

Irish Journal of Applied Social Studies

Est 1998. Published by Social Care Ireland

Volume 15 | Issue 1

2015

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Recommended Citation

Gallagher, Carmel M. Dr and Edmondson, Ricca Prof. (2015) "Identifying Key Elements of Social Care Practice in Successful Care Settings for Older People in Ireland: Steps towards 'Wise' Social Care," *Irish Journal of Applied Social Studies*: Vol. 15: Iss. 1, Article 6.
doi:10.21427/D7GB1C

Available at: <https://arrow.tudublin.ie/ijass/vol15/iss1/6>

Identifying key elements of social care practice in successful care settings for older people in Ireland: Steps towards 'wise' social care

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Vol. 15(1), 2015, 57-69.

Abstract

This article examines wise social care practices in two elder care settings in Ireland, a day centre in Dublin and a nursing home in the West of Ireland. Based on interviews with staff and service-users as well as close observations of interactions in each setting, the paper describes social care practices which have empowering and enabling effects. These practices are explored in the light of understandings of practical wisdom and in the context of connectedness to surrounding communities. The article describes multi-dimensional and authentic relationships which extend beyond the centres themselves and represent a blend of affective, cognitive and ethical capacities of those in charge that elicit positive responsiveness in others. The humane practices we report on here are less observable and translatable into 'best' practice than HIQA regulatory standards. Yet, in order to achieve person-centred care, practices that are more strictly measurable should not be the only criteria of 'excellence' in care settings. Inspections should also focus on the quality of the relationships that can be termed 'wise' practice; these inspections themselves need to be carried out wisely.

Key words: care settings for older people, practical wisdom, wise care practice, regulatory standards, ethical care, care embedded in communities

Introduction

This paper examines two care institutions for older people in Ireland, aiming to discern more about *doing* social care work with older people, and how it can be conceptualised and assessed. Excellent 'quality of life' for vulnerable people and a health service where everyone can enjoy wellbeing to their full potential are key aims of Ireland's health strategy (DoHC, 2001; DoHC, 2013); but regulatory frameworks may be challenged by the need for 'practical wisdom' (Schwartz & Sharpe, 2012) associated with good social care. We hope to cast some light on what 'wisdom' implies in the settings we examine, on how they function and how they can be evaluated. Caring for human beings cannot be formulaic but is mediated through the subtleties of mutual relationships, never simple to prescribe; this should be reflected in assessment processes.

New legislative standards were introduced in Ireland in 2009 for all residential settings (public, private and voluntary) where older people are cared for and for which registration is required (DoHC, 2009). Inspection of these services began in 2009 by the Health Information and Quality Authority (HIQA), established under the 2007 Health Act. This regulatory framework incorporates 32 standards (HIQA, 2009); laudable though these are, there is a danger that compliance may be envisaged in terms of strictly

measurable conduct. Personal and cultural processes giving meaning and purpose to the lives of those they affect go beyond schematic intervention programmes and task regimes (Edmondson, 2015). Hence we explore informal elements of day-to-day practice which provide care in ways that are experienced as genuine and humane.

The HIQA standards reflect tensions connected with prescribing, practising and assessing care. They are designed to improve services while recognising that, to achieve more ‘person-centred’ models, a ‘cultural shift’ is required, with ‘courageous and imaginative’ leadership by owners/managers of care settings and staff (HIQA 2009, p. 7). Standard 18, for example, ‘Routines and Expectations’, contains some relatively easily measurable stipulations; criterion 18.6 requires that ‘up-to-date information on activities is circulated to each resident or his/her representative, in formats suited to his/her capacities’. Yet, other criteria require daily routines and activities that are flexible and suit residents’ interests (18.1); that enable residents to live in a manner akin to their own homes (18.3); and that give opportunities for participation in meaningful and purposeful activity (18.2). These are much more challenging and less translatable into standardised measures, calling for blended approaches going beyond the institution itself, and activating resources of family, friends and community. There is a real possibility that energy may instead be given to compliance with more measurable and enforceable items. The need to *collect evidence* for good care also risks generating a certain ‘bureaucratic instrumentalism’ (Porter, 2015).

We therefore focus on less easily-measured elements of social care practice that create experiences well-regarded by users, staff and community members. We have selected two care settings with practices highly approved by other commentators, but that are not identical in function; we are seeking forms of behaviour which are not completely organisation-specific. Nonetheless they have comparable aims, service-users and staff. Since nurse-managers’ key role in creating ‘person-centred’ services has been highlighted in international literature (Kitson, 1991; Wright & McCormack, 2001; Acheson & Harvey, 2008). We shall be attentive to their contributions, but also those of staff, service-users, volunteers and others, since more than one person is involved in evolving an organisational culture. We shall examine day-to-day practices that have created places where people are happy to be, with high expressions of well-being. We do not claim that everything about these settings is perfect; these are ordinary human contexts. But they allow us to explore the idea of wisdom as an enabling, transactional concept (Edmondson, 2015) which casts light on the quotidian but dynamic role of ethics in organisational culture.

Care Centres as organisations

Reflecting Ireland’s mixed-economy-of-welfare model, day centres and residential nursing homes are located at intersections between family, market, state and community/voluntary sectors. The voluntary/community sector is the largest involved in day care; the majority of day centres are small, operated by voluntary groups in local or parish centres; grant-aided by the HSE, they also rely on fundraising (Gallagher, 2008). Private nursing homes are the main providers of long-stay care for older people, followed by the HSE and the voluntary sector. Circumstances in Irish residential settings have varied dramatically; Cooney & Murphy contrast settings where residents felt ‘in charge’ of their own lives, with others where they felt ‘powerless and

vulnerable' (2009, p. 171). In the context of Ireland's relatively low expenditure on older people's services (Walsh & O'Shea 2010, p. 33), what can practicably be done to make nursing homes as pleasant as possible for those who live and work in them?

Both day centres and long-stay residential centres are complex social systems requiring constant alertness to why things are done and how: to the underlying aim or 'telos' of the organisation's central activities (Schwartz & Sharpe, 2012). Organisational cultures involve taken-for-granted, often tacit orientations (Fook, 2002) that need appropriate guidance. Yet a common definition of organisational culture, 'the way we do things around here' (Lundy & Cowling, 1996), captures the elusiveness of the routine behaviour, values and feelings that coalesce in shared understandings and practices. 'Culture epitomises the expressive character of organisations; it is communicated through symbolism, feelings, the meaning behind language, behaviours, physical settings and artifacts,' according to Martins and Terblanche (2003, p. 65). They propose that organisational cultures that support continuous learning through open, transparent communication, based on trust, will positively influence creativity and innovation. Bennis argues that effective leaders provide guiding visions, passion, integrity composed of self-knowledge, candour and maturity, trust which is earned, curiosity and daring (1989). These are capacities for which the word 'wisdom' was traditionally used (Edmondson, 2005). In our observations, among the variety of capacities traditionally assembled as 'wise', ethical capacities were key.

Creating a culture of excellence in social care requires a synergy of values, behaviours, norms and processes involving all stakeholders, under the baton of the Manager (to use the HIQA term, 'the person in charge'). We explore more about *how* these values are salient in everyday social care, notably the empowering role of ethics in the way they are exercised. Edmondson (2013) has further developed understanding of practical wisdom as an *enabling* capacity observable in different social contexts, such that people participating in wise processes become able to move on from problems or constraints. This is more than merely *recognising* the wisdom of wise managers; wise behaviour by people in charge sets creative actions in motion among other participants in their settings. We shall see that wise practices in both centres seem able to supply such enabling dynamics, to the benefit of both service-users and staff.

Aims and methods

We now explore social care practices involved in two institutional settings – a day-care centre in the East of Ireland and a care home in the West - that have been independently praised by other individuals or organisations for providing a high quality of care. The main fieldwork was carried out between 2012 and 2014. We examined interactions involving staff, service-users, volunteers and policy makers, investigating what makes these two centres good in the eyes of those who work in them or participate in them as service-users. We seek to understand the underlying sense of the interactions involved: what people do and how they interpret their own and others' contributions. This paper therefore confronts the blend of practices and values that make activities in these centres a valued resource to inform policy and practice.

The research involving Court Centre (fictitious name) in Dublin is based on interviews with six people representing the key stakeholders: the female Manager, a female

member of the care staff, the male voluntary Chairperson of the Board of Management, a male and a female service user and a female official in Dublin City Council who had responsibility for sheltered housing during the development of Court Centre.. The male service user (Service User 1) lived about two kilometres from the centre while the female service user (Service User 2) lived in the adjoining sheltered housing. In the case of Ireland West nursing home (also a fictitious title), one of the authors has been familiar with it since her mother resided there over a decade ago. Apart from frequent repeat visits and conversations since that time, in April 2009 and October 2014 she conducted extensive interviews with the matron (director of nursing) and owner/manager; she regularly converses with residents and neighbours who visit to play cards or socialise with those who live there. Ethical permission was obtained from the Dublin Institute of Technology for research at Court Centre; we have encouraged the 'persons in charge' in both centres to read our work and offer feedback.

While the findings presented here begin by focusing on the role of the Manager of Court Centre and her contribution to its culture, the interviews also elicited insights into service-users' own contributions to the centre's common understandings. The matron of the Ireland West home herself stressed the influence on a home's atmosphere of lively, engaged residents. 'Excellent' practice is a two-way process.

This is illustrated not only in the history, structure and routines of these centres, but also in the expressive character and the 'why' of these organisations, in the context of links with the surrounding community. The key roles of the persons in charge focus on values, vision, ability to motivate staff, resourcefulness, flexibility and responsiveness to varied situations and people. But playing a key role does not mean playing an independent role; rather, we argue that managers' interactions with service-users, staff and other stakeholders exemplify wise social practices that enhance the conduct of others, who are treated as equals in the settings in which all are engaged. In our view, a blend of personal qualities, interpersonal competences and ethical awareness by significant staff members instigate forms of wisdom that are completed by responses from staff and service-users. This leads us to consider implications: how can wise care for older people be both practised and assessed?

Findings: history and structure of the Centres

Court Day Centre opened in 2000 as a purpose-built centre in the grounds of a local-authority sheltered-housing complex about four miles from Dublin City Centre. It aimed to provide integrated care, incorporating health and day-care facilities in conjunction with sheltered housing but also serving the surrounding community. It is open from 9 am to 4 pm, five days a week; daily attendance varies from some fifty to eighty people. The centre is staffed by a Manager, there since the beginning, three full-time staff, five part-time workers, eight FÁS workers (staff on state training schemes) and twenty volunteers. Apart from those transported by bus, service-users can come to the centre at any time and stay for as much of the day as they wish; the nurse can be seen by appointment. Dinner, served at about 12 o'clock, is a high point of the daily programme, which includes the ever-popular bingo as well as quizzes and art sessions. Other activities involve computers, singing and a recently-initiated discussion group, the Socrates Café. Music and social events are held regularly, marking special birthdays and festivals.

The Centre's history involved a local Residents' Committee in difficult negotiations with Dublin City Council over more than a decade, to obtain a 'suitable mixture of elderly and family homes along with a day care facility' that would represent a 'village-type development' (Manager). The Manager says, 'I always think that a village in the country is made up of young, old and adults and they always mind each other.' They eventually acquired a 'beautiful development'; in 2011, after fundraising and 'persistent lobbying of politicians and officials', they added a wheelchair-accessible bus and a garden room for more space and light.

The Manager, formerly key in the Residents' Committee, explained how the Centre had developed. Initially given a tiny budget and scant instructions, she put her own ideas into practice:

So I thought: "Well, there's nobody going to tell me, and what I'll do is: I'll do what I want to do and what I think the right thing should be, and I'll keep doing it until someone tells me stop," and so far no one has said anything; that's ten years later (Manager).

Gradually the centre obtained securer financial footing with a HSE grant, combined with fundraising and careful resource-management - threatened by significant cutbacks to older people's services in the 2012 HSE Service Plan (HSE 2012). The Manager summed up the ten-year development of Court Centre (from 2001 to 2011): 'It has evolved, there was no great plan.' Significantly, she has exerted her own influence, as in the case of the owner/manager and matron of the Ireland West care home too.

The Ireland West care home was built in 1972, replaced in 2009 by a bright, welcoming building, combining clear lines of sight with comfortable niches. Located near the sea, its surrounding area is well-lit, with a handrailed path for residents. Inside, there are interlinked halls and sitting rooms for watching television or chatting. Individual rooms are spacious, with easily negotiable en-suite bathrooms; there is a central courtyard with raised flowerbeds in which residents can do gardening, and a pond with a trickling waterfall. Amenities include fruit trees and a hen-house - popular among residents, many of whom come from rural backgrounds; even a pair of goats.

This building is home to some 42 residents, with forty full or part-time staff, a ratio of about 0.75 to one. As in the Dublin centre, reminiscence work, art, bingo, music, cards or prayer sessions are provided, often with participation from people living nearby. The programme of activities respects residents' preferences: 'People like the music, especially songs that were popular in their youth.'

As in the Dublin centre, the personalities of those in charge have strongly influenced atmosphere and practices. The matron has worked here since 1992 and the owner/manager since the 1980s; there is low staff turnover (avoiding a besetting problem of the industry) and a low rate of hospitalisation among residents. The matron says,

You've got to let people be themselves. At their age they've earned it. It's really important that the staff shouldn't see working with patients in terms of getting

tasks done – feeding, dressing. It's more important to be with them and let them be the way they want.

Embedded in community

Court Centre has a position and standing in its locality that makes it distinct. The Dublin official in charge of sheltered housing contrasted Court Centre favourably with other HSE day centres: 'much more robust, a community model, packed to the seams ... but to me it was a much better model'. The Centre is well-known and supported by local people: 'Our centre is a bit different ... it's very community based. As well as that, most of the staff or at least some of them including the two bus drivers are local' (Manager). In the Ireland West centre, a similarly local character is pronounced. The owner/manager said,

Until recently we had no website, the local people know about us; it's all word of mouth. We never advertise for staff, we never advertise for residents, but we're full nearly all the time ... The doctors support us, people just know who we are.

Eighty per cent of residents come from within ten to fifteen miles of the home; local people call in to chat, play cards, or play music. A neighbour at the weekly card-games said, 'There's everything laid on for them – a hotel couldn't be better.' Someone who had recuperated there after an operation said, 'It was the best holiday of my life!'

In Court Centre, the density of relationships involved is striking. The Manager is involved in a wide range of civil-society groups, including youth groups; the Chairperson of the Board of Management plays music at the Centre and facilitates the Socrates Café. Relationships between staff and service-users extend beyond the centre and may involve visiting people in hospital, or doing shopping, with considerable unpaid help in people's own homes.

In the Ireland West home too, matron, owner/manager and staff are keen participants in local affairs. In a recent St Patrick's Day parade, the staff illustrated the theme of the year while residents were transported in a 'stretch limousine'. With the motto 'The old days were best,' in Irish, matron and staff dressed as housewives of long ago, surrounded by spinning-wheels and live hens. The presentation's irony and wit was underscored by laughter accompanying their progress through the village. This theme is also serious; weighing and assessing local cultural change is an important mode of discussing values, meanings and what makes life worth living. Approaching profound questions with humour and wit is characteristic both of the atmosphere of this home and of the setting in which it is located.

Role of Manager

The Manager's key role in Court Centre's success was acknowledged by all interviewees, as in the Ireland West case. Service User 1 said: '[name of Manager] is a gift absolutely'. Service User 2 said: 'The team that run this place here under [her] are fantastic'. The Chairperson said it was a happy chance that they found this Manager: 'She has time for each person but can still keep things moving along.' While the Manager spoke about the centre's gradual evolution, she had used a wide range of resources including politicians, neighbours, voluntary organisations, schools and

colleges, and also professional associations. She was resourceful about acquiring funds and involved in community activities - 'I worked with youth, with Parish development, I was in politics'- and she also mentioned 'wonderful managers in the HSE' who recognised the centre's work and 'ring-fenced' resources to ensure its sustainability.

As in the Ireland West home, where both matron and owner/manager are 'hands-on', the Dublin Manager is prepared to do anything the staff do. 'I'll do anything that needs doing, I think you have to be prepared to do any job they have to do. They will come out and relieve me.' She constantly observes interactions, ensuring everybody is where they should be; this is particularly important for service-users with dementia who need constant supervision. She speaks to each participant daily and takes an active part in the Socrates Café. In the case of the Ireland West home, a frequent visitor and former resident said of the owner/manager:

No matter what your intentions or however good you are, you can't say it isn't a hard job – looking after people and trying to please them. And you can't please everyone no matter what you do. I've been visiting nursing homes over the years, I must have been in nine or ten of them, and I've never seen anyone like that ... No matter what happens, if he sees anyone that needs cheering up or wheeling about, he'll be in there doing it, that's not something I've ever seen before. The owners of nursing homes, they mostly run the place, but he's willing to do anything.

Court Centre's Manager described striving to motivate staff, stressing consultation: 'I think it's communication ... I am very open to suggestions from anyone, especially new people [staff, volunteers and students]'. 'I have to build them up to it and say: "It's just a suggestion". I always consult the kitchen staff ... coming up to Christmas.' She gave an example of the perfunctory way dinners used to be set down on tables. She addressed this to the kitchen staff generally, saying: 'Maybe it would be good if we were careful about how we put down dinner.' She added: 'Normally I give positive feedback first.'

The Manager's approach to problems and difficulties blends clarity of principles with flexibility in dealing with day-to-day issues. One service-user objected to another attending the centre because of his prior central role in the Communist Party of Ireland; once, service-users did not want a group of Mormon volunteers helping in the centre. The Manager would not countenance these objections; she 'would not tolerate any kind of injustice or nastiness either from the residents, the staff, anybody.'

Once you or he or anyone else crosses that door they're welcome here. ... You have to make up your mind whether you want to be here when he is here or not, but that's your decision ... but while he is here he's my guest and nobody is going to say anything to him and that's the end of it.

While absolutely clear on values of inclusion and respect, she deals flexibly with everyday issues such as people wanting to sit in accustomed places and others being left in seats they occupy reluctantly. 'Every instance you have to think about it and go about

it in a different way. They are all individuals ... I haven't solved it, I just try to talk them around it.'

The Manager spoke about the demands of caring for people with dementia and dealing with people who tend to complain. She tells the staff to

Put a smile on your face ... Tell them that [I] will talk to them ... If they are really getting to you think that 30 or 40 years ago they were your age and doing different things ... Some of them are wonderful people. Some do take your patience. They really are exhausting. I tell them to swap around with someone else.

The matron in the Ireland West home also stressed the importance of employing staff with personalities accommodating flexibility and friendliness – 'The aim is to make it less like a hospital and more like a home.' Engaging staff suited to doing this is a key issue, to which much attention is paid.

The staff in Court Centre are highly regarded by their Manager: 'They're fantastic, they're amazing.' She relates how she never rushes when employing someone new, needing to know more about them than what is apparent in CVs and interviews. Service-users also spoke about the staff in very positive terms: 'They must be hand-picked' (Service User 2).

The relationships between different categories of staff are positive and the Manager attributes this to equality of regard involving staff and service-users:

I think it is because everybody treats everybody with dignity and respect. And there's nobody different. We try to, well I try to, make sure that everybody, clients and staff, are treated the same, that there's no favouritism.

All the staff are integrated in running the centre; the Manager does not distinguish between different categories of staff in her expectations and participatory approach. While pay and primary duties differ among them, one staff member agreed, 'It's important that you're all singing from the one hymn sheet.'

Relationships, interactions and social inclusion

A sense of respect and inclusion is underlined by staff taking time to talk to everyone: 'You do what you can for everybody individually. I mean we go round and talk to everybody' (Care staff). The Manager does the same. One person she wished a 'Happy Valentine's Day' told a story from her past about her husband having left her. The Manager said:

I could have gone past and I might never have known or heard her story. ... You need to listen. There's no point in talking to someone and not being present, even for five minutes.

Another service-user also explained his relief on speaking to the Manager:

The staff ... have plenty of time for you. If I have problems I come to [Manager] there and discuss them. So you're never left out like ... There is extraordinary help here, no matter what you ask for' (Service User 1).

The homely atmosphere is maintained by having few rules, by social practices such as bringing people cups of tea when they come in, and informal chat and banter among the staff and the service-users. At the Socrates Café, news is exchanged about members and residents who are ill or have challenging experiences, always discussed in a sympathetic, supportive manner. In the Ireland West home, the matron and owner/manager are relaxed, engaged presences, constantly available for informal chats. One resident remarked: 'From day one everybody has been so friendly and helpful and have made me feel very welcome. I can get up when I like, do whatever I like to do, eat what I like and go to bed when I like. We're treated like royalty! Our opinion and input is valued. I feel very safe and well cared for and know that should I wish for anything, I need only ask.' The owner/manager regularly participates in weekly card sessions that contribute to the overall atmosphere of fun. Unobtrusively, he ensures that more forgetful participants retain enjoyable impressions of the event.

Flexibility and a degree of choice are demonstrated in relation to the parts of the programme that service-users prefer. The Manager of Court Centre stated:

We encourage people to come in and see the place, we give free tea and coffee. We show them the programme and we leave it up to themselves what they want.

Service-users are regularly consulted; the Manager attaches particular importance to flexibility in relation to the midday meal:

You know if someone comes in very late we'll get something for them. If there's something there they'll get it. We won't say dinners are finished ever. Even if it's only toast or scrambled egg or an omelette.

In the Ireland West home, a resident recounted being notified that supper was served. 'Well, then I'd better come!' he said. The reply was 'No, you don't have to, if you want to eat later we'll keep it hot for you.' He was bowled over that his own convenience, rather than the organisation's, seemed paramount.

The Manager in the Dublin centre spoke of how she approaches problems and 'bits of conflict and bits of trouble here and there' in relation to staff and service-users. Integrating different groups, particularly the existing residents and the people coming from outside, can be a challenge:

We had a big problem when I came here first because they were used to having their community room and it was only for the residents. And then this onslaught of people - outsiders [said with exaggerated emphasis]. Now there are still a few people who say: "They're the outsiders you know!"

She explained her efforts to break down barriers, drawing on her experiences as a former youth-work volunteer: having outings or dances, and working with one of the new residents, described as a 'real asset', to develop an Activities Programme.

Wise practices and well-being

In both centres, in the Manager's and staff's approaches we see evidence of wise social care practices with empowering and enabling effects, promoting social participation and contributing to individual well-being. Much of what happens here reflects careful practical reasoning, emotional intelligence, political skills, and crucially, ethical awareness and commitment to learning. In both places, the managers'/founders' key role in creating person-centred services is widely recognised by service-users, as attested elsewhere (Acheson and Harvey, 2008; Wright and McCormack, 2001; Kitson, 1991). The organisational and political skills, ethical and moral approach, and drive and determination of those in charge are evident, articulated in ways that elicit positive responses from staff, service-users, volunteers, officials and politicians.

In Dublin, the Manager began with a clear vision, based on her own upbringing in a rural community, rather than an articulated plan. Improvisation was needed; maintaining persistence, tolerating uncertainty, and discerning which problems could be solved immediately and which must wait. Creating equality of regard was a guiding principle, in both settings. As in the Ireland West home, the manager and staff in Dublin have created a home-like centre where people can participate in accordance with their interests and commitments. The weekly Socrates Café provides a critical, empowering forum where service-users can openly discuss a range of issues, including views on the Centre itself. This is paralleled by a dialogic process within the Management Committee, who consult and reflect on Court Centre's key values and the practices that give them best expression. The aspiration is to ensure that these continue when the Manager and key committee members are less actively involved.

Hence it is important to describe the wisdom this represents in more general terms. Payne (2007) presents social-work practice as knowledge and understanding embodied holistically during interpersonal performances: 'Successful wise people have a practicality and flexible responsiveness which people experience as responding to their reality' (Payne, 2007, p. 91). He stresses the improvisation social contexts demand: 'You develop relationships so that you can perform together with the people you work with' (Payne, 2007, p. 93). In what we have reported, ethical insights guide such improvisation; the wise social practices examined here fuse ethical with affective and cognitive capacities, eliciting responsiveness in others while closely following the narratives of their lives.

Contemporary literature on wisdom offers competing models that nonetheless share constructive features. They include Ardel's (2004) exploration of blended cognition, reflection, values and feeling; or the 'Berlin paradigm' (Baltes & Staudinger, 2000), stressing the 'orchestration' of features including pragmatic life-knowledge, ethical insight, acceptance of life's uncertainty and the ability to understand others' values in context. Edmondson (2013) explores how the operation of wise processes takes social form: wisdom in everyday life is not a recondite inspiration donated by one focal figure but an on-going *interaction* enabling participants' mutual development. Like Aristotle

in his exposition of practical wisdom, 'phronesis', we feel that moral characteristics and practices, ranging from lack of dogmatism to principled commitment, set the tone for enacting these capacities. This does not imply ignoring 'hard' data on conduct such as, in the case of the Ireland West home, a strong record in preventing falls, bed sores and infections. It does involve *less exclusive* emphasis on assessing strictly 'measurable items' detailed in regulations and *more* on ways in which an organisation's meaning or purpose is instantiated in the lives of those affected by it.

Implications for policy

We have argued that our centres developed through wise practices embodied in the work of persons in charge and staff through multi-dimensional relationships of mutual regard in community contexts. This may defy translation into rigid accounts of 'best practice' or 'models of care' that can be applied automatically elsewhere. But the centrality of values, trust, open communication and learning remain significant, especially given criticism in social-work literature of rigid adherence to elaborated models of practice (Taylor & White, 2006; Payne, 2007; Balen & White, 2007). Had a 'best practice model' been available when Court Centre was initiated in 2000, it might actually have obstructed some of the possibilities explored there. In its early stages, the relational aspect of social care practice was prioritised; policies and procedures were bedded down *after* the centre's ethos and core values had become clear.

It follows from our work that the inspection of social care centres for older people must seek ways to capture the quality of relationships as well as checking that legislative standards are upheld. It is not clear that, in practice, inspection processes always effectively seek to identify the leadership and responsiveness in managers and staff that HIQA itself requires for 'person-centred' care (see reference to HIQA 2009, above). While doing so would entail openness to responsible judgement, it would guard against an overly managerial approach which, by over-emphasising regulation, might obstruct wise practice. This is undoubtedly a challenge, given authorities' understandable anxiety to show that they have forestalled maltreatment. This challenge must be faced: over-regulation and over-recording are themselves destructive. This was succinctly expressed by one visitor to a nursing home whose manager was oppressed by anxiety about HIQA expectations: 'They're taking the good out of the good they're doing.'

After examining practices in our two sites, we argue that wise practices characteristically highlight values of recognition and respect for others, and deliberation and judgement applied to everyday interactions. These principles were endorsed overtly by the owner/manager of the Ireland West home, and expressed by residents interviewed for its website and newsletter. At the funeral of one resident who died recently, aged 94, the officiating priest and her family emphasised the compassion, affection and dignity she had received. This example shows how, in everyday discourse, excellence in care settings is recognised in terms of allowing people to be themselves, valued for who they are, where humour and fun are found, where deliberation and judgement are applied in everyday interactions, and core values are not compromised.

While supporting the view that wise care practice recognises and enables others' capacities, this also illuminates a feature of the wisdom debate that is otherwise under-explored: it explores what ethical capacities actually contribute to practical communal

life, and underlines the ways in which ethical commitment itself requires deliberation enacted in the course of social interaction. Humane ethical capacities are key to co-creating tolerance and understanding in an enclave of sociality, developing and sustaining warm relationships, acknowledging the importance of flexible judgement. Hence 'excellence' in care settings requires 'wise practices' rather than 'best practices'. The latter term implies a certainty about 'best' forms of relating to other people which is unattainable in everyday life. Both carers themselves and those inspecting them have an unavoidable responsibility for *judgement*, which the term 'wise' is intended to convey. Evaluation methods too need to be applied wisely in order to respond adequately to the settings they are assessing.

References

- Acheson, N & Harvey, B. (2008). *Social policy. ageing and voluntary action*. Dublin: Institute of Public Administration.
- Ardelt, M. (2004). Wisdom as expert knowledge system: A critical review of a contemporary operationalisation of an ancient concept. *Human Development*, 47, 257-285.
- Balen, R. & White, S. (2007). Making critical minds: Nurturing 'not-knowing' in students of health and social care. *Social Work Education*, 26(2), 200-206.
- Baltes, P.B. & Staudinger, U. (2000) 'Wisdom: A metaheuristic (pragmatic) to orchestrate mind and virtue toward excellence'. *American Psychologist*, 55, 122-136.
- Bennis, W. (1989). *On becoming a leader*. Cambridge, Mass: Perseus Books.
- Cooney, A. & Murphy, K. (2009). Ethos of care and environment in long-stay care settings: impacts on residents' lives. In R. Edmondson & H. J. von Kondratowitz (Eds.), *Valuing older people: A Humanist approach to ageing* (pp. 161-176). Bristol: Policy Press.
- Department of Health and Children [DoHC]. (2001). *Quality and fairness – A health system for you – health strategy*. Dublin: Stationery Office.
- Department of Health and Children [DoHC]. (2009). Health Act 2007: Care and welfare of residents in designated centres for older people regulations 2009. Dublin: Stationery Office.
- Department of Health and Children [DoHC]. (2013). *Healthy Ireland- A framework for improved health and wellbeing 2013-2015*. Dublin: Stationery Office.
- Edmondson, R. (2005). Wisdom in later life: Ethnographic approaches. *Ageing in Society*, 25(3), 339-356.
- Edmondson, R. (2013). A Social Interpretation of Personal Wisdom. In M. Ferrari & N. Weststrate, (Eds.), *The scientific study of personal wisdom: From contemplative traditions to neuroscience* (pp.191-209). New York: Springer.
- Edmondson, R. (2015). *Ageing, insight and wisdom: Meaning and practice across the life course*. Bristol: Policy Press.
- Fook, J. (2002). 'Theorizing from practice - Towards an inclusive approach for social work research. *Qualitative Social Work*, 1(1), 79-95.
- Gallagher, C. (2008). *The community life of older people in Ireland*. Oxford: Peter Lang.
- Health Information and Quality Authority [HIQA]. (2009). *National quality standards for residential care settings for older people in Ireland*. Dublin: HIQA.
- Health Service Executive [HSE]. (2012). National service plan, 2012. Retrieved from <http://www.hse.ie/eng/services/Publications/corporate/inspexecutivesummary2012.pdf>
- Kitson, A. (1991). *Therapeutic nursing and the hospitalised elderly*. Middlesex: Scutari Press.
- Lundy, O. & Cowling, A. (1996). *Strategic human resource management*. London: Routledge.
- Martins, E.C. & Terblanche, F. (2003). Building organisational culture that stimulates creativity and innovation. *European Journal of Innovation Management*, 6(1), 64-74.
- Payne, M. (2007). Performing as a wise person. *Practice*, 19(2), 85-96.
- Porter, S. (2015). The uncritical realism of realist evaluation. *Evaluation*, 21(1), 65-82.
- Schwartz, B. & Sharpe, K. (2012). *Practical wisdom: The right way to do the right thing*. New York: Riverhead.
- Taylor, C. & White, S. (2006). Knowledge and reasoning in social work: Educating for humane judgement. *British Journal of Social Work*, 36(6), 937-954.
- Walsh, K. & O'Shea, E. (2010). Marginalised care: Migrant workers caring for older people in Ireland. *Population Ageing*, 3, 17-37.

Wright, J. & McCormack, B. (2001). Practice development: Individualised care. *Nursing Standard*, 15(36), 37-42.