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Research

Integrating person directed care into the client experience

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Abstract
Culture Change leaders in long term care have identified creative ways to implement a model of Person Directed Care to improve the client experience by providing choice, instilling dignity, and fostering deep relationships among its community members. One organization created an environment of care called "The Small House" and educated its' workforce using the Green House® Project Legacy Alignment program to redesign the organizational structure, experience and environment. Interviews were conducted with elders, staff, and family members (N=20) about their experiences living, working or visiting a Small House as compared to experiences in their previous dwelling, a traditional nursing home. They were asked to describe the biggest difference between the Small House and the traditional nursing home model, and the differences in the two models in terms of the food, personal care, and relationships. Study participants were also asked to rate on a likert scale satisfaction with their experiences in the traditional nursing home and the Small House. Results showed that satisfaction ratings were higher among all groups living, working, or visiting the Small House compared to the traditional nursing home setting. The themes that emerged most often in comparing the Small House homes to the traditional nursing home included choice, homelike atmosphere, positive sensory environment, and evidence of close relationships in the Small House. The Small House homes studied in this qualitative investigation appear to have captured the important elements that create real home and consistent care partners who know the elders deeply to keep them comfortable and engaged.

Keywords
Person-directed care, client experience, workforce, family satisfaction, relationships, engagement

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Introduction

In the world of healthcare, and in particular, long term care (LTC), very little remains the same. Healthcare has become politicized and is a frequent topic of conversation among consumers. Even with this attention there is one consistent truth; which is that if you ask a person young or old if they would ever want to live in a nursing home, the answer is typically no. Fortunately, over the last few decades, a growing number of nursing homes across the United States have been adopting what has been termed culture change transformations that focus on maximizing elder residents' life quality.[1] With new models of care which include environmental, organizational and programmatic redesign, it is hoped that the nursing home may be viewed as an important part of the continuum rather than the option of last resort. Models that give priority to elders' quality of life and highlight the importance of choice, individuality, and home rather than conventional nursing homes have that potential. Currently organizational structures where front-line caregivers are seen as decision makers providing key leadership and insight into the client experience exist. These are complimented by environmental designs that shift the paradigm from "homelike" to home. Financial feasibility, environmental limitations, policy restrictions, and administrative inertia do impose limitations on the necessary profound and deep change.

The Green House ® model has been described as the most comprehensive model of culture change or Person Directed Care.[2] The franchised model prescribes a radical redesign of nursing home life requiring all private rooms and private baths, open cottage kitchens and access to the outdoors. The program operates under three core values: meaningful life, real home and empowered workforce. The homes function within a self-managed work environment. The philosophy of care is Person Directed Care, which places the elders as primary decision makers. In cases where elders have more advanced dementia, their care

remains person directed as they are engaged through the deep knowing of their likes and dislikes by their informed caregivers. Some prior research has compared elder and family member satisfaction in living in and visiting Green House homes versus living in and visiting traditional nursing homes. Elders in Green House homes were more satisfied with the Green House as a place to live and receive care,[3] and family members with relatives in Green House homes were more satisfied with their relatives' care and their own experience as family members[4] compared to those with relatives in a traditional LTC facility. Furthermore, findings from the most rigorous analyses using the largest sample of Green House homes to date suggest that compared to traditional nursing homes, the Green House model is preferable as evidenced by fewer hospital readmissions, better status on three MDS measures of poor quality, and lower Part A/Hospice Medicare expenditures.[5] While implementation of the Green House model components varied across study sites, homes were most consistent in elements related to creating real home (e.g., private rooms, open kitchens) and staff empowerment (e.g., self-managed work teams; consistent, universal workers).[6]

Due to limitations, such as space, finances, governmental regulations, and continuity of care, many facilities find it challenging to transform their entire institutions to the Green House model. However, an early alternative was conceptualized as the "Household Model." It was described as "replacing the institutional culture and its environmental trappings with surroundings that foster warm, personal relationships; where small groups of elders supported by self-led teams determine their own lives and build community."[7] The Small House concept operates under the support of the Green House Project and shares the values of meaningful life, real home, and empowered workforce via person directed care and meaningful relationships. However, while the Small House environment is also designed to support the elder, it liberalizes aspects of the environmental footprint. For example, the Green House Project homes prescribe having 8-12 elders per household, only private rooms, and outdoor patios for all homes. The Small House Model which is not prescriptive allows for 13 elders per floor, double rooms, and facility outdoor space rather than patios associated with each Small House.

The purpose of this study was to better understand the differences between the Small House and the traditional nursing home experience for elders, their family members and the staff caring for them- all considered clients of the healthcare system. As such, four groups of clients: elders, care partners (i.e. direct care staff most similar to certified nursing assistants in the nursing home), clinical staff (e.g. nurses, social workers, and dieticians), and family members who had all experienced both models of care, were interviewed about those models of care. Specifically, they were each asked to describe the biggest difference between the Small House and the traditional nursing home model, and the differences in the two models in terms of the food, personal care, and relationships.

Methodology

Procedures

In the facility where this study was conducted, 300 elders receiving skilled care experience one of two distinct models of care: The Small House model or the Legacy model. Twenty-six elders live in two recently established Small House homes (13 elders in each household), while the "legacy home" was retained for the remaining elders. While the physical environment and organizational structure of the legacy home reflects a traditional nursing home model of care, the Small Household model is based on the three fundamental values of Green House: meaningful life, empowered staff, and real home.

Using structural and educational redesign on two floors of the existing nursing home, the two Small Houses were created. Direct care staff members working within Small Houses receive extensive training in person directed care using the Green House ® Project Legacy Alignment program based on the Green House philosophy. This training includes 180 hours of classroom learning and continues with lab practicum and culinary training. Care Partners (traditionally called certified nursing assistants in the nursing home) are the primary providers of care and the central staff members in the house. They are universal workers, who have the additional responsibilities of cooking, scheduling their own time, engagement with the elders, light housekeeping, in addition to responding to the personal care needs of the elders. The Care Partners work closely with Clinical Support Team Members who are physicians, nurses, social workers, dieticians, and rehabilitation specialists. In the Small House, there is an emphasis on communication among Care Partners and Clinical Support Team Members. Additionally, nurses provide more mentoring guidance to Care Partners in contrast to the more traditional and hierarchical supervision that is typically seen between nurse and certified nursing assistant in the traditional nursing home setting.

The Small House model builds in a natural career ladder, including wage increases, averaging 3%. Additionally, within the Small Houses, there is a flattened organizational system and team based reporting structure with self-directed work teams and a commitment to consistent staffing assignments. While the traditional nursing home communities have between 35 to 40 elders, the Small Household is home to 13 elders.

Study Design and Sample

Brief interviews were conducted by a research assistant beginning with a few quantitative rating items, followed by several open-ended questions to assess the experience in each model of care. Five persons from each of four groups including elders, family members, Care Partners, and Clinical Support Team Members participated (total sample = 20). Elder/family member dyads were not sampled for specifically but could be included in the study. This study was approved by the facility's Institutional Review Board.

The study took place in two Small House communities that are part of the larger nursing home containing traditional nursing home floors. The Small House communities have private rooms, a common kitchen and dining area with a family style dining table with a place for each elder, and rooms are equipped with medicine cabinets and other innovations that promote an atmosphere of home. Persons who live, work, or visit on these two communities include a total of 26 elders, 26 designated caregivers, 21 Care Partners, and 10 Clinical Support Team Members. Eligibility criteria for the study included having experience with living /working /visiting for at least one month in each of the settings: a Small House community and a traditional long-term care (LTC) facility. For elders, eligibility criteria also included being sufficiently cognitively able to participate in the interview. The Small House Guide (coach / supervisor for the Care Partners) provided a list of eligible elders, family members, and staff members. All participants had experienced the traditional setting first and were currently living in a Small House.

Potential subjects were randomly selected and asked whether they were interested and willing to consent to study participation. Random selection continued until 5 subjects in each of the four groups agreed to participate. Interviews were conducted in a private room in the Small House with the exception of 4 of the 5 family member interviews which were conducted over the telephone. Interviews lasted approximately 15 minutes.

Measures

Assessment of Client Experience

Satisfaction Ratings. All participants were asked to rate their satisfaction with their experiences in the traditional nursing home and the Small House on a scale from 1-10 (1=not at all satisfied; 10=very satisfied).

Elders were asked to rate their satisfaction on 4 items:

- living in the Small House
- living in the traditional LTC community
- the care received in the Small House
- the care received in the traditional LTC community

Care Partners were asked to rate their satisfaction on 6 items:

- working in the Small House
- working in the traditional LTC community
- their care responsibilities in the Small House
- their care responsibilities in the traditional LTC community
- the relationships with the elders in the Small House
- the relationships with elders in the traditional LTC community

Clinical Support Team Members were asked to rate their satisfaction with 4 items:

- working in the Small House
- working on the traditional LTC community
- their care responsibilities in the Small House
- their care responsibilities in the traditional LTC community

Family Members were asked to rate their satisfaction on 4 items:

- visiting their family member in the Small House
- visiting their family in the traditional LTC community
- care their family member receives in the Small House
- care their family member received in the traditional LTC community

All participants were also asked whether they would want to return to the traditional LTC community (elders to live, families to visit, staff members to work).

Open-Ended Questions. A series of open-ended questions were asked for each of the four groups that explored differences between the Small House and the LTC community. Respondents were asked to identify the (1) *biggest difference* living/working/visiting in the Small House and the LTC community (multiple responses were accepted). Other questions asked about any differences in the (2) *food eaten and/or meal time;* (3) *the personal care received/clinical care provided; and* (4) *the relationships between all dyads* – elders with: other elders, Care Partners, and Clinical Support Team Members; Care Partners with other Care Partners and Clinical Support Team Members; Clinical Support Team Members with each other and Care Partners; and family members with Care Partners and Clinical Support Team Members. Finally, all four groups were asked about the *amount of control* elders have over their day; and Care Partners were asked about the control they have over their work day/duties.

Coding of Client Experience

The process of developing and refining the coding system guidelines progressed in several stages. Codes were developed based on participant responses. Multiple responses were permitted for each question. Two of the investigators read and coded each set of interviews, for one respondent group at a time. After the two coders separately read and coded the five interviews for the Care Partners, they met and decided on the initial draft of the coding scheme reaching 100% agreement on coding for the first group. The coders then met after they read and coded each of the next three sets of respondent interviews. Any added codes were discussed, coding decisions were compared, and any disagreements were discussed. This was done until the percentage agreement among the coders was 100% for each group. A total of 30 codes were utilized. In the next phase of coding, a third investigator joined the two coders, and each reviewed the 30 codes and individually reduced / combined the number of codes. The three coders then met and together, agreed upon a reduced set of 11 codes. The reduced coding scheme was then applied to the data. A table showing the final set of 11 codes along with the 30 initial codes is provided. (Table 1)

Findings

Sample Description

Demographic variables were assessed for each of the 4 groups. The first Small House opened in April of 2014 and the second in November 2014. Data were collected in the spring of 2016. All five of the Care Partners had worked in the study facility for a number of years with four of the five Care Partners having worked on the traditional LTC unit for over 9 years (the longest for 14.5 years) and the fifth having worked there for 3.5 years. Length of time in the Small Houses ranged from 6 months to 25 months (M =18.4 months). Two of the Care Partners were between the ages of 35-44 years old, two were between 45-54 years, and one was between 55-64 years. Four of the 5 were Black and one was Asian.

The Clinical Support Team Members who participated in the study included two Nurses, two Social Workers, and a Food Service Manager. One was between 25-34 years of age, 3 were between 45-54 years, and one was between 55-64 years. Three participants were white, one was Black, and one was Hispanic. The amount of time the Clinical Support Team worked on traditional LTC units ranged from 11 months to 22 years (M=9.2 years). There was less variability in the amount of time the Team Members worked in the Small House, with four of the participants there for 25 months and one for 7 months (M=22 months).

The elder participants were four females and one male resident aged 84 to 98 years (M=92.2 years). Four of the elders were white and one was Asian. The amount of time living in the Small House ranged from 6 to 25 months (M=14.6 months). The amount of time living on the traditional LTC unit ranged from 1 to 34 months (M= 11 months).

The five family members consisted of three daughters, one daughter-in-law, and one son. All had a mother or mother-in-law who lived in a Small House for between 7 to 25 months (M=14.4 months) and had lived in a previous traditional long-term care facility for between 1 to 8 months (M=4.1 months). All five family members were white. Two family members were between the ages of 45-54, two were between the ages of 55-64, and one was between the ages of 65 to 74.

While most subjects had previously lived or visited this facility's LTC units, two family members and one elder had also visited/lived at another facility's traditional long-term care settings.

Client Experience

Satisfaction Ratings. A comparison of mean scores showed that each of the satisfaction ratings for living/working/visiting in a Small House for each of the four groups of participants (elders, Care Partners, Clinical Support Team Members, family members) was significantly higher than the comparison ratings for the LTC community. (Table 2) Care responsibilities and relationship ratings for all groups were almost all rated significantly higher for Small Houses compared to LTC communities for all groups. There were only two cases where the rating for Small House and LTC communities did not differ significantly, and that was the elders' rating of the care received in each setting, and the responsibilities of Clinical Support team members. However, average scores for both of these items were in the direction of higher satisfaction for Small House versus the LTC community. One hundred percent of participants indicated a preference for staying in the Small House, versus ever returning to a LTC community.

Biggest Difference. Responses for each of the four groups about the biggest difference between the Small House and LTC communities are displayed in Table 3. Results showed that there were 48 total responses, with the fewest responses from the elders themselves. The three most widely reported responses across all four groups regarding the biggest difference in the Small House versus the LTC communities (together representing 61% of all responses) were greater choice, a more positive sensory environment, and a more homelike atmosphere in the Small House homes compared to the legacy communities. Looking at additional responses within the individual groups, Care Partners also noted having more time in the Small House. Additional responses shared by Clinical Support Team Members included evidence of person directed care and

Table 1. Coding Scheme

A. More Time
B. Choice
- Choice over meal/snack time
- Choice of food
- Choice over clothing
- Choice over bath shower
- Choice over sleep/wake
- Choice over toileting
- Choice over activities
- Choice over friends
- Dignity of independence
- Have control/autonomy

C. Homelike
- Like family
- Like home
- Staff & residents eat together
- Food prepared on site (by Care Partners)

D. Positive Sensory Environment
- Positive to the senses (e.g. taste, smell)
- Better environment (e.g. more quiet, calm)
- Positive emotional experience (e.g. happy, appealing)

E. Person Directed Care is Evident
F. Better Quality Care
G. Good Working Relationship/ Self-Managed Team
- Good work relationships
- Know each other's strengths & weaknesses
- Joint decision-making
- We agree to disagree
- Good communication

H. Closer Relationships
- Close relationships between staff & residents
- Close relationships between residents
- Close relationships between family & staff
- Know each other better
- Staff & residents have fun together
- Staff & residents talk together

I. New Role of Care Partner
J. More to do in Small House
- More work in Small House
- Don't want to take breaks; prefer to ensure elder's comfort

K. No Differences
- Same care tasks in both places
- Food is same in both places
- Same care quality
- Same relationships

close relationships as differences in the Small House compared to LTC communities. Here are some illustrative quotes about the "biggest difference "question; note: bracketed descriptors are the themes as coded:

An elder said, "*Too many people at the traditional nursing home. Too noisy with the TV and talking. Here it is quiet.* (positive sensory environment) *I can talk with friends, read, and go to my room* (choice)."

A family member said, *"It is less crowded, calmer, the physical space is nicer."* (positive sensory environment).

A Care Partner said, *"There is a homey* feeling (homelike), *They get up when they want* (choice). *They eat when they want* (choice).

Another Care Partner said, *"There are more interactions with the elders. In the traditional nursing home, you just get them up and to eat."* (more time)

A Clinical Support Team Member said, *"It is more "home" here. Their rooms are more like home, pictures, furniture* (homelike). *Individualized, even meds.* (Person directed care) *I speak with them, I get their needs also. We talk* (close relationships). *I love this environment. There is more time here – No Rush!"* (more time).

Food/Meals. Results for any reported differences in food/meals are reported in Table 4. There were 52 total responses, and again the three most widely reported

Table 2. Participant Satisfaction with Small House and LTC Community (1=Not Satisfied; 10=Very Satisfied)

	Small House (M)	LTC Community (M)	t
Elders			
Overall living on this community.	8.8	4.6	3.02*
The care you receive here.	9.2	5.8	2.49+
Care Partners			
Overall working here.	8.8	4.0	8.23**
The care responsibilities you have.	9.4	5.2	7.20**
The relationships you have with elders.	10.0	5.6	3.42*
Clinical Support Team Members			
Overall working here.	9.00	6.60	6.00**
The clinical responsibilities you have.	9.40	7.60	2.45+
Family Members			
Experience visiting family member.	9.6	5.8	6.52**
Care your family member receives.	9.6	7.4	3.77*

Note: +p<.10; *p<.05; **p<.01; N=5 in each group

Table 3. Biggest Difference Between Small House and LTC Community

	Family Members	Elders	Care Partners	Clinical Support Team	Total
More Time	1	0	4	2	7 (15%)
Choice	1	3	4	2	10 (21%)
Home Like	5	0	2	2	9 (19%)
Positive Sensory Environment	6	2	0	2	10 (21%)
Person Directed Care is Evident	1	0	0	3	4 (8%)
Better Quality Care	0	0	1	0	1 (2%)
Good Working Relations	0	0	0	0	0 (0%)
Close Relations	1	0	1	3	5 (10%)
New Role of Care Partners	0	0	0	1	1 (2%)
More to do in SH	0	0	1	0	1 (2%)
No Difference	0	0	0	0	0 (0%)
TOTAL	15	5	13	15	48 (100%)

answers for differences in food/meals between the Small House and LTC communities included greater choice, more homelike, and having a positive sensory environment (together totaling 80% of all responses for this question). All four groups were fairly consistent in choosing these responses. Some illustrative quotes are listed below.

An elder said, *"I do like it here (Small House). If I don't want something, I can change it to something I want. Previously (nursing home), I just ate what they gave me.*" (choice)

Another elder said, *"Food in the Small House is alright. I like it much better. It is cooked better, tastes good, good to eat. It is healthier, more ingredients, good taste."* (positive sensory environment)

A family member said, *"It is like her home (Small House). Food is made fresh right there. In the nursing home, it was more industrial."* (homelike)

A Care Partner said, *"The food is like if you were at your own home.* (homelike) *There is a difference - a taste, smell, like at your own home* (positive to the senses).

A Clinical Support Team Member said, *"There is a big difference - homemade food* (homelike)*, gives a feeling like home.* (homelike) *We are all together, like a sisterhood."* (homelike)

Personal Care. Responses for how personal care differs in the Small House compared to LCT communities is reported in Table 5. There were 41 total responses, and the pattern differed for this item compared to the previous two questions. While greater choice was also one of the most common responses for this item, more time was reported with the highest frequency (these two answers represented 35% of all responses). The category with the next highest number of responses was close relationships (12%). Overall, there was more variability in the range of responses among the four groups concerning this item.

Here are some illustrative quotes for the differences in personal care in the Small House versus the LTC communities:
An elder said, *"Before bed, they wash you or give a shower. They didn't get too involved previously.* (better quality care) *We discuss the next day plans."* (close relationships)

A family member said, *"It is amazing. Take so much time with all the residents even with those who do not have visitors*." (more time)

A Care Partner said, *"In the traditional nursing home, everything is done quickly. Here it is slower, giving them the dignity of helping themselves."* (more time; choice)

A Clinical Support Team Member said, *"In legacy, there is a cart I push from room to room with a time limit - always a rush. Here (Small House), it is personal* (Person directed care is evident). *There is time for charting or using a laptop.* (More time) *You can talk to them.* (Close relationships)
Relationships. Another set of questions asked about the relationships between all dyads including Elders with Others (Table 6), Staff with Staff (Table 7), and Family with Staff (Table 8). There were 29 responses for Elders with others and the most widely reported response was having "close" relationships (59% of all responses) in the Small House compared to the LTC communities (Table 6). Elders reported that they felt close relationships with other Small House residents compared to the other residents in the LTC communities, and they also felt close relationships with Care Partners and Clinical Support Team Members in the Small House versus the LTC communities. Here are some quotes:

One elder said about other residents*, "I have good relationships here with the others (residents). Not as good in the nursing home."*

One elder said about Care Partners, *"The relationship is "alright" with them (Care Partners). I like them better here - they talk, are more sociable, friendlier here (Small House)."* One elder said about Clinical Support Team Members, *"Good, better than in the nursing home. They are not lively there."*

In describing relationships with Elders in the Small House compared to the LTC communities (Table 6), Care Partners and Clinical Support Team Members mentioned a number of aspects of relationships with elders in addition to feeling close, including spending time talking together, getting to know each other better, and having fun together compared to relationships in the legacy homes.

One Care Partner stated, *"I have a good time with them. We work with them, talk with them, we laugh and tell stories and listen to theirs. We make them happy and they make us happy too. They tell you their feelings. There is more time to interact here (Small House). We are always here for them."*

One Clinical Support Team Member reported, *"I love the elders! Their stories make you laugh. There is no rush (Small House). We can spend time and develop relationships."*

Care Partners and Clinical Support Team Members also compared their relationships with each other in the Small House compared to the LTC communities (Table 7), and of the 29 total responses, 59% focused on good working relationships and another 21% mentioned good communication.

A Care Partner speaking about relationships with other Care Partners said, *"Good! We work together, we know what to do when we get in. We do not have to ask for help. We know each other's strengths and weaknesses and we help each other that way."*

Table 4. Differences Between Small House and LTC Community - Food/Meal

	Family Members	Elders	Care Partners	Clinical Support Team	Total
More Time	1	0	1	1	3 (6%)
Choice	0	3	7	3	13 (25%)
Home Like	6	1	8	5	20 (38%)
Positive Sensory Environment	1	3	3	2	9 (17%)
Person Directed Care is Evident	1	0	0	1	2 (4%)
Better Quality Care	0	0	0	0	0 (0%)
Good Working Relations	0	0	0	0	0 (0%)
Close Relations	0	0	1	2	3 (6%)
New Role of Care Partners	0	0	0	0	0 (0%)
More to do in SH	0	0	0	0	0 (0%)
No Difference	0	1	0	1	2 (4%)
TOTAL	9	8	20	15	52 (100%)

Table 5. Differences Between Small House and LTC Community - Personal Care

	Family Members	Elders	Care Partners	Clinical Support Team	Total
More Time	3	1	4	1	9 (22%)
Choice	2	1	3	0	6 (15%)
Home Like	0	0	0	0	0 (0%)
Positive Sensory Environment	1	0	1	2	4 (10%)
Person Directed Care is Evident	0	0	0	2	2 (5%)
Better Quality Care	1	2	1	0	4 (10%)
Good Working Relationships	0	0	0	3	3 (7%)
Close Relationships	0	2	2	1	5 (12%)
New Role of Care Partners	1	0	0	2	3 (7%)
More to do in SH	0	0	1	0	1 (2%)
No Difference	0	1	2	1	4 (10%)
Total	8	7	14	12	41 (100%)

A Care Partner speaking about relationships with Clinical Support Team Members said, *"Its good! We can speak with them if we have any problems. It is a good relationship."*

A Clinical Support Team Member speaking about relationships with Care Partners said, *"They are wonderful. They do not feel as stressed or overwhelmed (Small House). At the nursing home, they have too many patients. In healthcare, there is already a lot of stressed out people."*

A Clinical Support team member said about relationships with other Clinical Support team members, *"Everyone at the Small House is more laid back. It is not stressful. Communication is easygoing. We are on the same agenda."*

Finally, family described their relationships with Care Partners and Clinical Support Team Members (Table 8). Family members reported a total of 10 responses that described close relationships between staff and family in the Small House compared to the LTC communities.

For example, one family member said the following about relationships with Care Partners, *"Excellent, like a family. We kiss hello, are very comfortable."*

Another family member described a close relationship with Clinical Support team members in the Small House compared to the legacy home, *"Across the board, they are awesome. I trust them. I am getting to know them better.*

Autonomy. Elders, Care Partners and Family members were asked about the *amount of control* elders have over their day in the Small House compared to the LTC communities. For elders, choices mentioned focused on different leisure

Table 6. Relationships: Elders with Others

	Elders about Elders	Elders about Care Partners	Elders about Clinical Support Staff	Care Partners about Elders	Clinical Support Staff about Elders	Total
Staff & Residents Talk Together	0	1	0	2	1	4 (15%)
Know Each Other Better	0	0	0	2	1	3 (11%)
Staff & Residents have Fun Together	0	0	0	1	1	2 (8%)
Close Relationship Between Staff & Residents	0	5	5	4	3	14 (54%)
Close Relationship Between Residents	3	0	0	0	0	3 (11%)
TOTAL	3	6	5	9	6	26 (100%)

Table 7. Relationships: Staff with Staff

	Care Partners about Care Partners	Adirim about Clinical Staff	Clinical Support Staff about Care Partners	Clinical Support Staff about Care Partners	Total
Good work Relationship	4	5	4	4	17 (59%)
Know each other strengths and weaknesses	1	0	0	0	1 (3%)
Joint Decision-Making	1	0	2	0	3 (10%)
We agree to disagree	2	0	0	0	2 (7%)
Good communication	1	3	1	1	6 (21%)
TOTAL	9	8	7	5	29 (100%)

Table 8. Relationships: Family with Staff

	Family about Care Partners	Family about Clinical Support Staff	Total
Staff & Residents Talk Together	0	0	0
Know Each Other Better	0	2	2 (20%)
Staff & Residents have Fun Together	0	0	0
Close Relationship Between Staff & Family	4	4	8 (80%)
TOTAL	4	6	10 (100%)

activities (4 responses), and having an overall sense of control (3 responses). Care Partners had the most varied responses regarding residents' sense of control including an overall sense of control in the Small House (3 responses), choice over leisure activities (2 responses), choice over sleeping/waking (2 responses), choice of food (2 responses), choice of clothing (1 response) and choice regarding toileting (1 response). Similar to the elders, Family Members reported choices that focused on different leisure activities (2 responses) and an overall sense of control (4 responses).

For example, one elder said the following about choice in the Small House versus the LTC community, *"I do what I want. Whenever it is interesting, I go. I enjoy all that - arts and crafts, and ceramics."*

A Care Partner said, *"If they are sleeping, we leave them. They have choices in what they want to eat and when to get up. They have all the choices."*

A family member said, *"She has a lot of control here (Small House), encouraged to join activities but not coerced. She has autonomy, good activities. She is asked what she feels like doing. She has independence."*

Finally, Care Partners were also asked to compare the extent to which they feel they have control over their work day /duties in the Small House setting versus the LTC Community. Each of the 5 Care Partners interviewed stated that they felt they had control over their day in the Small House. Two Care Partners added the importance of having more time with residents, and two others stressed knowing what the elders need and want and accomplishing that for them. One Care Partner further stated she meets the elders' needs even though there is more work to do in the Small House.

For example, one Care Partner said, *"I have 100% control over what I am doing, taking care of my elders and knowing their wants and needs."*

Another Care Partner stated, *"In the legacy, it is the time - you have to rush. Here (Small House) we take our time since we have less residents."*

Discussion

Overall, study findings show a preference for the Small House model experience compared to the traditional LTC experience on the part of all four participant groups – elders, family members, Care Partners, and Clinical Support Team Members. This is not surprising given the environmental changes on the Small House communities, the consistent staffing that nurtures deep knowing of elders and fosters close relationships, the more homelike atmosphere (e.g. cooking in the household), and elder choice over aspects of daily life including waking, eating, activities, and sleeping. The communication and positive interaction between and among Care Partners and Clinical Support Team Members was also evident.

Based on the study responses, having more time and deeper relationships were clearly appreciated in the Small House model. The responses concerning having more time in the Small House are consistent with findings from the THRIVE research; "Green House Project direct caregivers spend twice the amount of time per elder than the traditional model."[8] More time may be a critical factor facilitating the attainment of deeper relationships which in turn may positively impact the client experience.

The themes that came up most often in comparing the Small House homes to the LTC communities included choice, a homelike atmosphere, and a positive sensory environment. There was also evidence of closer relationships in the Small House which is a critical aspect of daily life for both elders and staff members.

While participants preferred the Small House model, room for improvement was noted in a couple of instances. For example, a family member stated she would like to hear from a physician when medications are changed. Additionally, there was some limited evidence of Care Partners perceiving that the workload in the Small House

is greater, yet they indicated that because of their dedication to the elders this was an acceptable tradeoff.

Overall, it appears that the Small House homes studied in this qualitative investigation have captured the important elements described in prior research including the elements that create real home and consistent care partners who know the elders well and are able to keep them comfortable and engaged.[6]

There were a number of limitations in this study that should be addressed. The present study solely investigated the experiences of more cognitively intact elders. Moreover, even elders able to take part in the interview seemed to have difficulty elaborating on their experiences. While elders are immersed in these environments 24 hours a day, seven days a week, they provided the fewest number of responses when describing the differences between Small House and LTC communities, perhaps due to cognitive challenges. Another possibility is that once their preference for the Small House was noted, the underlying reasons were of less interest to them. We stress that staff and family opinions should not be considered proxies for elders' opinions.

As the study utilized a convenience sample, the sample size was small and all of the subjects experienced the LTC community and the Small House in the same order (LTC community first followed by the Small House) perhaps resulting in an order effect. The analysis of the quantitative data indicated that every subject across all four groups reported a preference for the Small House over the LTC community strengthening the finding despite the small sample size. All participants in our study stated they would not want to return to the LTC community after having lived in the Small House.

This qualitative look at client experience in the Small House model in comparison to the LTC communities has informed the further development of Small Houses in our long-term care settings. Further research focusing on documenting specific components of program implementation, and effects on the life quality of elders across all levels of cognitive status, and on the promotion of greater family interaction in the Small Houses is needed. The New Jewish Home is committed to this model of Small House operating as Green House Project Homes.

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