

# Insights into Responsive

Charlie Jones  
COO  
BKRCC



**Hello!**

Charlie Jones, Chief Operating Officer

What makes  
you, you?



## What does person-centred care mean in reality?

A	B
I like to shower at night	I will shower at any time
It's a function for me	It's a sensory experience for me
I dress my top half first then the bottom half	I will take all of my clothes off then dress in the new clothes
I will go to bed when I am tired and wake around 6.30am	I need 10 hours of sleep or I will present with disruptive behaviours
I cannot go to sleep without checking the news	I cannot go to sleep unless I know the football scores for major teams around Europe

# Care Plan

## Person A

Charlie has always preferred to shower in the evening, usually immediately before bed. A shower usually lasts around 5 to 10 minutes for Charlie.

After a shower, Charlie prefers to dry the top half of her body then dress this half before drying and dressing her lower body. She will watch or listen to the news before going to bed once she is tired.

## Person B

Pete does not have a preferred time to shower. Showers are an important sensory experience for Pete and as such he showers over the first 5 to 10 minutes and then spends between 20 and 25 minutes just sitting in the shower bottom. Its important to note he is not 'doing nothing' he is enjoying the sensation of the shower and processing his thoughts for the day and may appear to be staring ahead when doing so.

After a shower, Pete will dry all over his body, remove the towel and then dress from bottom to top of his body.

Person-  
Centred  
does not  
stop with  
care plans

Menu planning  
Activity program  
Décor  
Staffing choices?



# Care Provision, Integration and Continuity

Develops person centred care further

Demonstrates your meeting the health and social care needs of the individual

How do you create seamless interactions with other involved services?

Care plans are followed

# Providing information

Information is provided in a means that is accessible

Approaches to communication are aligned with communication care plans

Staff demonstrate that they adapt information sharing and communication to the needs of the person they are supporting



# Listening to and involving people

Are you identifying and responding to complaints appropriately?

Meetings take place with relevant parties regularly

Does the service share relevant information with those in its care / their representatives?

# Equity in access, experiences and outcomes

Is the home (including the grounds) accessible?

Are medical services accessed when needed?

Do care plans reference the barriers people might experience and how these might be overcome?

Do staff advocate for those in their care to receive equal treatment and opportunities?

# Planning for the future

Often taken to be EOL care but could also be about greater independence

What would I like for my future and what are the stepping stones to get there

Rarely are people ready to talk about end of life care

Is not all about the DNACPR / ReSPECT form!

End of life care is more than symptom control (final days)

Consider meeting last wishes

Best to begin end of life planning at the point of admission

# Questions and answers

[Charlie.Jones@bkrcc.co.uk](mailto:Charlie.Jones@bkrcc.co.uk)  
07792132145 / 0116 2412142