

# EVALUATION OF THE MY HOME LIFE PROGRAMME

July 2025

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# **1. Acknowledgements**

- 1.1 The Department would like to acknowledge and thank all the Care Home Managers, Providers and members of the My Home Life Northern Ireland Strategic Advisory Group who took part in this evaluation.
- 1.2 In addition, our thanks go to the My Home life staff at the University of Ulster for their support in facilitating the completion of this evaluation.

## **2. Executive Summary**

- 2.1 Ulster University's (UU) My Home Life (MHL) Leadership Support Programme for Care Homes has been a key player in improving the quality of life for care home residents, relatives and staff across Northern Ireland (NI) since 2013. Over this time, the programme has built a sustained and growing level of support from the care home sector and from other organisations who champion the wellbeing of people who live in care homes and their families.
- 2.2 The MHL Programme continues to receive support from key stakeholders in the Sector including the Regulation and Quality Improvement Authority (RQIA), the Chief Nursing Officer Public Health Agency (PHA), Northern Ireland Social Care Council (NISCC), Patient and Client Council (PCC-NI), AgeNI and Independent Health and Care Providers (IHCP).
- 2.3 The impact of the MHL programme has culminated in a recommendation in the 'Reform of Adult Social Care Northern Ireland Consultation Document' (DOH, 2022) to implement the My Home Life' Leadership Support Programme in all care homes across Northern Ireland.
- 2.4 The Department of Health has commissioned a five-year regional roll out of the MHL programme and Year 5 is currently being completed. In building on the success of the programme to date, Ulster University are proposing a sixth year of the Programme. The proposal is based around the 204 care homes who have not been through the programme to date, with funding being requested to narrow this gap.
- 2.5 The UU proposal also advises that Year 6 of the Programme will support other care home initiatives for example, the 'My Life in a Care Home' survey led by the PHA, the Inspection Support Volunteer (ISV) initiative led by RQIA and the work of NISCC in developing a career pathway for care home staff.
- 2.6 The purpose of this Evaluation is to assist in providing advice to Minister and senior Departmental staff on whether Departmental funding should be provided for a 6th Year of the Programme.

## **2.7 Key Findings**

- 2.7.1 Analysis of the data indicates strong support for the Programme and its objectives. For example, **90.4%** of course participants who responded to the Questionnaire advised **their enthusiasm for working in the Sector has increased**; **78.8%** of course participants who responded to the Questionnaire advised **their job satisfaction has increased** and **98.1%** of course participants who responded to the Questionnaire advised **the quality of their management & leadership** has increased.
- 2.7.2 Additionally, **75%** of course participants who responded to the Questionnaire advised that **time staff actively spent talking with residents & relatives has increased**, **76.9%** of course participants who responded to the Questionnaire advised the **quality of life of their Care Home's Residents** has increased, **90.4%** of course participants who responded to the Questionnaire advised **their sense of personal achievement** has increased and **88.5%** of course participants who responded to the Questionnaire advised **their confidence as a professional** has increased.
- 2.7.3 Responses from Providers saw similar results including, **100%** of providers who responded to the Questionnaire, confirmed **satisfaction with working conditions** from those staff members who attended the Programme, **80%** of providers who responded to the Questionnaire, confirmed an increased **enthusiasm for working in the care sector** from those staff members who attended the Programme and **80%** of providers who responded to the Questionnaire, confirmed an increase in the **leadership and communication skills** in those homes where staff members who attended the Programme.
- 2.7.4 A detailed analysis of the results of the evidence gathered is set out under the **Results and Findings Section** of this Report and in tabular form at **Annexes E and F**.
- 2.7.5 It is our view that the results of this evaluation as conducted under the Terms of Reference issued at **Annex A**, provide clear evidence that funding a sixth year of the programme would continue to bring benefits to the care home sector.

### **3. Introduction / background**

- 3.1 In September 2020, Minister Swann agreed to the funding of a 5-year academic programme beginning in October 2020. The Department of Health commissioned Years 1-5 of the MHL programme, with Year 5 due to end in October 2025.
- 3.2 The Programme commences in the Autumn of each calendar year. The exact dates and venues are confirmed once all Expressions of Interest forms are received. The 6–10-month programme includes:
- (a) 4 **Leadership Support Programme** workshops (3 day workshop, plus 1 day workshop the following month)
  - (b) 6 **Action Learning sessions** (hybrid model includes 3 x face to face, and 3 x online sessions using MS Teams)
  - (c) 4 **Quality Improvement workshops**
  - (d) **Validation day**
  - (e) **Celebration day**
- 3.3 **The leadership support programme** enables managers to develop and enhance their leadership skills which in turn positively impacts on residents, relatives and staff.
- 3.4 **Action Learning** involves small groups working together on real problems, taking action, and learning as individuals, as a team, and as an organisation.
- 3.5 **Quality improvement and improving practice** is part of participants everyday work in care settings. Participants on the programme share initiatives and good practice and learn about what others are doing. This peer support and collaboration is valued by participants on the programme.
- 3.6 **Validation Day** is at the conclusion of the programme. It is an opportunity for participants to come together and reflect on their personal and professional learning and development over the course of the programme.

- 3.7 **Celebration Ceremony Day** enables all participants, their guests and the wider health and social care community to come together for a day of celebration, reflection and shared learning.

## **4. Aims and Objectives**

- 4.1 Moving into a care home is a major life event for both the person making the move and their family. Research has shown that wellbeing and quality of life for people living in care homes can be improved by investing in the people who care for them. MHL provides crucial support to care homes at one of the most critical times faced by the sector.
- 4.2 The Department has funded a five-year plan totalling £2.7m for a regional roll-out of the MHL programme to care homes across the province. This evaluation aims to assess both the benefits and the impact on the care home sector to date as a consequence of funding the programme. This evaluation will further assist in providing a clear recommendation to Minister on whether Departmental funding should be provided for a 6<sup>th</sup> Year of the Programme. The evaluation also forms part of the Social Care Collaborative Forum 3 Year Delivery Plan which is taking forward a number of actions associated with the reform of adult social care.



## **5. Evaluation Methodology**

- 5.1 Noel Irwin from the Department's Care Home Unit conducted the evaluation.
- 5.2 Prior to undertaking the Evaluation, the Department developed a Terms of Reference (ToR) for the review (attached at Appendix A) and subsequently wrote to all registered Nursing and Residential Care Homes via RQIA, attaching the ToR. It requested that where staff or the registered provider were selected to participate in the evaluation, they were allowed sufficient time to do so.
- 5.3 Information and evidence was gathered through: -
- (a) Completion of issued questionnaires to a sample of attendees from the twenty-seven cohorts who have completed or who are currently completing the Programme;
  - (b) Completion of a separate questionnaire issued to the registered providers of the sample of selected attendees at (a) above;
  - (c) Interviews with members of the MHL Strategic Advisory Group, the Chief Nursing Officer and Chief Social Work Officer;
  - (d) Impact data gathered over the lifetime of the programme including testimonials;
  - (e) Information submissions from senior Departmental Professional Staff;
  - (f) Consideration of references to the My Home Life Programme listed in other Care Home Reviews and the Reform of Adult Social Care consultation;
  - (g) Links with current initiatives including the Social Care Collaborative Forum (SCCF) and the implementation of the recommendations arising from the publication of the Enhancing Clinical Care Framework (ECCF); and
  - (h) Review of relevant Departmental and HSC records.
- 5.4 Those selected to participate were provided with a copy of the Terms of Reference in addition to the relevant questionnaire. All responses were treated on a confidential basis.

## **6. Results and Findings**

- 52 Care Home Managers from a total of 270 invited to participate responded to the Questionnaire – equating to a response rate of approximately 19.3%;
- 5 Care Home Providers from a total of 18 invited to participate (equating to 27.8%) responded to the questionnaire. In addition, further evidence from Care Home Providers was provided by Independent Healthcare Providers (IHCP) who had engaged with their members prior to their interview on the 28<sup>th</sup> April;
- All members of the Strategic Advisory Group invited to attend interviews engaged in the review;
- All Departmental professional colleagues invited to attend interview engaged with the review; and
- The My Home Life staff at Ulster University engaged with the review.

### **6.1 KEY FINDINGS FROM ANALYSIS OF RESPONSES – COURSE PARTICIPANTS**

- **90.4%** of course participants who responded to the Questionnaire advised **their enthusiasm for working in the Sector has increased**, with **7.7%** advising it remained the same. **Only 1.9%** (one respondee) advised their enthusiasm for working in the Sector has decreased and that was to do with “pressure surrounding funding for good care and support for residents and increasing demands from funding trusts”;
- **78.8%** of course participants who responded to the Questionnaire advised **their job satisfaction has increased**, with **17.3%** advising it remained the same. **Only 3.9%** (two respondees) advised their job satisfaction has decreased. Again, this reflected “pressure surrounding funding for good care and support for residents and increasing demands from funding trusts” and “increasing standards with decreasingly available work force”.

- **98.1%** of course participants who responded to the Questionnaire advised **the quality of their management & leadership** has increased, with **1.9%** (one respondent) advising it remained the same. **No** respondents advised it had decreased;
- **59.6%** of course participants who responded to the Questionnaire advised their **satisfaction with their working conditions** has increased, with **38.5%** advising it remained the same. One **1.9%** (one respondent) advised it has decreased;
- **92.3%** of course participants who responded to the Questionnaire advised the **quality of their engagement with their staff** has increased, with **7.7%** advising it remained the same. **No** respondents confirmed it had decreased;
- **75%** of course participants who responded to the Questionnaire advised that **time staff actively spent talking with residents & relatives** has increased, with **25%** advising it remained the same. **No** respondents confirmed it had decreased;
- **76.9%** of course participants who responded to the Questionnaire advised their **staff's ability to take initiative** has increased, with **21.2%** advising it remained the same. Only **1.9%** (one respondent) confirming it had decreased, and this related to internal Group management with three of five members of the senior team having retired, one having retrained as a pediatric nurse, leaving herself as the only member who had attended the Programme;
- **76.9%** of course participants who responded to the Questionnaire advised the **quality of life of their Care Home's Residents** has increased, with **23.1%** advising it remained the same;
- **98.1%** of course participants who responded to the Questionnaire advised their **leadership & communication skills** has increased, with only **1.9%** (one respondent) advising it remained the same;

- **71.2%** of course participants who responded to the Questionnaire advised their **staff members desire to take the initiative in responding to the residents** has increased, with **28.8%** advising it remained the same;
- **59.6%** of course participants who responded to the Questionnaire advised **their residents' active involvement in decisions about their care** has increased, with **40.4%** advising it remained the same;
- **71.2%** of course participants who responded to the Questionnaire advised **the level of interaction between staff & residents** has increased, with **28.8%** advising it remained the same;
- **67.3%** of course participants who responded to the Questionnaire advised **the quality of interaction between staff & relatives** has increased, with **32.7%** advising it remained the same;
- **90.4%** of course participants who responded to the Questionnaire advised **their sense of personal achievement** has increased, with **5.8%** advising it remained the same. Only **3.8%** (two respondees) advised this has decreased. One such respondent advised "There are things that I am proud of achieving but staff turnover and staff shortage and a lack of local nursing beds can be frustrating and exhausting", the other advised that there are "Too many external demands";
- **57.7%** of course participants who responded to the Questionnaire advised **their levels of stress** have decreased, with **38.5%** advising it remained the same. Only **3.8%** (two respondees) advised this has increased. One respondent advised "Being a Home Manager can be overwhelming sometimes, but after attending MHL I was able to balance my work and personal life. I have learned to PAUSE when time calls for it." The second respondent advised "Enforced changes have been a source of stress for me but I am aware of this and try to manage this";

- **63.5%** of course participants who responded to the Questionnaire advised their sense of being valued has increased, with **36.5%** advising it remained the same:
- **88.5%** of course participants who responded to the Questionnaire advised their confidence as a professional has increased, with **11.5%** advising it remained the same:
- **71.1%** of course participants who responded to the Questionnaire advised their satisfaction with practices in their care setting has increased, with **28.9%** advising it remained the same:
- **84.6%** of course participants who responded to the Questionnaire advised the overall level of quality of practice in their care setting has increased, with **13.5%** advising it remained the same. Only **1.9%** (one respondent) advised this has decreased. The respondent advised “Staffing shortage and staffing turnover have impacted on quality of practice.”
- **100%** of course participants who responded to the Questionnaire advised they would recommend the Programme to other members of staff in their care setting.

The Questionnaire used is attached at **Appendix B**, with the findings provided in tabular form at **Appendix E**.

## **6.2 KEY FINDINGS FROM ANALYSIS OF RESPONSES – PROVIDERS**

- **80%** of providers who responded to the Questionnaire, confirmed an increased **enthusiasm for working in the care sector** from those staff members who attended the Programme, with **20.0%** advising it remained the same;
- **80% of** providers who responded to the Questionnaire, confirmed an increase in **job satisfaction** from those staff members who attended the Programme, with **20.0%** advising it remained the same;
- **60%** of providers who responded to the Questionnaire, confirmed an increased in **the quality of their management & leadership** from those staff members who attended the Programme, with **40.0%** advising it remained the same;
- **100%** of providers who responded to the Questionnaire, confirmed that **satisfaction with working conditions** from those staff members who attended the Programme, remained the same;
- **100%** of providers who responded to the Questionnaire, confirmed the **quality of engagement with other staff,** from those staff members who attended the Programme, has increased;
- **100%** of providers who responded to the Questionnaire, confirmed the **time taken to actively talk with residents & relatives** from those staff members who attended the Programme, remained the same;
- **100%** of providers who responded to the Questionnaire, confirmed the **ability to take initiative** from those staff members who attended the Programme, remained the same;
- **80%** of providers who responded to the Questionnaire, confirmed an increase in the **quality of life of their residents** in those homes where staff members who attended the Programme, with **20.0%** advising it remained the same;

- **80%** of providers who responded to the Questionnaire, confirmed an increase in the **leadership & communication skills** in those homes where staff members who attended the Programme, with **20.0%** advising it remained the same;
- **60%** of providers who responded to the Questionnaire, confirmed an increase in the **desire to take the initiative in responding to the residents' needs** from those staff members who attended the Programme, with **40.0%** advising it remained the same;
- **60%** of providers who responded to the Questionnaire, confirmed an increase in **residents' active involvement in decisions about their care** after their staff members attended the Programme, with **40.0%** advising it remained the same;
- **60%** of providers who responded to the Questionnaire, confirmed an increase in the **quality of interaction between staff & residents** after their staff members attended the Programme, with **40.0%** advising it remained the same;
- **80%** of providers who responded to the Questionnaire, confirmed an increase in the **professional confidence** of those staff members who attended the Programme, with **20.0%** advising it remained the same;
- **80%** of providers who responded to the Questionnaire, confirmed an increase in the **sense of personal achievement** of those staff members who attended the Programme, with **20.0%** advising it remained the same;
- **40%** of providers who responded to the Questionnaire, confirmed a decrease in the **levels of stress** from those staff members attended the Programme, with **60.0%** advising it remained the same;
- **20%** of providers who responded to the Questionnaire, confirmed a decrease in the **levels of sickness** from those staff members attended the Programme, with **80.0%** advising it remained the same;

- **40%** of providers who responded to the Questionnaire, confirmed an increase in **staff retention levels** from those staff members attended the Programme, with **60.0%** advising it remained the same;
- **60%** of providers who responded to the Questionnaire, confirmed an increase in the **overall level of quality of practice in their care settings** from those staff members who attended the Programme, with **40.0%** advising it remained the same;
- **100%** of providers who responded to the Questionnaire, confirmed they would **recommend the Programme to other members of staff in their care setting / Group;** and
- **100%** of providers who responded to the Questionnaire, confirmed they would **support the funding by the Department of a 6<sup>th</sup> Academic year of Programme.**

The Questionnaire used is attached at **Appendix C**, with the findings provided in tabular form at **Appendix F**.



### **6.3 KEY FINDINGS FOLLOWING ENGAGEMENT WITH IHCP (INDEPENDENT HEALTHCARE PROVIDERS)**

6.3.1 In addition to the questionnaire, the Department engaged with IHCP as one of the key Provider representative organisations within the sector to gauge their views on the MHL Programme. The Department was provided with a summary of comments from IHCP, who sought input from their members prior to their interview with the Department. It is important to note however that IHCP is not fully representative of the entire Care Home Sector.

6.3.2 IHCP were asked to comment on the **tangible benefits** of the MHL Programme to the care home sector to date. The following points were made:

- Within the care home sector there is a general awareness of the themes of the My Home Life programme, particularly regarding maintaining identity and sharing decision making. The programme has had a positive impact on embedding this into practice.
- The My Home Life Programme has delivered significant benefits to the Sector to date including: -
  - **Improved Leadership and Management:** Our staff have reported enhanced management and leadership skills, leading to better decision-making and a more positive work environment. We saw increased professional confidence and resilience among managers and senior staff.
  - **Enhanced Quality of Care:** The programme has contributed to a culture of continuous improvement, resulting in higher quality care for our service users. The Quality Improvement (QI) framework is now regularly used. We saw an increase in confidence and accuracy around incident reporting.
  - **Staff Retention and Job Satisfaction:** Participation in the programme has led to higher job satisfaction and all our managers use the Programme's tangible cards and posters day to day. Our staff state that they feel more supported and valued, which has contributed to a more stable workforce.

- **Better Relationships with External Agencies:** Managers state that they have improved communication with RQIA because of the interaction with them on the MHL programme. Managers use the “Focusing on Relationships” element of the Programme when interacting with the Trusts.
- **Better Provider Collaboration:** The MHL programme brings together different providers in a safe and non-competitive environment. There have been improved collaboration with our fellow providers with more positive sharing of improvement programmes and ideas.

6.3.3 IHCP were also asked for views on the continuation of the Programme for a sixth year. They were supportive of this to ensure that new registrants within the sector had the opportunity to understand the programme fully. In their opinion the continuation of the programme would:

- **Sustain and Build on Current Gains:** Allow care homes to maintain and further develop the improvements in leadership, care quality, and staff retention achieved so far.
- **Expand Reach and Impact:** Enable more care homes and care leaders (including aspiring leaders) to benefit from the programme, thereby raising the overall standard of care across the sector.
- **Support Ongoing Research and Innovation:** Facilitate further research and innovation in care practices, contributing to the development of best practices and quality improvement.

6.3.4 IHCP were asked for their views on how the MHL Programme could be embedded in the longer term. They noted the following:

- **Integration with Adult Social Care Recommendations:** - Align the programme with the recommendations from the Review of Adult Social Care to ensure it supports broader strategic goals and policy initiatives for the Department;
- **Embedding in Nursing and Residential Care Standards:** Incorporate the principles and practices of MHL into the Nursing and Residential Care Standards to ensure they become a fundamental part of care delivery and quality improvement. (RQIA have buy in);
- **Ongoing Funding and Support:** Secure long-term funding to ensure the sustainability of the programme. This could involve partnerships with RQIA, HSCT’s, and ourselves as providers;

- **Professional Development and Training:** Make participation in MHL a standard part of professional development for care home managers and senior staff similar to recent care certificate at NISCC. The programme could be embedded further by incorporation of the benefits of 'My Home Life' into the Nurse education programme; and
- **Monitoring and Evaluation:** Implement robust monitoring and evaluation mechanisms to track the actual impact of the MHL programme and identify areas for further improvement.

#### **6.4 KEY FINDINGS FOLLOWING ENGAGEMENT WITH MEMBERS OF THE MHL STRATEGIC ADVISORY GROUP**

6.4.1 As part of the evaluation the Department engaged with all constituent organisations of the Programme's Northern Ireland Strategic Advisory Group, viz NISCC (Northern Ireland Social Care Council), The Regulation and Quality Improvement Authority (RQIA), PHA (Public Health Agency), COPNI (Commissioner for Older People for Northern Ireland) and the PCC (Patient and Client Council). The following common themes were identified: -

- All were aware of the positive reviews MHL continues to receive across the HSC and Care Home Sector;
- Content that a 6th academic year of the Programme be funded and the need to think about how the Programme could be embedded across the Sector thereafter in line with the RASC recommendation;
- Feel that in revising both sets of Care Home Standards and as part of the reform of Adult Social Care, the Quality Improvement Projects (QIPs) the Programme requires each Cohort to undertake, are a more than useful start to make those revisions;
- Agree with the idea of a repository / library type system which would allow for the storage and access by the Sector, of the work undertaking by Cohorts in developing their QI Projects;
- The wellbeing and quality of life for people living in care homes can only be improved by investing in the people who care for them and the MHL Programme is at the forefront of that. It continues to provide crucial support to care homes especially their managers at one of the most critical times faced by the sector; and
- Agreed the Programme continue to achieve the aim of exploring care home managers' experiences and identify the positive effect on their professional development and relationships with residents, staff, and relatives. All agreed it remains essential that care home managers and staff have opportunities to reflect on and change their practice so that they can make care homes good places to live, and if needed be supported to a peaceful death.

6.4.2 The individual organisations that make up the membership of the Northern Ireland Strategic Advisory Group made additional comments. These are set out at **Appendix G**.

## **6.5 KEY FINDINGS FOLLOWING ENGAGEMENT DEPARTMENTAL PROFESSIONAL COLLEAGUES**

6.5.1 As part of the evaluation the Department engaged with professional colleagues in the OSS (Office of Social Services) and NMAHP (Nursing, Midwifery and Allied Health Professionals) Directorates who identified the following themes: -

- Both sets of colleagues were aware of the MHL and the positive reviews it continues to receive across the HSC and Care Home Sector;
- That a 6th academic year of the Programme be funded. **NMAHP** colleagues agree with the need to think about how the Programme could be embedded across the Sector in line with the RASC recommendation;
- That the wellbeing and quality of life for people living in care homes, can be improved by investing in the people who care for them and the MHL, amongst other similar initiatives, provides crucial support to care homes especially their managers at one of the most critical times faced by the sector. **OSS** colleagues agreed this would fit within any alignments to formal / professional qualifications currently being developed under the Social Care Workforce Strategy, **NMAHP** colleagues contrasted the take up rates of free training for the sector with those of My Home Life. It was agreed the backfill costs was key;
- Agreed it remains essential that care home managers and staff have opportunities to reflect on and change their practice so that they can make care homes good places to live, end your life, visit, and work;
- **NMAHP** concluded in revising both sets of Care Home Standards and as part of the reform of Adult Social Care, My Home Life will continue to achieve the aim of exploring care home managers' experiences and identify the positive effect on their professional development and relationships with residents, staff and relatives;
- **NMAHP** agree with the idea of a repository / library type system which would allow for the storage and access by the Sector, of the work undertaking by Cohorts in developing their QI Projects. NMAHP colleagues asked how the learning / knowledge would roll out post completion of the QIPS and associated links to ECCF; and

- **NMAHP** consider the wellbeing and quality of life for people living in care homes can only be improved by investing in the people who care for them and the MHL Programme is at the forefront of that. It continues to provide crucial support to care homes especially their managers at one of the most critical times faced by the sector.

## **6.6 KEY FINDINGS – OTHER SOURCES**

6.6.1 This evaluation considered other relevant sources of information which referenced the MHL Programme and associated commentary as detailed below:

- Following the publication of the ‘Home Truths’ report (COPNI, 2018), the then Permanent Secretary, DoH (NI) outlined measures to address “unacceptable failings” in safeguarding and restore public confidence in care homes by supporting the “implementation of initiatives aimed at improving the quality of life for people living in care homes such as the My Home Life initiative”;
- AgeNI’s CEO described MHL as making “a positive impact on the quality of care experienced by residents in care homes”;
- The MHL Programme was cited as an example of best practice in the Report of the Expert Advisory Panel on Adult Care and Support (DOH NI, 2018);
- MHL was also cited as an example of good practice and recommended as a catalyst for change in five of the six Evidence papers produced by the Independent Review Team (CPEA) commissioned by the DoH (NI) to investigate events at Dunmurry Manor Care Home-
  - In **Evidence Paper 1: “Safeguarding”**, the review team recommended that “HSCTs should explore ... how change programmes demonstrate approaches to care and support which reflect human rights ... and projects such as My Home Life at the University of Ulster would enhance this work” (DOH, 2020, P.67).
  - **Evidence Paper 2: “Complaints”** highlighted the work of My Home Life in supporting people making the move to a care home (DOH, 2022), stating that “My Home Life reaffirms the significance of a relationship-based approach by maintaining older people’s family relationships and establishing relationships with the home’s staff” (DoH, 2022, p 15).
  - **Evidence Paper 3: “Regulation and Inspection”** highlighted the role of My Home Life in enhancing an understanding of “a relational approach and the practicalities of how staff approach their work” (DoH, 2022, p.33).



- **Evidence Paper 4:** “Assessment and Care Management” states that My Home Life “underlines the rights of older people to retain their personal agency, dignity and control regardless of age and health status” (DoH, 2022, P. 35); and
- **Evidence Paper 5:** “Care Home Providers” highlights the way in which My Home Life programme supports people moving into a care home to “retain control over their lives” (DoH, 2022, p, 12).
- The impact of the MHL Programme to date culminated in a recommendation in the ‘Reform of Adult Social Care Northern Ireland Consultation Document’ (DoH, 2022) to implement the My Home Life’ Leadership Support and Quality Improvement Programme in all care homes across Northern Ireland

## **7. Conclusion**

- 7.1 From an analysis of the data collected and engagement with relevant individuals and organisations it is our view that the My Home Life Programme has met its objectives.
- 7.2 In particular, there is an enhanced level of empowerment for those who have either completed or are in the process of completing the Programme. This has led to improved leadership and communication skills, better quality of engagement with their staff, enhanced and more effective time spent with residents and relatives, a greater sense of being valued and a stronger sense of personal achievement.
- 7.3 Providers are equally positive about the benefits of the Programme as reflected through an analysis of the questionnaire returns and engagement with the sector's only formal representative body IHCP.
- 7.4 Additionally members of the Northern Ireland My Home Life Strategic Advisory Group, Professional Departmental colleagues and references from other sources as listed on Pages 24 and 25 of the Report, are each equally positive in their commentary about the Programme.
- 7.5 This evaluation has provided an overview of the application of the My Home Life Leadership Support Programme Northern Ireland to date. The key findings are that: -
- participants are gaining confidence in using the MHL tools and frameworks with staff, residents and relatives; building relationships with their peers on the Programme; learning from one another's knowledge and experience and sharing useful resources, knowledge and skills;
  - additionally improving self-care and feeling less stressed; helping staff to feel more listened to, involved and valued; achieving a better quality of care for residents and relatives;
  - participants are gaining recognition for the work being done by the care home team; feeling proud of the Home and

- Providers have noted the improvements being made by them and their team; improving their leadership skills and supporting the staff in being more person-centred.
- 7.6 The Programme has provided participants with the foundations, inquiry tools, confidence and support to explore the perspectives of others much more fully. This resulted in participants developing a deeper insight and a relational way of thinking that enhanced relationships with residents, relatives and staff, and facilitated a range of developments in practice that were taken forward in their care settings.
- 7.7 Leaders in care settings make great efforts to maintain and improve their quality of care amid the increase in the complexity of the needs of residents, challenging funding arrangements, and difficulties in relation to recruitment and retention of staff. High performing leaders, who can inspire and support staff to use their initiative and respond to the needs of an increasingly frail population are pivotal to the delivery of a quality service in care settings.
- 7.8 By participating in the My Home Life Leadership Support Programme Northern Ireland, participants were able to share their learning, feel supported, and ultimately, learn a variety of tools, skills, and strategies that impacted not only the participants, the staff, and the culture of the care setting itself, but also the residents, families, and successful operation of the homes.
- 7.9 Participants demonstrated at every interaction, a determination and enthusiasm to learn and to grow and to use their experience not just for themselves but to also improve and enhance their relationships with residents, their families and the staff who support them, thereby helping a wide range of people to grow and develop. This appreciation the participants experience often has unexpected and hugely positive results - all of which affirms the individual's hard work, self-confidence, self-worth and success.

## **8. Recommendations**

- 8.1 In completing this evaluation we have included a number of recommendations for consideration going forward. The majority of these are for the MLH Strategic Advisory Group to take forward and we will provide them with these recommendations by way of issued correspondence. Details of all recommendations made are provided below:

**RECOMMENDATION 1** - The Department should fund a sixth Academic Year of the My Home Life Programme and issue a suitable Letter of Offer to Ulster University.

***To be actioned by*** - Department of Health, Care Homes Unit

***Completion Date*** - 1<sup>st</sup> September 2025

**RECOMMENDATION 2** -

During the financial year 2025/26 the Northern Ireland Strategic Advisory Group of the My Home Life Programme should consider future arrangements for the roll out and funding of the Programme from the 2026/27 financial year. This would include consideration of the provision of refresher training and possible roll out of training to Learning Disability, Mental Health and Supported Living Facilities as appropriate.

***To be actioned by*** - Northern Ireland Strategic Advisory Group, My Home Life Programme.

***Completion Date*** - 31<sup>st</sup> July 2026.

**RECOMMENDATION 3** - During the financial year 2025/26, the Northern Ireland Strategic Advisory Group of the My Home Life Programme should consider the development and implementation of a repository / library type system which would allow for the storage and access by the Sector, of the

work undertaken / being undertaken by all the Cohorts in developing their QI Projects.

***To be actioned by*** - Northern Ireland Strategic Advisory Group, My Home Life Programme.

***Completion Date*** - 31<sup>st</sup> March 2026.

**RECOMMENDATION 4** - In revising both sets of Care Home Standards, cognisance of the learning arising from the various the Quality Improvement Projects (QIPs) undertaken by each Cohort should be referenced in their revision.

***To be actioned by*** - Department of Health, Care Homes Unit, Northern Ireland Strategic Advisory Group, My Home Life Programme.

***Completion Date*** - 31<sup>st</sup> March 2026.

**RECOMMENDATION 5** - During 2025/ 26 the Northern Ireland Strategic Advisory Group of the My Home Life Programme should consider the development of metrics to evaluate the impact of the My Home Life Programme on service provision/outcomes for residents which could include data from RQIA's inspection processes and NISCC's Fitness to Practise processes.

***To be actioned by*** - Northern Ireland Strategic Advisory Group, My Home Life Programme.

***Completion Date*** - 31<sup>st</sup> March 2026.

**RECOMMENDATION 6** - In appreciating that accreditation with an awarding body is quite a time intensive process, the Northern Ireland Strategic Advisory Group are recommended to explore all what options are available to the Programme to enable it to become accredited to all relevant awarding bodies, including how it can align to the NISCC Care in Practice Framework.

***To be actioned by*** - Northern Ireland Strategic Advisory Group, My Home Life Programme.

***Completion Date*** - Exploratory process to be by 31<sup>st</sup> March 2026.

## **9 References**

[My Home Life - My Home Life \(My Home Life Northern Ireland website\)  
copni-home-truths-report-web-version.pdf](#)

[Care home review reports published | Department of Health](#)

[Statement by Department of Health Permanent Secretary Richard Pengelly:  
Dunmurry Manor Care Home | Department of Health](#)

## Appendix A



Issued Terms of  
Reference Evaluation

## Appendix B



My Home Life  
Questionnaire - Cours



## Appendix C



My Home Life  
Questionnaire - Provi

## Appendix D



Evaluation of the My  
Home life Programme

## Appendix E

**SUMMARY TABLE – COURSE ATTENDEES**

<b>Area assessed</b>	<b>Increased (%)</b>	<b>Decreased (%)</b>	<b>Remained the same (%)</b>
Enthusiasm for working in the Sector	<b>90.4</b>	<b>1.9</b>	<b>7.7</b>
Job satisfaction	<b>78.8</b>	<b>3.9</b>	<b>17.3</b>
Quality of their management & leadership	<b>98.1</b>	<b>0.0</b>	<b>1.9</b>
Satisfaction with their working conditions	<b>59.6</b>	<b>38.5</b>	<b>1.9</b>
Quality of their engagement with their staff	<b>92.3</b>	<b>0.0</b>	<b>7.7</b>
Time staff actively spent talking with residents & relatives	<b>75</b>	<b>0.0</b>	<b>25</b>
Staff's ability to take initiative	<b>76.9</b>	<b>1.9</b>	<b>21.2</b>
Quality of life of their Care Home's Residents	<b>76.9</b>	<b>0.0</b>	<b>23.1</b>
Leadership & communication skills	<b>98.1</b>	<b>0.0</b>	<b>1.9</b>
Staff members desire to take the initiative in responding to the residents	<b>71.2</b>	<b>0.0</b>	<b>28.8</b>
Their residents' active involvement in decisions about their care	<b>59.6</b>	<b>0.0</b>	<b>40.4</b>
The level of interaction between staff & residents	<b>71.2</b>	<b>0.0</b>	<b>28.8</b>
Quality of interaction between staff & relatives	<b>67.3</b>	<b>0.0</b>	<b>32.7</b>
Sense of personal achievement	<b>90.4</b>	<b>3.8</b>	<b>5.8</b>
Levels of stress	<b>57.7</b>	<b>3.8</b>	<b>38.5</b>
Sense of being valued	<b>63.5</b>	<b>0.0</b>	<b>36.5</b>
Confidence as a professional	<b>88.5</b>	<b>0.0</b>	<b>11.5</b>
Satisfaction with practices in their care setting	<b>71.1</b>	<b>0.0</b>	<b>28.9</b>
The overall level of quality of practice in their care setting	<b>84.6</b>	<b>1.9</b>	<b>13.5</b>
Recommend the Programme to other members of staff in their care setting	<b>100</b>	<b>0.0</b>	<b>0.0</b>

## Appendix F

**SUMMARY TABLE - PROVIDERS**

<b>Area assessed</b>	<b>Increased (%)</b>	<b>Decreased (%)</b>	<b>Remained the same (%)</b>
Enthusiasm for working in care sector	80	0	20
Job satisfaction	80	0	20
Quality of their management & leadership	60	0	40
Satisfaction with working conditions	100	0	0
Quality of engagement with other staff	100	0	0
Time taken to actively talk with residents & relatives	100	0	0
Ability to take initiative	100	0	0
Quality of life of their residents	80	0	20
Leadership & communication skills	80	0	20
Desire to take the initiative in responding to the residents' needs	60	0	40
Residents' active involvement in decisions about their care	60	0	40
Quality of interaction between staff & residents	60	0	40
Professional confidence	80	0	20
Sense of personal achievement	80	0	20
Levels of stress	40	0	60
Levels of sickness	20	0	80
Staff retention levels	40	0	60
Overall level of quality of practice in their care settings	60	0	40
Recommend the Programme to other members of staff in their care setting / Group;	100	0	0
Support the funding by the Department of a 6 <sup>th</sup> Academic year of Programme	100	0	0

## Appendix G

Individually organisations that make up the membership of the Northern Ireland Strategic Advisory Group also made the following comments: -

- Agreed the Programme would fit within any alignments to formal / professional qualifications currently being developed under the Social Care Workforce Strategy and fit into any recommendations coming out of the SCCF (**NISCC**);
- Suggested that consideration should be given to extending the programme to Managers and others in Supported Living Facilities given the increasingly complexity of need and challenging behaviours of those being placed there (**NISCC**);
- Consider there is merit in exploring the development of metrics to evaluate the impact of MHL on service provision/outcomes for residents which might include data from RQIA's inspection processes and NISCC's Fitness to Practise processes (**NISCC**);
- Assess that the difference between the MHL Programme and other similar initiatives is the person-centred values it adopts and develops as its core and the consistent delivery across the Care Home Sector. Other programmes, qualifications are more academic based and so result driven, with the potential to lose focus on the resident and their families (**RQIA, COPNI and PHA**);
- Anecdotally **RQIA** are finding that managers and other staff who have completed the MHL Programme are more aware of the issues and challenges faced by both residents and their families in placements within homes. In addition, through the Programme, RQIA can see the positives in the networks that have been established;
- **RQIA** reported that they gain significant assurance from the fact that care home Providers support their managers and senior staff to undertake the My Home Life Programme and represents as it represents an investment in their development.
- Anecdotally through the latest iteration of "10,000 voices" **PHA** have experienced the positivity that MHL can bring, with 67 Homes getting involved compared to the previous 6. This increase can be solely traced to managers and others within homes having participated on the MHL Programme;

- **PCC** assess the difference in the MHL Programme and other similar initiatives is the person-centred values it adopts and develops as its core and the consistent delivery across the Care Home Sector. Other programmes, qualifications are more academic based and so result driven, losing the resident and their families as the main point of contact and reference; and
- The Programme ties in well with **PCC's** work through the Care Homes Engagement Platform as it seeks to widen partnership working.

The email issued to all members of the Strategic Advisory Group is used is attached at ***Appendix D.***