



FINAL REPORT

EVALUATION OF THE EDUCATIONAL PACKAGE DEVISED BETWEEN COLTEN CARE AND
BOURNEMOUTH UNIVERSITY

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Chapter 1. Introduction

1 Context and Wider Background Reading

Dementia, a disease which affects 6% of people over the age of 65 years and 30% of people over the age of 90 years. With an increasing elderly population, these rates are set to rise (Department of Health (DoH) 2009). The National Dementia Strategy (Department of Health 2009) set out a clear vision that people with dementia and their carers should be helped to live well with dementia. Objective 13 identified that in order for this to occur there needs an effective and informed workforce to care for people with dementia.

“All health and social care staff involved in the care of people who may have dementia to have the necessary skills to provide the best quality of care in the roles and settings where they work. To be achieved by effective basic training and continuous professional and vocational development in dementia.”(DoH 2009)

1.2 Rationale

Bournemouth University (BU) was approached by Colten Care as they wished to engage with a local university to promote and develop the service they provide to clients with Dementia. Following a meeting with Clive Andrews (Associate Dean Practice Development) and several interested colleagues from BU it was decided that Colten Care wished to collaborate further in the development of an educational package for their staff.

1.2 Aims

The main aim of the project was to devise and evaluate an educational programme constructed to raise awareness of Dementia within a care home setting. The philosophical premise behind the programme was the valuing of the individual whether they are employees of Colten Care or a resident within one of their homes. Specific aims included;

- Staff from BU to devise and facilitate a 5 day programme at the university
- A formal qualitative evaluation of this programme would be undertaken.
- Staff from BU would then support Colten Care to devise a 2 day in house programme that could be delivered to all their staff.
- Colten Care would seek accreditation of this 2 day programme via a short course endorsement from Bournemouth University.
- Staff from BU and Colten Care would collaborate to disseminate the findings of the project nationally.

Chapter 2. Focus Group Evaluation Pre Programme

2.1. Evaluation design

In order to formally evaluate the experiences of staff and their knowledge and confidence regarding delivering personalised care for residents with dementia, it was decided to undertake 2 focus groups. The focus group method was chosen as it provides an insight into the beliefs and attitudes that underline behaviour (Carey 1994). Focus groups are defined by Krueger (1994:6 cited Owen 2001) as a “carefully planned discussion designed to obtain perceptions of a defined area of interest in a permissive and non threatening environment”. In order for the participants to feel able to express their thoughts openly it was decided that the senior management team would be excluded from participating although the two trainers would participate.

The management of the focus groups included splitting the 22 participations into two groups, focus group one (FG1) and focus group 2 (FG2). At the commencement of the focus group the participants were assured that their thoughts and experiences would remain confidential as no names would be used. However they were informed that extracts of their thoughts maybe used in the final report, and when this occurred their names would not be included. The focus groups consisted of staff from each of the homes to ensure a broad perspective of issues was obtained.

The focus groups data were analysed using a thematic analysis (Holloway and Wheeler 2002) to identify common themes that arose from responses. Extracts of the participants’ responses are included to illustrate each theme.

2.2. Themes

Interestingly the emerging themes from the focus groups can be linked to the objectives of the National Dementia Strategy (DH 2009), which is a reassuring synergy between national policy and the perceptions of staff working with clients with dementia. We have presented the pre and post focus groups findings under the headings that link with the following dementia strategy objectives;-

- Objective 13. An informed and effective workforce for people with dementia.
- Objective 11. Improve the quality of care for people with dementia.
- Objective 5. Develop structured peer support and learning networks.

2.2.1 An informed and Effective Workforce

Some staff felt that they had knowledge about Dementia and were confident in caring for

residents. Others felt much less confident and that was their motivation for attending the programme. Perhaps not unsurprising was a strong concern regarding the management of aggressive behaviour, which was apparent within both focus groups. Interestingly staff confidence appeared to be more concerned with the knowledge of the resident rather than the training they have had to date. It appeared to those that had received training that it was largely didactic in nature and staff did not always see its relevance to their practice.

Well the understanding, that's why I've come on the course so I can learn to understand why they are aggressive and just to know how to deal with it really (FG1)

I don't really work in dementia and I don't feel at all confident with dementia. It scares the hell out of me, the violence and all that (FG1)

To be honest, not a lot, that's why I'm here on this course. We only know what we've come on training courses to learn....it tends to be on a projector, somebody stood there talking to you about dementia-types and then you go home and then you are actually in their reality, working in a dementia home trying to figure out what was on that hand-out (FG2)

There are times that I do feel lacking in confidence with particular people, until I get to know them and they get to know me (FG2)

2.2.2 Improving the quality of care for people with dementia in care homes

Incorporated into this sub heading are issues around person-centred care (a key concept not only in the dementia strategy but key authors in the field of dementia, such as Kitwood 1997 and NICE-SCIE 2007), resources and management of resources and the relationships with the client's carers.

2.2.3.1 Person Centred Care

One of the strongest themes that came out of the analysis was the importance of personalised, person centred care and the need to know the residents in order to achieve this. The staff felt it was important to see past the diagnosis to find the individual within and identified that life histories enabled them to achieve this. Staff provided two lovely examples of the importance of knowing the person

See me, and not the dementia, y'know see past my dementia and see me as, 'cos I'm still a person (FG2)

One new gentleman that we've just got, he used to work for the NHS and do all their quotes and things, and he was really at a loose end, looking for his office and I asked the daughter to buy him a writing bureau and that and he really loves his little desk and he's got all his paperwork and his envelopes and he can sit there and do his work. So it fills his day a bit and makes him feel more at home (FG2)

We got a lady....she thinks she's on a cruise boat and she will click 'waitress' she'll want a drink,

and we will, I say play along, but we will not tell her she's not on a cruise. Her family come and visit her on the cruise boat. She'll ask you where her luggage is and you'll say 'oh it's not ready yet' and she believes she's on this boat and if that's where she remembers she was, you can't really sort of snap her out of it.....She owned a shop on this cruise boat and that's where she still is and we're all there to wait on her. And if that makes her feel better that's what you do, isn't it? (FG2)

What was interesting was that staff identified a correlation between staff and residents' behaviour. They felt that it was through knowing the residents over a period of time enabled them to identify triggers for inappropriate behaviour, as well as recognising the unpredictable nature of the disease.

The main thing is that we can't rush, because all the emotions, whether they are bad or good, they take it from us.....if we rush they feel it. If they feel it, they get started being agitated, aggressive, (FG1)

...residents react even for the certain people. Like some of the residents, don't want to be washed by the male staff or female staff (FG1)

If they are new or there's somebody that I don't know, you sort of stand back a bit because you don't know what triggers them or if they are aggressive, and you don't know them and quite a few times they've flipped and somebody will say 'well it's because you did that' but you don't know that (FG1)

Behaviour can be completely different in a morning and by 3pm we wouldn't believe it was the same person. They go into what I call the twilight phase and their behaviour can change completely. Somebody can be quite lucid and rational in the morning and completely confused and paranoid in the afternoon (FG2)

2.2.3.2 Resources

Unsurprisingly the issues of resources were identified as a theme from analysing the focus group data. Staff raised concerns regarding the number of permanent staff, the reliance on agency staff as well as the nature of the building of the homes. Whilst some staff recognised the constraints of bed occupancy and staffing levels, we sensed that not all staff understood why staffing numbers were reduced when bed occupancy was not full.

But what I've noticed, it's the shortage of staff that causes the whole frustration (FG1)

Sometimes you are short-staffed (FG2)

.. particularly the home I'm at there's a lot of agency staff. We haven't got full, y'know permanent staff and that makes such a difference all throughout the building, really because I don't think their hearts are in it sometimes whereas if it's your home you want a home to be proud of, don't you?(FG1)

What I'm concerned about caring for people with dementia is about the space, giving them more personal space. Like it's a closed, small unit and in our building, it's a purpose building, there's still not enough space for them. I think they need more fresh air, they need access to the garden, so they feel like they are not just stuck in one room, and y'know just travelling along the corridor.....they have a lot of activity but it's about the space and fresh air. It's very important, isn't it, for everybody just to get fresh air (FG1)

In discussing quality of care all of the three homes identified managing care delivery and organisation of resources as a cause of tension. They recognised the significance of knowing the individuals they cared for, but felt this was compromised when staff were moved across the different units. This was identified several times, as a great frustration to staff, who acknowledged that during sickness this may have to occur but otherwise felt that there was no rationale to this practice. They felt that as well as being difficult for staff it posed a greater challenge to residents and impacted upon the care that they received.

not having different members of staff with different faces all the time because that confuses them (FG1)

This is why I think it's important that the same staff stay on their particular units because you build a rapport; they know you, you know them, you know all their little ways (FG1)

But there are times when you go and you actually look and you think 'well why have they done that, because these two people are actually here, and now you've gone and put this girl on to a unit that she doesn't know, she normally works here. And you've got the girl who normally works on that unit is down with us?' (FG1)

2.2.3. 4 Relationships with Patients Relatives/Carers

A recurring theme was centred on residents' families and the challenge they pose to staff caring for residents. It appeared that at times staff felt pulled in opposite directions between a desire to be patient centred and to do as the residents had asked or to meet the families' expectations of the care their loved one should receive. Indeed the whole ethics of care was a challenge to the staff in the focus groups who struggled to know when to respect the client's autonomy and right to decide or whether to provide care against the resident's wishes under the ethical principle of beneficence.

Sometimes we don't know where to draw the line, you know residents who are refusing the care, and considering her rights to refuse, because I mean, to leave a person without being washed or to change a bed, it's abuse and to apply some force it's also abuse so we don't know really... (FG1)

The knowledge base of residents' families was also identified as a theme as often the participants questioned whether the families really understood about dementia and the impact it can have on individuals. In addition, it was questioned whether the families understood the care philosophy of personalised care and enabling residents to have a choice. Challenges arose here due to the recognition that they were working in the private sector and that the residents and their

families purchased the care provided, as such felt they could dictate the care their loved one received. However staff did also recognise that these difficulties were often compounded due to the residents' families dealing with the diagnosis of dementia for their loved one as well as possible guilt for having to place their loved one into permanent care and that this impacted upon their interaction with staff.

What worries me sometimes, is the families because I'm not sure that they do understand fully. It would be quite beneficial to make a leaflet for them about any differences in dementia (FG1)

You get relatives who say one day 'I understand, I know how difficult she can be', then the next day a switch has been flicked and 'I'm paying a thousand pounds a week, why are the staff' and you think blimey is this the same person..... sometimes they are working with us, sometimes they are our enemy (FG1)

...because part of the time too, the families are in denial, understandably. They just don't want to accept. (FG2)

But I think sometimes with the relatives it's the stigma. Mental health, whatever it is, has got a major horrible stigma, and y'know some of the relatives said that they don't talk about it to anyone away from our home because they don't want anyone to feel it's in their family (FG2)

2.2.3. Peer Support

Objective 5 of the dementia strategy (DoH 2009) emphasises the importance of peer support for people and their carers with dementia. Likewise it became apparent during the focus groups that staff also considered support both from management and each other important.

One of the themes that emerged from the focus group centred on staffs own vulnerability. This occurs due to the close relationships that the staff have with the residents as well as the recognition of residents as human beings rather than just recipients of care. Whilst this does expose staff to experiencing feeling vulnerable it is not something that we would wish to eradicate as dehumanising residents could reduce staff vulnerability but also would reduce the quality of care. It was evident that the participants really cared about the residents in their care as evidenced by statements such as...

These are people, they are human beings, they have feelings, and they have lives. And some people don't, they look upon it as just a job. And I don't think you should be doing dementia care if that's how you feel (Fg1)

..but you can't help but get attached though, can you? (Fg2)

Because we do actually become quite a family, we are their family (FG2)

Staff also can experience feeling vulnerable as working with the resident may remind them of their own morbidity and mortality, as well as a sense of a shared journey walking with them....

....for the grace of God, ** and I we are that age, She's seven months difference to me in age***

and you look at her and it's a bit close to home (FG1)

It brings tears to your eyes (FG2)

You've got emotions as well (FG2)

It's normal; we're only human at the end of the day (FG2)

I've got several favourites, if that makes sense. But yes, I've also got people that I don't like particularly, but I make a special point of trying to do that extra little something because we're all human (FG2)

The last aspect that staff highlighted linked to the theme of staff vulnerability was due to the nature and unpredictability of the disease itself. As well as the fact that for many residents this is their home until the end of their lives, so staff also experience bereavement and loss for the relationships that they had with the resident.

There's also another thing when you grow a close relationship with them and then all of a sudden that person is no longer, it's, I don't know about anyone else, when you get close to someone and you build up a good friendship and you, even though you are there to do a job, it is hard to get past that stage (FG2)

..... I can remember an instance where I was helping her with many things all through the day and I was the most wonderful person in the world and then later on in the afternoon I went in and she just said something to me that was so hateful and I burst into tears and ran out! (FG2)

It is recognised that care work by its very nature has an emotional component and indeed staff vulnerability need not be a negative experience but recognition of a joint humanity. However, if not managed well it could lead to increased burn out of staff as well as increased sickness and ultimately could lead to staff "switching off their emotions" and not caring for the residents.

From reviewing the focus group transcripts a theme regarding support became apparent. Staff expressed a lack of support across two areas, senior management and amongst themselves. It is concerning that staff expressed a feeling that senior management do not keep their concerns confidential, nor do they feel supported by them as it is these staff that should be providing leadership and role modelling to more junior staff.

If I went maybe a little bit higher, sometimes we've said things and there's been this breach of confidentiality, before you know what's happening it's gone around the building. I also feel that sometimes, maybe I shouldn't be saying this, hierarchy can be quite patronising towards us (FG1)

We tend to feel unsupported from above because of unrealistic expectations (FG1)

We're not supported as a team...(FG1)

As a deputy we don't feel we get support from anyone particularly. I know everyone else tends to have a peer group so it's easier, but ours is actually a really lonely job (FG1)

It appears as though rather than supporting each other, there is a culture of criticism and

criticality. This is not a new phenomenon, but from our experience is common in many care settings across both primary and secondary care. Often what staff expressed is the well documented task/time imperative (getting the job done within a specified time). The difficulties with this is that it can lead to a phenomenon called horizontal violence in which staff are mean to each other across the level in which they work which is well documented in healthcare. This was explored extensively within Focus Group 1.

We need more team. We need to get it so that it is 24 hour care, and we're a team and some things can't be done but then it's got to roll over, hasn't it? We've just got to be a bit more understanding of each other (FG1)

I've found not just where I work, but other Colten homes tend to be very critical of new staff. The new, inexperienced ones that take twice as long to do their residents they get a hell of a ride from their colleagues who should be supporting them, that's carers, and nurses as well it's a case of 'she's taken how long to do a drug round?' y'know and we judge someone like that unfairly and we were all like that once and we tend to forget that. (FG1)

There is a strange culture with some staff, even with some people who have been there a long time, that fast is better, and if they can say 'oh I got all my residents up by 10.30am' I'm sorry, how did you get them up? Were you bouncing them off the walls? (FG1)

Some staff have informal support networks largely with staff at the same level and one home has implemented a more formal support group through outside work activities. It would be worth exploring the current formal support mechanisms for staff further in light of the expressed staff vulnerabilities highlighted earlier.

I think those of us who have been there a while we sort of informally support each other (FG1)

Well we've actually started this team building where so many booked this day off and off you all go. I mean, Thorpe Park or whatever. We had a girl left to start her nurse training on Friday, Friday just gone and we hired a big pink party bus for her (FG1)

Chapter 3. 5 day programme

3.1. Introduction

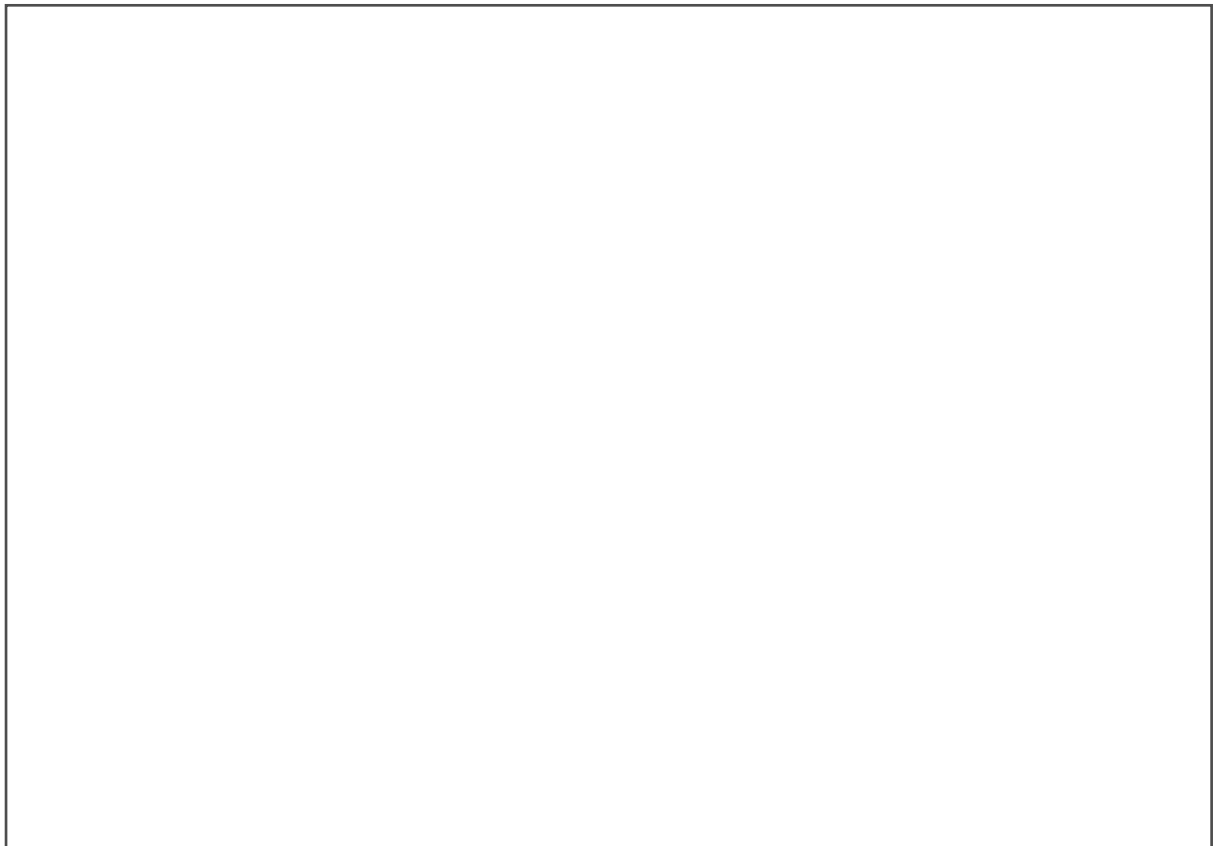
This chapter outlines the 5 day programme that was devised by staff from Bournemouth University in collaboration with Colten Care. It was devised through several meetings in which the staff from BU sought to understand the particular value base of the organisation as well as their specific requirements. It was decided that the programme would run one day a week over 5 weeks, as this was both pragmatic for the organisation but also gave the participants time to digest the information gained between sessions.

3.2. Contents of the Programme

The programme consisted of a blended approach to learning. From the initial focus group it was apparent that staff working in the homes had a good level of experience as well as a good understanding of their residents. We wanted to capitalise upon this, therefore the main premise of the programme was to take the participants upon a journey where they could critically examine their practice as well as learn new knowledge and skills in caring for clients with Dementia. Figure 1 demonstrates the contents of the programme. As it can be seen in the centre of the diagram each day of the programme focussed upon a different aspect of Dementia care and included

1. Setting the Scene. Introduction to Dementia
2. Experiences of Dementia and Person Centred Care
3. Assessment & Mental Capacity
4. Personalisation & Management Strategies
5. Quality and Service Development

Figure 1. Contents of the 5 day programme



Whilst the programme included some traditional didactic teaching where the facilitators presented the participants with new knowledge, this was blended with facilitative learning in which the participants could learn from each other, utilising their knowledge and skills. This was fundamental to the programme as it sets the scene for the valuing of each other, and recognises the contribution that each of us make to enhance the lives of residents. This was really important as the focus groups analysis had informed us that some staff felt that the culture of the homes in which they worked was not supportive to each other and we wanted to begin to address this.

Key to the programme were the reflective exercises in which participants were set activities to undertake within the homes in which they work prior to the next week's session. It was made very clear to the participants that this was not to be seen as a "spying exercise" within the homes but was undertaken in the spirit of questioning practice and the recognition that practice is always evolving and can always be enhanced. An example of one of these activities was set after week one where the participants were asked to go back to the homes in which they work and sit for 30 minutes watching the interactions between residents and staff. They had to relook at these interactions from fresh eyes as if they were the resident rather than a member of staff. This exercise was very illuminating to the participants, many commented that it was the first time they had thought how the residents may feel. It was through these exercises that the additional dimension of the patients' perspectives was incorporated into the programme.

Another key aspect of the programme was the introduction of the projects. During the initial discussions with staff from Colten Care, we were aware of the organisations commitment toward achieving the Practice Development Unit (PDU) Status from BU. We were therefore keen that this educational programme supported the organisation in the companies PDU journey. In addition, we really wanted to empower the participants into recognising that they have a role in developing the service they provide. The participants were therefore placed into 5 project/Action Learning groups (ALG). Each ALG group;

- Consisted of 4 people from the home in which participants worked. This was undertaken for the ease of participants.
- Identified and implemented a project which enhanced the care of the residents, or the home environment in which the participants worked.
- Presented their work to an invited audience of key stakeholders.

The inclusion of the projects was fundamental to the programme. It encouraged the groups to work together, harnessing each others strengths as well as supporting each other recognising that many of them would be nervous. It also enabled them to see that they as individuals have the ability to shape the care within the home in which they worked, as well as getting them to work with individuals they may not have worked with before.

The participants of the programme developed the following projects

- Sensory Garden
- 10 Golden Rules about me
- My bedtime routine

- Mentorship/Buddy scheme for new staff
- Use of Labels in the Care home.

These projects were presented to senior staff at Colten Care on the 17th March, and were very positively received by the panel. It was lovely to witness the motivation and commitment of the staff in enhancing the lives of residents. In addition, the staff appeared very empowered and felt supported to enhance practice. These projects are excellent evidence supporting the application for Practice Development Unit status.

Lastly, the programme participants were informed that Colten Care wished to develop a 2 day in house programme of education for all staff members about Dementia. We identified that they would be key to assist us in the development of this as we would be using their feedback and thoughts to decide what would be included in the shortened 2 day programme. This enabled them to feel valued as members of staff for their knowledge and their contribution.

3.3 Attendance

During original discussion both staff from Colten Care and BU were really keen that membership of the 5 day programme reflected the wider diversity of staff within the care home sector to include both staff involved in direct care as well as staff from other services within the organisation (for example kitchen, gardening, reception staff). However, the participants of the initial 5 day programme were largely care staff (18 participants) compared to 2 participants from the wider staff base (social carer and activities coordinator), as well as the 2 training officers who would facilitate the in house course.

On the whole the attendance during the 5 day programme was very good however 3 participants missed one day, 1 participant missed 3 days and one participant missed 4 days. This proved problematic during the programme due to the nature of the proposed project work. This resulted in some project groups being changed mid way through the programme.

3.4 Feedback from the participants

Feedback about the programme was collated in a variety of different ways. Firstly, at the start of days 2, 3, 4 and 5 the participants were asked to provide feedback about the previous day on post it notes. This allowed us to capture the thoughts of the participants as they progressed through the programme, copies of the evaluation feedback is presented in Appendix 1. As it can be seen in the feedback, the participants' thoughts were very positive regarding the programme and this was mirrored within the sessions as participants were engaged and motivated. Throughout the programme a growth in the participants' confidence was noticeable, on day 1 they were very worried and anxious about the programme however as the course progressed they became much more confident to share their thoughts.

At the end of the programme the participants were asked to provide written feedback about the whole programme identifying in particular;-

- 3 things they liked about the programme
- 3 things they would change about the programme
- Having completed the programme, what they thought were essential that should be kept in the 2 day in house Colten Care programme.

The participants' evaluations are provided in Appendix 2.1, it can be seen the participants felt they had increased their knowledge about dementia, which meets the initial aims and objectives set. In addition, the participants seemed to value the informal, interactive nature of the sessions. This approach became a strong recommendation for the 2 day programme. The carer input was also valued, as this brought a human dimension to the programme which is really important in personalizing care delivery. Asking participants what they would change was useful as it enabled us to consider the sessions less useful which could be removed in the 2 day Colten Care programme, and example of this was the session on assistive technologies which was identified by the participants as not really useful to them.

Chapter 4. Focus Group Evaluation Post Programme

4.1. Evaluation design

Once again the focus group data were analysed utilising a thematic analysis (Holloway and Wheeler 2002) to identify common themes that arose from responses. Extracts of the participants' responses are included to illustrate each theme. The synergy between participants responses and the National Dementia Strategy was evident, so the findings have been presented as before under the following headings;-

- Objective 13. An informed and effective workforce for people with dementia.
- Objective 11. Improve the quality of care for people with dementia.
- Objective 5. Develop structured peer support and learning networks

4.2. Themes

4.2.1 An informed and effective workforce

During the second focus group discussion the participants highlighted their new learning from having participated within the five day programme. It appears as though as well as learning and understanding more about dementia it has for some participants made them have a more questioning approach to their practice. We believe this is really important to nurture and encourage as it is through reflecting and questioning our own practice that we can develop

practice. This can be achieved in many ways simply by having staff reflection sessions or more formally through clinical supervision.

Personally I think it's made me a better carer for this course. It's made me consider themas people more. Now before I go to a room, whether they are completely demented or not, I still tap their door and I go through that, and ask what clothes they'd like to wear and this sort of thing. It's definitely made me more, treat them as individuals, definitely. (FG1)

... the coloured crockery, but we understand the significance of that, whereas I don't think we'd have necessarily understood the significance of it before(FG2)

From the first day onwards it's been so lively and so informative that I, I'm speaking for myself but I'm sure for everybody else, I've really, really enjoyed it. And I think we've all got so much out of it (FG2)

I think it's, personally, I've got a wider view now. Instead of thinking 'I'm doing this, this is the way we do it,' I say 'hang on, is it the best way of doing it?' And I think that makes a big difference. (FG1)

I think this course has also, no matter how many years you've been in your field or whatever, there has always been something to learn. Y'know something maybe at the back of your mind you may think 'oh I forgot about that!' (FG2)

4.2.3.1 Observation

A really strong aspect of the programme was the observation that the participants undertook. During this activity we asked that they return to the homes in which they work (after day 1 in the programme) and simply sit within the living area and watch the residents and staff through the eyes of a resident as opposed to their eyes as carers. The insight that staff gained from undertaking this activity cannot be under estimated – for many it was simply an “ah ha” moment.

When we did the observation, you do tend to sit back and think 'that is me sometimes' and like you say it's spending time with them a bit more, and it's not just the residents themselves, it's spending time with the relatives as well because at the end of the day it's their family's home and they're coming into visit, and sometimes the family's do get ignored but we are improving on that (FG2)

I think that for me, this course has definitely made me sort of stop and think and take a second look at certain aspects, like you were saying, are we really like that? I mean I think we do do well and I think we're pretty good, and that's not to say we should be complacent, that's not to say we shouldn't self-examine and just try and do a bit better all the time and I think the course itself has made me that little bit more aware. Like you say with the sitting and observing what's going on around without taking part. It just makes you a bit more aware from the resident's perspective (FG2)

4.2.3.2 Projects

In the focus group discussion at the start of the programme one of the themes raised related to the participants expressed a feeling of a lack of support, both between themselves as well as from senior management. From reviewing the group discussion it was apparent that the participants valued the support they had received during their projects both within their project groups as well as from senior management.

Well it's nice to get proper feedback from the powers that be. It was really nice.(FG2)

They were really involved in what everyone was talking about, really taking it on board and thinking 'well what' and the questions were so pertinent and yes, y'know that just proved how much they were taking it on board and where they were kind of thinking of going with it and doing with it, and they kind of endorsed everything that we've done (FG2)

For me when we finished our presentation straightaway he was like 'I think that's a really good idea,' I was like 'wow!' (FG2)

As can be seen from these extracts above the process of having their ideas listened to and valued was really empowering for staff. It enables them to have a sense that they are part of the organisation and can shape the future direction of care. This is central to the Practice Development Unit philosophy and as such should be captured and developed further. Another aspect that was raised during the initial focus group was the challenges that staff experienced with the residents families and feeling torn between providing personal centred care and responding to the families wishes. Once again, for some participants the projects facilitated a greater communication between the staff and the residents' families.

Yes, like satisfy them more, kind of thing rather than doing what we think is best. We actually got out of them what they want for themselves rather than what we just think, by asking the relatives what mum liked or what their cousin liked and it just made you feel like you could do a lot more for them (FG2)

I think it's actually making the time to sit and explain what we're doing and getting input from them. Because quite a lot of the relatives, especially from *****, they are really, really willing to say 'well you know I think that's a good idea, and brilliant' and so yes, it's been really good. And they feel quite important that they are actually being asked. We're not just doing something for mum or whatever, we're actually asking them what do you think about this? (FG2)

There's so much, like you said, emotion and a sense of guilt and a sense of failure and not what they really want, so to be more included in their future is an important aspect (FG2)

4.2.2 Improving Quality of Care for People with Dementia in Care Homes

Staff returned, unprompted, to the following themes; - person-centred care, resources and management of resources and the relationships with the client's carers.

Person Centred

Once again a key theme arose regarding the notion of person centred care. It is evident that this is a core philosophy of the organisation, and an important aspect to staff.

We provide the care for the residents based on individual approaches so everyone is taken seriously and individually. (FG1)

With kindness, compassion, sensitivity, everything, every approach, everything we do. (FG2)

They may have dementia, but they are still human beings and still people...(FG2)

The recognition of residents as individuals as opposed to “residents” we believe is vital in ensuring that staff provide quality care to residents, as opposed as seeing them as object requiring care. We recommend that the company continue to identify ways in which staff and residents can come together in a sharing capacity. One example of doing this was during the programme we asked participants to bring in pictures or belongings that reminded them of home. In small groups of 3-4 they shared their pictures and belongings, and the buzz in the room was amazing, and this could easily be replicated in a care home setting when staff and residents share pictures of their lives.

4.2.2 Resources

Once again the issues of resources was raised in that staff expressed feeling frustrated that they were not able to provide the level of care required due to limited resources. Some of the senior staff were able to understand the tension regarding being in a market economy with empty beds however the more junior members of staff did not fully understand some of the decisions made regarding staffing levels. In addition, it does appear that management of the 3 homes is very different and that some manage their resources more effectively; however it must be recognised that these thoughts were captured during a time of instability particularly for one home. That said it is well recognised that limited resources have an impact upon staff well-being which can lead to staff burnout and subsequently increased staff turnover.

Well what happens is you have a couple of empty rooms, so they drop a carer which means that the residents who are still there are not getting the level of care that they were before.. (FG1)

..they don't make allowances for the deterioration, like in a dementia home you have them, they come in at this very first stage and that they can do an awful lot for themselves, there is minimal assistance from us. But we're now at a stage where there are an awful lot in that latter stage that have now become two people types where you need to actually go in and help these people
(FG1)

... a certain amount of risk because some staff will say 'yes I know they are a double but I'm going to do them on my own and then that's one person done' and it is risky (FG1)

It does have an impact on the staff because then you get staff off, lots and lots of stress, depression (FG1)

4.2.3 Peer Support

The importance of support when working with clients with dementia is obviously crucial. We discussed during the course the emotional burden associated with caring for people with dementia and the importance of time out to reflect upon practice. Sustained effective leadership can facilitate the support networks required.

4.2.2.1 Leadership

An important aspect of the resource theme was a subtheme of leadership. It has already been mentioned that one home was going through a period of change. However, staff recognised that leadership was key to the management of a good home by the creating of a good working atmosphere, as well as an ethos of valuing staff. One worrying aspect that emerged was regarding the qualified nurses, as it appeared that some were willing to support the carers and be involved in the personal care of residents whilst others were not prepared to be involved. The participants did recognise the distinction in their roles and knew that trained staff also had specific work to do, however it appeared that some qualified nurses were very rigid in their approach.

we got a permanent manager and that makes a big difference (FG1)

: ...one of our nurses says 'don't do pads' (FG1)

you've got good leaders, yeh you've got good leaders there, haven't you? From the top it works down. (FG1)

Inspiring others

Lastly from reviewing the data it was also evident that the participants on the five day programme now felt an increased confidence to challenge their peers by utilising their new knowledge to inspire others. This hopefully will be captured by the proposed 2 day in house programme which will in turn feed into a culture of change and supporting each the within the homes staff work.

I hope by kind of bouncing off each other and yes, and it's a good point because the course has made me, really spurred me and given me much more enthusiasm. ... and I hope that I can carry that on by bouncing off different people, coming up with different things I've learnt and sort of getting feedback. And I think also, I think what we've learnt and the response from our residents, putting into practice some of the things we've learnt can be that thing in itself to spur you on to carry it on (FG2)

Following on from that I had one carer yesterday that I worked with and he's so eager to learn and he said 'do you know a lot about dementia. What, why do they do this, what can I do for that?' So it's quite nice that I can actually go back and say 'well yeh, I do actually know a bit more now, y'know and perhaps maybe you could try this or this is because of this reason', so

yeh, it's nice to be able to say 'yes I do know the answer to that question, or I can help, point them in the right directions (FG1)

Yep, I feel more confident about fighting my corner with other staff, just being able to say 'no you can't do it that way. Don't you realize that is abuse, restraint, y'know these sort of things.' (FG1)

One last quote, which to us captures their thoughts at the end of the programme

Two things I've just thought of. One is this idea of going forward, looking at things through our residents' eyes, and the one phrase that keeps coming back to me that I think both you and ** have said is celebrate what we do well (FG2).***

Chapter 5. Development of a 2 day in House Programme

5.1. Introduction

This chapter outlines the process of adapting the 5 day programme developed by BU staff in collaboration with Colten Care to an in house 2 day programme which could be rolled out to all staff within the organisation.

5.2. Development of a 2 day programme

In order to develop the in house two day programme we utilised the feedback obtained from participants at the end of the 5 day programme (appendix 2) together with our reflections and drafted a proposed two day programme as a basis for discussion with Colton Care staff. We also provided the trainers with a large A4 file containing copies of key reading including government papers and relevant research journals to enable them to provide an evidence base in their sessions. In addition to this, a further extensive reading list was provided. From these materials and our discussions staff at Colten Care developed an in house 2 day programme that reflected the needs of their staff. Following the success of the projects during the 5 day programme, it was decided to also retain this aspect in addition to the 2 day facilitated sessions.

5.3. Short Course Application

Staff from BU attended the 2.5F day Colton Care programme and provided feedback to the facilitators regarding the sessions and raised ideas for further consideration. Following the development of the 2.5 day programme staff from Colten Care submitted the form for a short

course endorsement, and successfully defended their submission to the panel successfully achieving BU endorsement.

Chapter 6 Conclusions and recommendations

6.1.Key Findings

From participating in this project it was evident to us that the staff we have met are very passionate about providing high quality care to residents with Dementia. In addition, they have a good knowledge of the residents they care for and this need to be harnessed to examine current difficulties at a ground level. It is also evident that the staff have the capability (with support) to be able to identify projects which could enhance the care of residents or provide greater support to staff. The contribution of all staff can create an empowered workforce and better care to residents. It appears as though homes are run as separate entities and yet the potential for sharing good practice is huge.

There are currently some cultural challenges that need exploring and these relate to creating a culture which is more supportive to staff and less critical, especially between senior management and front line staff. We acknowledge that whilst this project was being undertaken one of the 3 homes was experiencing significant changes with a change in the Home Manager however the thoughts expressed were more widespread than just a single home.

6.2. Recommendations for the future

Following completion of this evaluation we propose the following recommendations

1. That Colten Care explores mechanisms of staff support both formally and informally within the homes in order to provide increased support to staff.
2. The company considers mechanisms for the sharing of good practice across the homes which care for residents with dementia.
3. Explore the impact of staff rotation around units within homes, both upon staff and residents.
4. That the company continues to identify ways in which staff and residents can come together and share experiences
5. That the participants of both the 5 day and subsequent 2.5 day programme write up their projects for inclusion within the Practice Development Unit Accreditation that Colten Care is seeking from Bournemouth University.

6.3 Dissemination

An abstract for a concurrent paper “Human Being and not Human Doings” has been submitted to the Dementia Congress 2011. This is a joint paper between Bournemouth University and Colten Care, we are currently awaiting to hear if the abstract has been successful.

We are currently exploring avenues for joint publication of this project within the nursing press. We are considering the following professional journals

- Journal of Dementia Care
- Nursing Standard
- Dementia Care Matters.
- British Journal of Community Nursing.

Chapter 7 References

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Chapter 8. Appendices

8.1 Daily Evaluations

8.2 End of Programme Evaluations

8.1. Daily Evaluations

Day One. | Interesting (x8)
| Learnt lots of new things/informative/Thought Provoking (x6).
| Gave me chance to view my thoughts/Open Discussions/Discussions Insightful (X5).
| Fun (X4)
| In order for residents to get good person centred care there is a lack of staff, everybody's always rushed. This situation should be addressed.
| Structure of course not clear.
| TV film was too generic learning needs.
| Good trainers very engaged all day long/Well Presented (X2).
| Very good (X2),
| Well organised/Well Planned (X2).
| Will it all work in our workplace?
| Good way of introducing everyone by exchanging information.
| Really good start to raising awareness and a great inspirational approach to improving dementia care. However after the week we've just had unless the company listens to carers and puts more people on the floor it will remain an aspiration and not a reality.
| What dementia is, types of dementia, how it is diagnosed, signs and symptoms, effect of dementia on their families.
| Learning about the brain! About the different parts of the brain damage why? More scientific explanations about dementia.
| 30 min observation good idea (X3). Staff did feel I was spying on them.
| Observation insightful especially for carers who can be task orientated/made me feel how it is to be a resident.

Day Two | Very good to know to respect the privacy of dementia people and have respect for them (X3). In care environment demands of job often means they are not given enough thought (not deliberately), an example, during the last week one member of this group interrupted me twice in one day walking in to ask me something while I was showering/bed bath in residence and didn't acknowledge the resident in either case.
| It was cold (X2).
| Good day plenty of information when it came to do the project different levels in group very one-sided.
| Having a relative giving his experience was very helpful /Gave a very poignant insight to the build up to a family member going into residential care which we do not see/Impact of Dementia on Loved ones (X10). Care to speak on 2 day workshop.
| It was useful and interesting.
| Talks from relatives of dubious value.
| Good day (X2). Pleased dignity for residents was discussed; I feel that respect between different levels of staff should be discussed as well it should not be them and us.
| Well-planned, well presented.
| Residents resistant to personal care considering their rights to refuse.

Day | Mental Health Act/Mental Capacity (X3)
Three. | Not enough room, no tables (X5).
| Really good change management (X2).
| Was very helpful and put it into practice this week!.
| Helpful and useful. Use of information learnt.
| Not enough food, not enough coffee (x2),
| Seats uncomfortable.
| Us and them still very noticeable.
| Dementia people have rights like other people their rights should not be undermined/violated.
| Useful day.
| Change management essential to 2 day course.
| Mental capacity act - basics only relevant in care environment. All assessments and decisions made off floor.
| Very useful information with regard to client's needs.
| Good course content - interesting and informative day.

	I still don't understand the mental capacity act needed more time on the subject.
	Some people very negative and do not seem positive in anything discussed.
Day	Appliance session not applicable for care homes (X6).
Four.	Helpful in realising we can talk about the subject of death and dying/Useful Pointes (x2).
	Time to reflect on our project. Lots of good discussion shared information.
	My thoughts on the talk about challenging behaviour, it has made me go back to the home and look at things in a different way.
	It gave us the opportunity in understanding challenging behaviours in acute hospitals.
	Good to know about the people with dementia. Impact of dementia. Understand more about challenging behaviour.
	Informative and helpful.
	Challenging behaviour very good and vital for the final training.
	Dr Fiona, felt it was all about her repeated elements already covered. Good to know research results but would prefer more discussion on what we do/observe. Especially as all slides have been reference - can assume what we are being told is quality information!
	Choice doesn't have to be enormous. Sometimes better to restrict the choice of two or three which they can manage rather than huge choice which overwhelms.
	Good afternoon session sorting out our project.
	Summary comments.
	Very good idea useful insights that we are not aware of.
	There is no eye in teamwork. Important with dementia as residents need consistent approach.

8.2 End of Programme Evaluations

Identify 3 things you have liked about this programme	<p>Increased understanding about dementia</p> <p>I understand more from this programme about the person with dementia</p> <p>More confident in myself each day following this programme, seeing new things</p> <p>Celebrate what we have done well (X2)</p> <p>Learning new ideas.</p> <p>Dignity and privacy.</p> <p>Useful information</p> <p>Very, very good.</p> <p>The importance of person centred care.</p> <p>Dementia awareness knowledge/theory.</p> <p>Teaching and learning style</p> <p>Each day on the programme was exciting.</p> <p>Interactive nature of the sessions (X5),</p> <p>Being in the steering group.</p> <p>There is no right or wrong (X2)</p> <p>Sharing information/Experiences (X2).</p> <p>Vanessa and Michelle were very informative and helpful they put us all at ease</p> <p>Tutors (X12)</p> <p>Having the handouts and the share of knowledge.</p> <p>The trainers were very informative, I've learned so much.</p> <p>Person centred care.</p> <p>I liked how we were doing projects to improve our homes (I didn't know we will</p> <p>The large rooms at the University, with tables to work on (X4)</p> <p>Focus on all staffs needs and experiences.</p> <p>Being able to work in groups and mix with the other homes (X6)</p> <p>Booklets.</p> <p>Environment friendly atmosphere (X3).</p> <p>The way everybody has been involved motivated by the course.</p> <p>Been away from the home environment external venue with space.</p> <p>Well presented and insightful.</p> <p>Good examples.</p> <p>Value of carers input</p> <p>Insight from carers perspective (X9)</p> <p>Guest speakers with real experiences are very useful to gain insight that carers</p> <p>things carers may not think about.</p> <p>John Major (nice to hear how someone has had to live with someone with dementia)</p> <p>Value of other speakers</p> <p>Insights gained from research (Fiona) (X3)</p> <p>The person who gave the lecture about mental health act.</p> <p>Lunch</p>
Identify 3 things that you would change about this programme	<p>Nothing to be changed.</p> <p>The venue - good to be away from the workplace.</p> <p>Discussing the Mental tests in more detail.</p> <p>More discussion around the DoH Dementia Strategy and what this means to us and</p> <p>Repetition of the research tutor, perhaps amalgamate with evidence-based talk</p> <p>Not the bleep lady - didn't have relevance to us (X8)</p> <p>Work book utilised more (relevant to programme), include observation template</p> <p>Include more ancillary staff (kitchen staff, cleaners, laundry staff) (X2)</p> <p>Would not include home deputies as they have vested interest in the status quo</p> <p>everyone else and just got offensive.</p> <p>Not necessary to talk about NHS (Dr Fiona).</p> <p>No talk about mental capacity.</p> <p>Very important where programme is delivered with sufficient room to work, for</p> <p>when there were too many people (X4)</p> <p>More visitors - more carers, families same stories about their relatives living</p> <p>people with dementia, their feelings.</p> <p>The length, to concentrate more on people with severe dementia and relate more</p>

	To concentrate more on autonomy.
	I would change the way some of the talks were done, some of outsiders were no
	Increase use of nursing research/ up-to-date practice.
	Contextualisation of lecturers, within acute hospital wards largely irrelevant
	The relative from another homes (X3).
Having completed	Teamwork very good.
the full	Understand people with dementia (X2)
programme, what do	Challenging behaviour (X7)
you think is	Impact dementia (X2)
essential that we	Understanding dementia - background, symptoms, progression (X8)
keep within the 2	Who am I? Being aware of personal needs.
day Colten Care	Relatives as guest speakers (X2)
programme	Professionals talking about different subjects.
	Group work and discussions (X4)
	Appropriate room space of group work.
	The trainers.
	Learning about different things for example end of life care, life diaries.
	Impact of having dementia and how it affects the family. The importance of pe
	Dignity and privacy.
	Anatomy physiology of brain, disease process.
	Fundamentals of nursing care.
	Pharmacology.
	Better use of handouts/citations of articles.
	Well I think there is nothing to change everything has been covered and to ke
	course. Others would enjoy too. Very, very interesting.
	Day one anatomy and physiology to concentrate more so people can understand t
	Day two looking after people with severe dementia, the difficulty of their be
	Refresh information, knowledge and experience.
	Sharing experience between Colten houses/sharing Good Practice (X5).
	To improve the quality of care the dementia residents.
	Person centred care (X2)
	Project work and presentation.
	Dolls/MCA.
	Home work - half-hour observation in home.
	Essential to have feedback from all the members and a view from what we learn
	beforehand.