



**D**ementia is a major public health challenge facing Britain and the developed world. It is estimated that 1.3% of the population in Britain were living with dementia in 2010 and this number is set to rise with an aging population<sup>1</sup>. Patients with dementia often live in care homes, and concerns have been widely expressed about the standard of care for people with dementia in these settings. Concerns particularly exist around the lack of person centred care, communication with patients, lack of meaningful activities, and over medicating with anti-psychotics to manage challenging behaviours. This project aimed to provide a training and practice development intervention in dementia care to residential and nursing homes in one district in the East of England, with the dual aims of improving the quality of dementia care offered and reducing avoidable admissions.

### Policy context

The costs of dementia to the UK economy are huge and as the population lives longer, these costs are set to rise. At the same time, concerns have been widely raised about the standards of care for people with dementia in many settings, including care homes<sup>2</sup>. Issues of privacy and dignity, levels of activity, and communication with patients with dementia are all causes for concern.

The National Dementia strategy<sup>3</sup> describes the need for training and development, and makes improving the quality of care within care homes one of four priority objectives. If it is possible to raise the quality of care for people with dementia in care homes, there are potential benefits not only for improved quality of life for residents, but also economic benefits.

### The research

This project aimed to provide a training and practice development intervention in dementia care to residential and nursing homes in the Huntingdonshire District, with the aims of enabling the homes to improve the quality of dementia care they offer, and reducing excess health costs for their residents.

The intervention comprised a discussion with the care home manager about the needs of the home, implementation of a package of training to the home (usually 15 hours training over five sessions), and selection of one or two 'practice development interventions' on specific areas of dementia care. In addition, there was support from a mental health pharmacist on reduction of the use of anti-psychotic medication for behavioural and psychological symptoms of dementia.

Practice development interventions covered areas such as promotion of purposeful activities, enriched care planning, managing challenging behaviours through the use of a designated staff member 'champion', enhanced end of life care, falls prevention and enhanced mealtimes.

### The results

Seventeen of the 22 homes in the district engaged in the training offered; 14 homes accepted at least one practice development initiative, and 13 completed at least one programme. A high degree of satisfaction with the training was expressed by staff who undertook it; 76% felt that clinical practice would improve as a result of the training. Staff attitudes towards residents were measured using a validated questionnaire and showed a small but statistically significant improvement in attitudes amongst staff undertaking training for the homes who engaged with the project. Of 53/330 patients had been prescribed antipsychotics; 10 had their antipsychotics stopped and 10 had the dose reduced. Emergency hospital admission data for the 6 months following the commencement of training, compared with the equivalent period in the previous year reduced by 16.7%, and the average length of stay reduced by 3.2 days.

### Dissemination and Impact

The model of training and practice development has been modified and used in acute hospitals in developing their dementia care. A poster about the project was presented at 2011 National Dementia Conference. The results of the project formed the basis of a business case which led to substantive investment in dementia training for care homes in Cambridgeshire and Peterborough. CLAHRC fellow Alistair Gaskell, clinical psychologist and clinical lead of the Cambridgeshire Training, Education and Development for Older People (CAMTED), co-led this project with Jim Leadbetter, CAMTED team leader.

### References

1. Health Economics Research Centre. Dementia 2010: The economic burden of dementia and associated research funding in the UK. A report produced for the Alzheimer's Research Trust.
2. Alzheimer's Society. Home from home. London. 2008.
3. Department of Health. Living well with dementia: A National Dementia Strategy. February 2009.