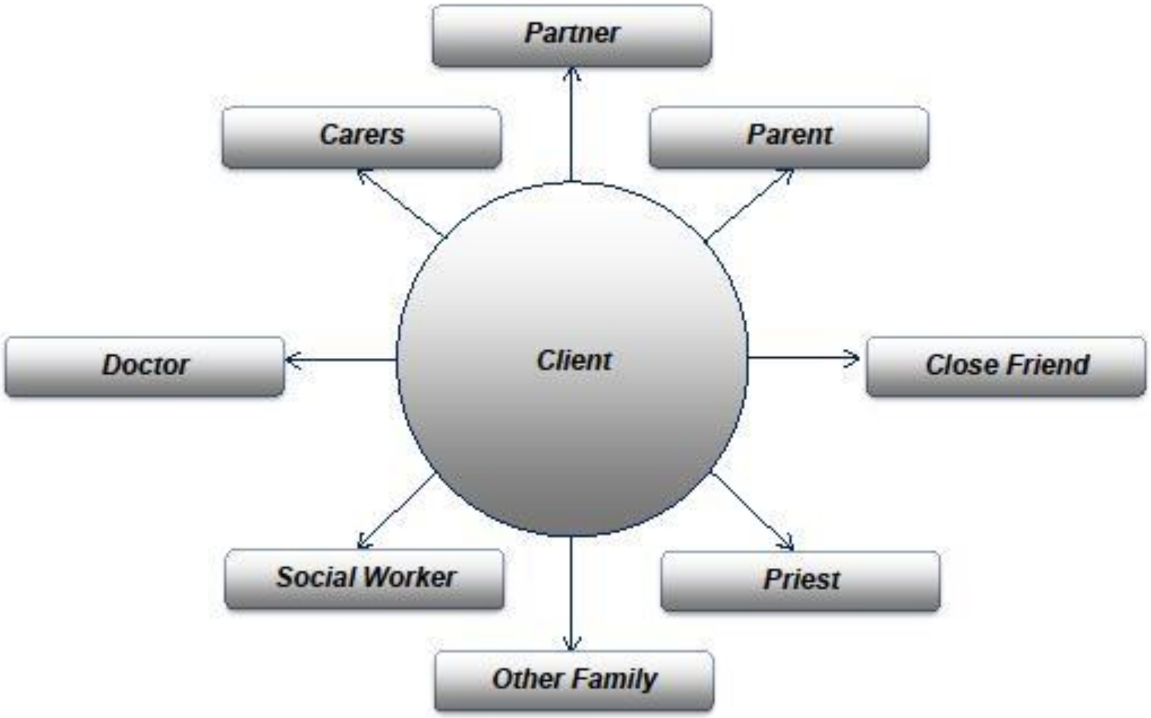
People who may need to be involved in care planning include:

- The client (always)
- Spouse / partner
- Family
- Friends
- Social worker
- Doctor

- Care givers (whether paid or informal)
- Advocate

You must not make any assumptions about who is important to a person; they must be able to define their relationships in their own way. One way to identify people who should be involved in care planning is to draw a circle at the centre of a piece of paper with the client's name in it; they can then write people's names, or stick their photos, at various distances from their own name to illustrate their level of importance.

Example:



Daily need assessment

Our general wellbeing is greatly influenced by the little things that happen to us each day; to meet your needs a care provider would need to ask questions like:

- When do you like to get up?
- When do you like to go to bed?
- What do you like to eat?
- What makes you happy?
- What's your morning routine?
- What do you like to wear?
- What do you like to do?

While these questions may seem obvious it’s very easy to forget to ask them and to overlook the simple things that affect people’s care needs. Care planning that focuses on care needs created by a person’s disability or mental or physical health problems will not be responsive to the things that make them an individual and the issues that are meaningful to them.

Care plans must provide enough information about a person for care givers to be able to meet their needs appropriately but they must also be a quick introduction to the individual behind the care needs. One way of doing this is to have a one page profile for each client giving brief descriptions of who they are, their defining characteristics, what is important to them, and any special needs they have.

A valuable exercise for developing person-centered care plans is to create a life book with the client. This has 3 other main benefits:

- It teaches care givers about the client and helps them to see a person instead of a condition
- It becomes a tool for reminiscence allowing the client to reflect on their past without relying on memory
- It can help family members and friends to reconnect with their loved one and share memories and feelings

Life books can include labelled photographs, postcards of familiar places, accounts of life events, dates of celebrations, and anything that will have meaning for the client. Pictures, including those of everyday objects or old adverts, can trigger memories and help clients and care givers to find new ways of connecting. As time goes on remember that abilities will deteriorate and needs will change; be sensitive to the clients’ increased dependence on you.

Future planning

As well as documenting a person’s history and things which are important to them now care plans should also look towards the future, recording individual’s aims and goals and identifying the support they will need to achieve them.

All too often care planning is static; it identifies current needs but doesn’t address where the person might be in a week, a month or a year. Even the oldest person can look forward; even if their only wish is to be comfortable and content their support needs may be different tomorrow to what they were today. In partnership with clients care givers must look at changes that might occur and how the person and the service might respond to these changes.

Future plans shouldn’t be made all at once; different subjects may need to be looked at in different ways with input from a range of health professionals and people who are important to the individual. For example, a person with a chronic condition such as diabetes will spend time with consultants and nurses planning their needs in relation to future health care and controlling their condition. Their condition may have an impact on future living and care arrangements but these will need to be planned separately and may need to be coordinated by local social services.

Remember that the goals must be set by the individual; health professionals may provide input about what is possible but they shouldn’t decide what the desired outcome will be. For example, a person who has experienced a stroke will require physiotherapy to regain physical abilities; a physiotherapist can assess needs; suggest a treatment plan and identify realistically achievable progress but the individual must decide what they want to achieve and the timescales within which they want to do so.

Advance care planning

Advance care planning is an end of life care approach that assumes that at some point before they die people will lose the ability to make decisions and to communicate with their care givers. This type of care planning aims to identify and record clients' wishes about the following issues:

- Their beliefs, values and goals
- The type of care and treatment they would like, or wish to avoid
- Where they would like to die
- Who they would like to be with them when they die
- How they would like their body to be treated after death
- The kind of funeral they would like

Planning discussions should involve the client, their care providers, and any friends and family that the client wishes to involve. Plans need to be appropriately documented and made available to anyone who will be involved in the client's care or treatment. This might include paramedics, doctors and specialist nurses as well as the staff providing day to day care.

By recording, and regularly reviewing, clients' wishes and preferences care providers are ensuring that they can make informed decisions based on 'best interests' if the client is unable to make decisions themselves.

Situations when care providers or other health professionals need to make decisions on another's behalf include:

- When they are unconscious and require treatment
- When their mental capacity deteriorates and affects their ability to reason or understand information
- When the effects of alcohol or medication reduce their mental capacity
- When they are experiencing severe depression and lack the motivation to make decisions or take actions to meet their own needs (i.e. they are self-neglecting)

Documenting

Information gained from care planning sessions must be appropriately recorded in a way that allows it to be communicated to the client and those involved in their care while protecting sensitive information from being accessed by people who have no reason to see it.

Maintaining confidentiality of clients’ personal information is an important part of your responsibility to them; they must be confident that their details are kept safe and secure.

Records which may be used to support important decisions, such as whether to give medical treatment, should be read, signed and dated by the client to show that they are up to date and correct.

Reviewing

Care plans must be reviewed on a regular basis to ensure that they are always relevant and that they are altered to reflect changes which occur. At the end of care planning sessions the client, care givers and others involved should agree a date to assess the success in implementing the plan and to identify whether changes are necessary.

Chapter Three

Rights choosing and protecting

Adults in need of care have the same rights and power of choice as the rest of the population; they may, however, face daily challenges as people make assumptions about their physical and mental capacity based on their age, appearance or medical conditions.

It’s important that you empower your clients to be in control of their own lives by understanding their individual abilities and how they are best able to make, or participate in making, decisions about their life and issues which affect them.

Take some time to think about the table below, make some of your own suggestions on a note pad and then consider the issues raised after you’ve done it.

Choices I make on a daily basis E.g. what will I have for breakfast?
Choices about my future e.g. Will I go on holiday this year?
Choices about relationships e.g. Are there people I would like to spend more (or less) time with

We all have conditions placed on the choices we make, very few are truly free; for example what you can have for breakfast may be affected by availability, price and time; whether you have a holiday will depend on affordability and work. However, imagine how you would feel if choices were made for you.

Sometimes it can be a relief to have decisions taken for us; some people enjoy wearing a uniform because it saves them from having to think about what they are going to wear; but if you have strong opinions about your appearance you may not like having to wear clothes chosen by someone else.

Think about what your life might be like if you had to live it according to someone else’s rules. How do you think you would feel if your ability to choose was taken from you? What if the people who were making choices had very little understanding of you as an individual and were making decisions based on their own beliefs and values?

The Mental Capacity Act 2005

The Mental Capacity Act 2005 was designed to protect the rights of potentially vulnerable adults who might otherwise be prevented from making their own choices and decisions.

Before the Mental Capacity Act was introduced there was no way of ensuring that people who required care and support were being treated as competent adults. It is all too easy to make assumptions based on a person's behaviour or medical history and to believe that it will be in their best interests for you to act or make decisions on their behalf.

The Act is based on five key principles which together ensure that individuals are respected as competent adults; given every opportunity to make their own decisions and choices; treated fairly without prejudice or discrimination and supported to be as independent as possible.

The statutory principles

1. A person must be assumed to have capacity unless it is established that he lacks capacity
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action
   (Mental Capacity Act 2005 Code of Practice)

For the Mental Capacity Act to apply to an individual they must have a disturbance of their mind or brain which is affecting their ability to make a decision; we would then want to consider whether the person can:

1. Understand information given to them about the decision
2. Retain the information for long enough to make the decision
3. Weigh up the information i.e. consider the pros and cons
4. Communicate their decision

Competence must be assessed properly in order to ensure that you are not acting on prejudices or assumptions. The code of practice accompanying the Act states that 'A person's capacity must not be judged simply on the basis of their age, appearance, condition or an aspect of their behaviour.'

Each decision should be independently assessed, so inability to make one decision does not automatically mean that the person can't make any decision. For further information read Approved Care Training manual 'The Mental Capacity Act 2005.'

Advocacy

For various reasons some people find it more difficult to communicate their feelings than others. Many people receiving care would benefit from access to advocacy services to support them in understanding choices and contributing to decisions. It’s important that you are familiar with advocacy services available in your local area and that you know how to put your clients in touch with them.

Advocates can help to break down communication barriers between clients and care givers and can represent clients’ views in an unbiased independent way.

Risk management

Risk assessment is the process of identifying and controlling workplace hazards with the aim of protecting workers and others who may be harmed. Care providers have to maintain awareness that their work environment is their clients’ home and anything that is done to ensure safety has an impact. For example, emergency exits have to be signposted but it’s not ‘normal’ to have signs all over your house and they can make the premises look institutional.

It’s important that you do not limit clients’ freedoms unnecessarily; you have a duty of care to protect them but this has to balance with their rights. You cannot use health and safety concerns or your own personal feelings to limit clients’ lives. You must take a positive approach; listen to what the client wants and focus on how it can be achieved **not** the reasons why it might be difficult.

Good risk management maintains clients’ safety without affecting their freedoms. Suitably trained care staff must risk assess clients’ activities and make appropriate decisions about any potential dangers. These risk assessments should be done with the intention of enabling the activity to go ahead; they must not be attempts to find reasons why something shouldn’t happen.

Risk assessment has to be carried out on an individual basis in order to support equality and fairness; assessments must not rely on stereotypical ideas of client’s conditions. People with identical diagnoses will be completely different in terms of abilities and disabilities so while one may be able to live independently another may require a significant amount of support.

Decision making must be without prejudice or assumption; whoever carries out risk assessments must be confident in their abilities and unafraid of legal penalties. Good record keeping is essential so that if an individual does come to harm the reasons for allowing them to take actions are properly documented.

Chapter Four

Active Involvement and Participation

The principle of active participation is essential to the provision of person-centered care. All clients are to be encouraged to take an active role in planning for their own care needs, identifying ways in which their mental and spiritual wellbeing can be supported and influencing changes to the environment in which they live.

By enabling clients to actively participate in making decisions about all issues that might affect them you help to ensure the following:

- Needs are met in ways that suit individuals' cultural, religious etc. requirements
- Care needs are less likely to be overlooked
- People feel empowered to voice their own opinions and know that these will be given due consideration
- People know that they can speak out about practices that they feel to be discriminatory or otherwise abusive
- The environment reflects the diversity of the individuals within it reinforcing each one's sense of self and demonstrating that everyone is of equal value

The following resources might be helpful if you want to find out more about personalisation and active participation:

- www.scie.org.uk
- www.skillsforcare.org.uk

Involve your clients in developing different ways of planning and decision making; be creative and open to any ideas that are suggested and remember that a variety of styles can be used to suit different people and different situations.
The active participation of clients is an essential part of:

- Care planning
- Decision making
- Future planning of service provision

Regardless of their mental capacity all clients should be able to contribute in some way to all issues affecting them; including, but not limited to:

- Reviews of their care
- Assessments of quality of services
- Daily decisions such as what to wear / what to eat
- Longer term planning of care and health needs
- Financial plans
- Staff recruitment
- Activity planning
- Redecoration of premises

- Changes to the way services are provided
- Menu planning / catering arrangements

Suggestion for the client

Care planning sessions for individual clients should be planned as far as possible by them; they will decide on the people to be involved (see Chapter 2) and should be given control over the form that planning sessions will take. For example, they could be informal gatherings where everyone involved can make suggestions and there is very little structure, or they can have very specific plans with individuals being asked to demonstrate how they might support the client to achieve particular aims.

When clients are being asked for their opinions on services or other issues which affect a number of them the aim must be to gain honest responses from as many people as possible. Some may like to work in groups, for example as a residents' committee; while others may prefer the chance to respond confidentially to a survey, or to discuss their feelings one-to-one with a manager.

Communication

To ensure that your clients are given every opportunity to participate in planning and decision making you must understand and work with their individual communication needs. You need to know the best way for information to be given to the client and their preferred way of communicating their thoughts and feelings.

Use a note pad to record some ideas about the challenges posed in the boxes below.

Ways in which information can be communicated	**Ways in which clients might communicate feelings / thoughts**

Information can be given verbally, in writing or in pictures; people absorb information in different ways so consider using a variety of styles and be adventurous; film clips, photos, recordings and leaflets may all help to inform and educate a client about choices available to them.

If you are asking questions to get information be careful that you do not influence the answers. Open questions are usually more useful than closed questions (ones which can be given a yes / no response) as they tend to be more revealing.

E.g. Asking 'Do you like tea or coffee?' is likely to be answered yes / no or tea / coffee; while asking 'What do you like to drink?' is likely to get a more considered response regarding the client's normal drinking habits.

When involving clients ensure that you are actively listening and looking for their responses. People communicate in many ways, words are just a small part of it; you also need to look for gestures, body language, tone of voice and behavior that may alter the meaning of the person’s communication.

Sometimes, when people feel ignored or neglected them may communicate this through challenging behavior and it’s important to be able to identify this.

If a person is telling you one thing but their expression or voice is telling a different story you may have to work a bit harder to get their true response.

If clients find it difficult to express themselves verbally find a method of communication that they feel comfortable with. They may prefer to write things down, do drawings or use picture cards to show how they feel. Alternatively you may need to involve an advocate (see page 17) to represent the client’s interests.

Chapter Five

Fulfilling divers need

Residential care premises are often called ‘homes’; this word should conjure up images of comfort, familiarity and warmth but all too often it represents institutionalization and neglect.

Have a think about the positive emotions and things you associate with ‘home’

The challenge facing all care providers is that their premises have to represent ‘home’ to a group of people who may put very different meanings on the word. Some may see their home as a private sanctuary, somewhere to escape from other people and spend time alone; for others it’s a space full of noise and people where different generations come together to celebrate the good times and be comforted in the bad.

If these people are to share a space that space will have to take all of their needs into account. The following considerations are important:

- Relationships in the home must be based on tolerance and mutual respect – staff and clients alike must be educated and informed about equality and diversity and the home’s commitment to these principles
- Privacy must be respected – all clients must have their own private space; it is appropriate for staff to knock before entering bedrooms
- Shared spaces should have a well-defined purpose and offer a choice – there should be places where conversation is encouraged and places where people can go to sit quietly
- Televisions / radios should only be on when people actually want to watch or listen to them; they are for the benefit of clients not staff
- Everywhere should be clean, tidy and free of offensive odours
- Décor and furniture should be appropriate for the client group – there may need to be special consideration for the needs of people with conditions such as dementia; visual difficulties or physical disabilities

Care provision influencing

As we looked at in the previous Chapter all clients are to be involved in all aspects of service provision. From recruiting staff, to redecorating rooms or deciding when hot meals are to be served it is important that the needs of clients are the main concern. This may seem like an impossible task, and you may wonder how clients can be involved in areas like staff recruitment, but it’s important that you keep an open mind and develop new ways of working that are inclusive and responsive to changing client needs.

Allowing clients to be involved in creating adverts for new staff and the interview process helps them to feel more in control of, and engaged with, their care provider.

It gives them a personal involvement in the future development of staff members and helps to ensure that staff and clients will be compatible.

Clients may sit on interview panels or contribute questions to be asked; they may suggest certain attributes that they would like people to have or give their opinion of candidates' interpersonal skills.

Creativity

In moving away from traditional models of care providers have found that they need to be creative about how they provide services in order to be responsive to client needs in ways that are affordable and that staff can achieve.

For example:

- Caterers need to find out when clients would prefer to have their main meal of the day and look at ways in which food can be available at all times for people who don't have the same habits. Involving clients in growing and preparing foods and contributing to menu planning helps them to feel that they have a personal stake in the food provision and means that they are more likely to have a positive attitude to mealtimes
- Getting to know clients as individuals helps staff to develop good relationships with them and makes it more likely that they will recognise and respond to their personal needs
- Identifying skills that staff and clients could use to benefit everyone can help people to feel valued and can be a low cost way of encouraging activities and providing mental, physical and emotional support. For example people who know how to cut hair or apply make-up could run pamper sessions; skills such as sewing or painting can be taught to others or used to decorate the home or make items to sell.

Effectivity of Person-centered Approach

Person-centered approaches can benefit all businesses, not just care providers. It's becoming more common for employers to adopt flexible practices that encourage staff retention and improve job satisfaction.
For example:

- Shift patterns take into account the needs of different staff groups so that, for example, mothers can work around school hours
- Staff relationships are based on cooperation rather than hierarchical structures – people are supported to work to their strengths and develop their weaknesses; everyone's opinion counts
- In assessing staff performance managers seek input from colleagues and clients as well as supervisors
- Staff and clients are matched where possible, for example, clients would be asked to suggest particular qualities that they would like their key worker to possess to improve compatibility

Participatory Training

When you are a care giver it's important for you to take responsibility for your own development; your employer should help you to identify training needs and to take advantage of learning opportunities. You can learn in many different ways; you may read information in books or online; you might participate in group training sessions or complete distance learning manuals.

However you are supported to develop it’s important that you have the skills and knowledge necessary to fulfil your work role and meet the needs of the clients you support. So, if you are assisting clients with poor mobility you should be trained in manual handling and the use of appropriate equipment; all care givers should understand infection control and general health and safety; but beyond the basics it’s important for managers to identify the particular knowledge and skills that their workforce require.

Managers need to take the following into account when planning training:

- Client group – all staff will need appropriate training to deal with the common needs of their client group
- Staff profiles – it’s important to know what training and experience individuals have, how people learn best and what strengths / weaknesses and interests people have
- Specific needs – if clients have specific needs arising from physical / mental health conditions staff must receive training to understand these e.g. if a client has diabetes / epilepsy / dementia staff must be able to provide appropriate care for them
- Supervision / competence – managers must be able to identify how training will be put into practice and how results will be measured to ensure safe provision of quality care

Conclusion

To provide person-centered care organizations must put clients first and design services that can be responsive to diverse needs. Managers and care staff need to work in partnership with clients to identify new ways of doing things that allow people to experience the type of care they want in a way that promotes their rights and choices while protecting their safety.

Clients must be treated as people not problems and care givers should develop professional relationships based on trust and respect. To provide appropriate care workers must have a good understanding of equality and diversity and how they may affect issues such as the provision of personal care, dietary needs and communication.