Canolfan Datblygu Gwasanaethau Dementia Cymru
Dementia Services Development Centre Wales

Staff training: will we ever learn?

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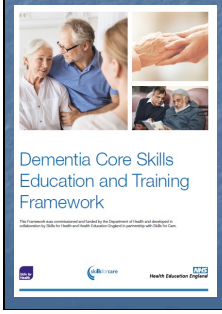
Dementia training – a continued priority



- Comprehensive framework for England
- Published November 2015
- Three tiers
  - All health and social care staff
  - Direct contact roles
  - Key staff / experts / Leaders

Training a priority in Wales – ministerial announcement April 2015

- "New funding for four additional primary care link nurses who will visit the 675 residential and nursing homes in Wales to provide training for staff about how to identify dementia, provide post-diagnosis support, link up with local GP services and advise how to make buildings more dementia-friendly.
- Increasing the number of people in Wales trained as dementia friends who are able to spot signs of the illness and help sufferers and create more dementia supportive communities.
- Encouraging more GP surgeries to take up Welsh Government-funded dementia training - to date 30% of GP practices in Wales have already completed the training, with virtually all of them subsequently agreeing a dementia lead and action plan."
- Half of all health board staff to have received dementia training by April 2016

Health Board staff training

- In November 2014, ABMU health board (Swansea) launched dementia awareness training sessions for all 16,000 members of staff regardless of their role or if they work directly with patients.
- So far, nearly 6,400 members of staff have completed training – this is 40% of the workforce - and sessions continue on a weekly basis across the organisation.
- Cardiff & Vale health board offer a variety of e-learning options, taking from 5 – 40 minutes to complete
- There are face to face sessions of up to 4 hours for staff with more direct contact with people with dementia

If training is the answer, what is the question?

- 'Scandals' in dementia care in Wales have been in the headlines in 2015

Why do lapses in quality occur?

- Inadequate training
- Staff attitudes
- Burn-out
- Culture of care - management & organisational issues

Can training be effective?

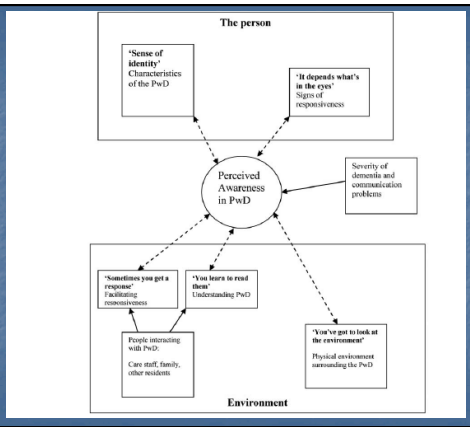
- Need to consider outcomes
  - For staff
    - Attitudes
    - Skills
    - Knowledge
    - Stress
  - For people with dementia
    - ? Quality of life
- Need to consider context (culture of care / leadership)
- Need to consider evidencing implementation

Two examples

- 1) Training staff to recognise signs of awareness in severe dementia
- 2) Reducing anti-psychotic medication use through enhanced person-centred care

The AwareCare project

- Often assumed that care home residents with severe dementia are lacking awareness of what is happening in their environment, especially where no longer able to express awareness through verbal communication.
- BUT still possible to identify signs of retained awareness by carefully observing the resident's behavioural responses to his/her surroundings.
- Focus groups with relatives and staff (Quinn et al., 2013) suggested training might assist staff in not making all or nothing judgements regarding awareness



Learning to observe closely….

NEUROPSYCHOLOGICAL REHABILITATION
2012, 22 (1), 113–133
Psychology Press
Taylor & Francis Group

AwareCare: Development and validation of an observational measure of awareness in people with severe dementia

Linda Clare[1], Rhiannon Whitaker[2], Catherine Quinn[1], Hannah Jelley[1], Zoe Hoare[2], Bob Woods[3], Murna Downs[4], and Barbara Wilson[5]

Awareness in severe dementia

- In 4 care homes in North Wales developed an observational tool that care staff could be trained to use
- Uses a combination of natural and prompted triggers
- Careful attention to response
- Sensory appreciation still possible
- Social stimuli most often elicit a response
- Noticing and recording the indications the person gives us of their response and interest
  - Eye movements
  - Facial expression
  - Sounds
  - Subtle movements

The Awarecare tool

Observe for at least 10 minutes. Record whether the resident responded to an event with a √. You can tick more than one box. You only need to tick the box the first time you see the response.

	Did this occur in the session (Yes or No)	Eyes			Face		Head		Arm		Body		Sounds		
		Eyes flicker	Makes eye contact	Explores with eyes	Smiles	Frowns	Nods or shakes head	Moves head	Reaches	Grasps or holds	Moves towards	Moves away	Single words	Mumbling	Shouts or moans
Events that happened															
Someone is nearby															
Resident is touched															
Resident is spoken to															
Talking nearby															
Loud noise															
Object nearby															
Food or drink															
Introduced events															
Call by name															
Take hand															
Introduce one object: Picture or Lavende pillow or Textured cushion (please circle)															
Or introduce a more personal object (please state which):															

International Psychogeriatrics: page 1 of 12 © International Psychogeriatric Association 2012
doi:10.1017/S1041610212001226

AwareCare: a pilot randomized controlled trial of an awareness-based staff training intervention to improve quality of life for residents with severe dementia in long-term care settings

Linda Clare,[1] Rhiannon Whitaker,[2] Robert T Woods,[3] Catherine Quinn,[1] Hannah Jelley,[1] Zoe Hoare,[2] Joan Woods,[3] Murna Downs[4] and Barbara A. Wilson[5]

- Trial of staff training in use of the tool in 8 care homes in North Wales
- Cluster randomised controlled trial
- Staff trained to observe carefully, and to use tool as a starting point for activity and communication
- Staff each used tool with several residents – coaching given in use of tool
- Results indicated **improved quality of life** (as rated by relatives) in homes where staff were trained to use the tool

'Wendy'

- Wendy was not mobile, usually mute and sat with her eyes closed for most of the day.
- However, when shown a picture, a very subtle flickering of the eyes to glance at the picture could be observed and sometimes she would respond with a whisper.
- Furthermore, on one occasion when xxx began to play music to her and joked that it was a song that you could "boogie to", Wendy responded with a strained, yet very deliberate smile and the staff were amazed that she still had such an ability.

'Pat'

- Pat was immobile and would frequently make very loud incomprehensible sounds.
- However, upon close observation it was recognised that these sounds were triggered when particular residents approached her and as they got closer the intensity and pitch of her sounds would increase considerably.
- When this observation was discussed with staff, it emerged that the resident who evoked the strongest reaction had previously hit her. Furthermore, the other residents that caused her to react in this way had physical similarities to the resident who had hit her.

Clare *et al. Health and Quality of Life Outcomes* 2014, **12**:175
http://www.hqlo.com/content/12/1/175

HEALTH AND QUALITY OF LIFE OUTCOMES

RESEARCH **Open Access**

Care staff and family member perspectives on quality of life in people with very severe dementia in long-term care: a cross-sectional study

Linda Clare[1*], Catherine Quinn[1], Zoe Hoare[2], Rhiannon Whitaker[2] and Robert T Woods[3]

QUALID – a proxy rated qol scale for people with severe dementia

- 11 behaviours or responses rated on a 5 point scale
- Two-factors for staff and carer proxies:
  - Distress / discomfort
    - E.g. facial expression of discomfort; appears sad
  - Sociability
    - Eg enjoys interaction; enjoys touching/being touched

Predictors of QUALID scores in severe dementia

Staff-rated (n=105)

- Mood of person with dementia
- Awareness / responsiveness of person with dementia

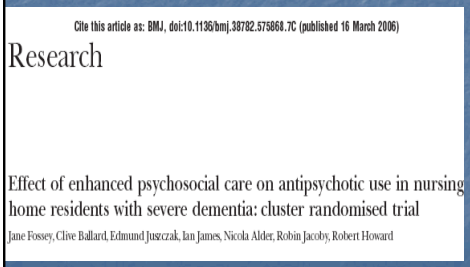
Family carer-rated (n=73)

- Use of anti-psychotic medication

Reducing use of anti-psychotic medication

- Reduction in inappropriate anti-psychotic medication major priority for health services
- Related to increased mortality and risk of stroke
- NICE / SCIE Guidelines recommend only use short-term, when no other options available
- Non-pharmacological approaches recommended to be used first, in context of holistic assessment

BMJ An effective alternative


Cite this article as: BMJ, doi:10.1136/bmj.38782.575868.7C (published 16 March 2006)

Research

Effect of enhanced psychosocial care on antipsychotic use in nursing home residents with severe dementia: cluster randomised trial

Jane Fossey, Clive Ballard, Edmund Juszczak, Ian James, Nicola Alder, Robin Jacoby, Robert Howard

Promising results…

- Major study, supported by Alzheimer's Society in the UK
- Demonstrated training in person-centred care, communication skills etc. for staff in nursing homes reduced anti-psychotic medication by 40% without worsening of behavioural symptoms (Focused Intervention Training & Support (FITS) programme - Fossey et al, BMJ 2006)
- Produced evidence-based training materials (FITS)

FITS into Practice

(Alzheimer's Society / Brooker et al., 2014)

http://alzheimers.org.uk/FITS

- Scaled up the FITS training programme and delivered it to staff from 106 care homes across UK. Key findings:
  - A 30 per cent reduction in the use of antipsychotic medications with residents
  - Residents were more alert, active and communicative
  - There were improvements in the physical environments of the care homes, care staff experience, and relationships with family and external professionals
  - Improvements in knowledge and attitudes (person-centred and hopefulness) of care home staff following training and supervision

Realities of implementation..

- Only 67 of the 106 care homes completed the training in full
  - competing time pressures and high staff turnover within homes
- Successful implementation required:
  - protected time for staff to put learning into practice
  - supportive management and organisational structure
  - stability within staff teams.

The WHELD programme (Fossey, Ballard et al.)

- Aims to achieve positive outcomes for people with dementia in care homes who show behaviour that challenges / distress, to build on effects shown in Fossey et al., 2006
- Comprehensive review identified potential approaches to enhance person-centred care training
- WHELD therapists had 10 days training, trained at least 2 champions in each home and visited homes regularly

Study 1 (Ballard et al. American Journal of Psychiatry 2015 (available on-line)

- 16 care homes
- 277 residents assessed at baseline and 9 months (195 completed)
- Outcome measures: antipsychotic use, depression, mortality, agitation, NPI, DEMQOL
- Mean age 85 (sd 7); 74% female
- Clinical Dementia Rating scores: 12% mild, 40% moderate and 47% severe

Interventions

- Person-centred care (all homes)
- Anti-psychotic review AR (8 homes)
  - WHELD therapists worked with champions and other staff to develop processes to prompt physician review according to best practice guidelines
- Exercise with enjoyable physical EX (8 homes)
  - Personalised exercise plan – at least an hour per week
- Social Interaction with pleasant activities SI (8 homes)
  - Aim for each resident to have 3 planned sessions per week – individually tailored

Results

- 18% taking anti-psychotics at baseline
- 50% of those in AR group discontinued; 0% of those in other groups discontinued.
- Those receiving *both* AR and SI showed reduced mortality
- AR associated with increased behavioural problems (NPI) *unless* combined with SI
- EX associated with reduced NPI score
- AR associated with reduced Quality of Life, *unless* combined with SI
- SI associated with improved quality of life

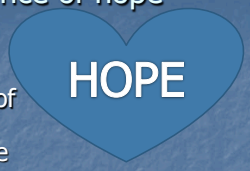
Conclusions

- Overall reduction in prescription of anti-psychotics changes the context for intervention
- Need for anti-psychotic discontinuation to be coupled with psychosocial intervention
- Potential for quality of life improvement with psychosocial intervention
- Combined intervention now subject of large cluster RCT with 900+ participants, from 69 care homes; 89 'champions' received 4 days training plus coaching and mentoring

Finally….

- Describing training that aims to provide staff in care homes with specific evidence-based skills, and that provides support in implementation
- Needs commitment from leadership of home
- Being able to make a difference perhaps feeds into 'hopeful' attitudes

The significance of hope



'From the perspective of the person with dementia, quality of life was higher for those in facilities…whose care providers felt more hope'.

Source: Zimmerman et al (2005) 421 residents in 45 care facilities

'Hope' measured by Approaches to Dementia Questionnaire (Lintern & Woods)

In UK dementia care facilities 'where staff had lower average scores on the hopefulness scale, people with dementia rated their quality of life as lower. '

Source: Spector & Orrell (2006)

Hopeful attitudes

- Can be developed through training – being person-centred is not enough
- Recognise that people with dementia can respond and that there can be small, but significant achievements
- The interface of attitudes and skills?

Thank you!!

- The AWARECare team: Linda Clare, Catherine Quinn, Hannah Jelley, Joan Woods, Rhiannon Whitaker, Zoe Hoare
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