



## **Caring for people with dementia in care homes**

### **Managing behaviours that challenge within English care homes: an exploration of current practices**

#### **Summary of key findings**

#### **Phase One: Views and Experiences of Care Home Staff**

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## Background

People with dementia may sometimes behave in challenging and unpredictable ways, and this can be distressing for them, and people around them. There is no single solution for managing these behaviours that challenge. Current national guidelines suggest that using medicines to manage them should be a last resort, used only when non-medicinal approaches have been tried and have failed. In 2009, a report commissioned by the Government found that the level of antipsychotic use for people with dementia was a significant problem, impacting quality of care, patient safety and clinical effectiveness. Also in 2009, the National Dementia Strategy made a plan to change health and social care for dementia in England. Behaviour that challenges can be complex and difficult to manage: there is very little academic research on how best to manage it, and even less research exploring how care home staff - who tend to look after people with the most severe dementia, and therefore experience the most behaviours that challenge - deal with it on a daily basis. The purpose of this report is to provide an overview of this research, which asked care home staff about their views and experiences of managing behaviour that challenges in dementia.

## What we did

We conducted interviews with care home staff, who cared for people with dementia in Kent. We asked them about the behaviours they experienced, how they manage those behaviours, what helps them, what they find difficult.

## Who took part?

Eleven care home managers agreed to take part in the study, and 41 care staff and managers were interviewed from these 11 care homes. We interviewed a mixture of staff: 11 managers, 23 care staff, two activity co-ordinators and five nurses. Manager interviews lasted for approximately one hour, and staff interviews lasted for approximately 30 minutes. Interviews were collected and analysed together, and patterns in the data were searched for.

## What we found

We picked out four main ideas from the interviews. These are shown in the table below.

Idea	What it covers
<b>1. Causes of behaviour that challenges</b>	Behaviours experienced, behaviours deemed to challenge, behaviour as a consequence of 'something else', staff approaches, strategies/therapies
<b>2. Knowing the resident</b>	Ways of managing behaviour, residents' personal history, residents' medical history residents' previous behaviours
<b>3. The care home 'family'</b>	Team, management support, training, organisation (or care home company) support, multidisciplinary teams, relatives
<b>4. The home-like environment</b>	Familiarity with home, environmental design

### ***1. Causes of behaviour that challenges***

All 41 people interviewed suggested that behaviours that challenge occur because of something happening, like a specific trigger. Each individual resident has different triggers. Carers and managers talked about a wide range of behaviours. They found physical and verbal aggression most challenging and also commonly faced. Care staff felt able to develop strategies to manage these behaviours, although every interviewee agreed that there was no one way to manage these behaviours, even for the same resident, on the same day. They said that they mainly use distraction or emotional

reassurance to manage behaviours that challenge. They try to make sure residents are relaxed and content, both before and after any incidents. Sometimes they make use of pets, music and television, painting and gardening. One care home used a 'Namaste Programme' of care, which is designed to improve the quality of life for people with advanced dementia. The care staff interviewed felt that their approach to residents, including body language and mood could have an impact on residents' behaviours. Taking time to communicate with residents was also felt to be important. In particular, they thought poor staff communication could potentially mean that residents feel less control over their life.

## ***2: Knowing the resident***

One of the main messages from care staff was that it is important to know the individual residents for whom they were caring. This helped staff to keep residents safe, while also controlling any incidents of behaviour that challenges. Everyone interviewed talked about providing individualised and person-centred care, including knowing residents' likes and dislikes, to help them manage difficult behaviours. Care staff talked about using life books, photographs, family stories, to help them get to know residents' backgrounds, medical histories and personal life histories. This knowledge helped them to sometimes explain behaviours either as a 'usual' trait of a resident's personality, in which case they did not need to do anything, or as an unusual, new behaviour, which may be a problem requiring attention. It also helped to prevent predictable incidents of behaviour that challenges occurring. Staff appeared to have knowledge about their residents' behaviours as well as them as people. They said they learned how there were times when knowing a residents' personal history was more helpful in managing behaviours than knowing their previous or usual behavioural patterns, and vice versa. In this way, care staff we talked to were able to use different strategies to manage behaviours, knowing when to focus on the immediate needs of the resident.

## ***3: The care home family***

The care home team, or 'family' was recognised as essential to managing behaviours that challenge. This 'family' consisted of managers, colleagues, receptionists, pets and relatives, often also including social services and local mental health teams. Some interviewees thought that relatives could sometimes be a barrier to managing behaviours that challenge, possibly relatives came to them with complaints or queries regarding residents' care. Care home managers were generally positive about involving relatives in care, saying that they try to support family members as well as residents. Managers did though feel they weren't supported enough by local mental health teams, and they sometimes disagreed with advice from these teams. This was particularly so concerning using medication to control behaviour. Most staff interviewed said they only used medicines as a last resort to control or manage behaviour. The managers saw the care teams on each unit as being important and they described using 'communication diaries' to let other staff know about strategies they had used to manage incidents of behaviour that challenges. Managers liked to make sure there was a mix of staff on each shift. They also said they provided effective training, but training programmes, type and content varied a lot. Care staff said that the training they had made them change their approaches, attitudes and behaviours towards the residents they cared for.

## ***4: The home-like environment***

All staff agreed that their care home must be home-like and staff in all 11 care homes called it the residents' home. Staff suggested that residents' rooms should be similar to the bedrooms and environment they had in their own home, with photographs and familiar objects. They welcomed help from residents' families in achieving this, because it helped to create an environment where residents would feel calm, safe and as orientated as possible, without feeling isolated. They weren't able to change the care environment though, and some said the design of the home could sometimes make behaviours that challenge worse. For example, the type of corridors - continuous circular corridors were preferred. Colours or patterns used were important for residents with visual impairments, as some residents struggled with walking and recognition helped to maintain independence. It seemed that the

care home design was a 'trial and error' process, which changed depending on the severity of dementia or types of behaviour occurring. Gardens, activity rooms and sensory rooms helped residents to continue participating in activities that may have been part of their lives prior to care home admission.

### **What this means**

Overall, our findings suggest that there is no specific, consistent method of managing behaviour that challenges, and care staff do not believe that one size fits all. In particular we found that:

1. Distraction or reassurance, along with staff's knowledge of the resident and the help of their colleagues was often the best strategy to diffuse behaviours that challenge.
2. Care staff said behaviour that challenges has a cause, stemming from the environment, situation or interactions with others.
3. There appears to be a difference between how staff manage behaviours that challenge – distraction and emotional reassurance – and how they keep the behaviours at bay - ensuring residents are either stimulated or relaxed, often through a variety of activities routinely provided by their home.
4. Care staff reported using non-medicinal ways to manage behaviour most frequently and only medicines as a last resort.
5. Knowing the individual residents for whom they were caring: their life history, their family, their personality and their behaviours, helped staff to manage episodes of behaviours that challenge, and enabled them to share successful strategies with other colleagues.
6. The sharing of new ideas and successful ways of managing behaviours was reported by most carers, and managers often praised their 'family' of staff.
7. Care homes appeared to encourage staff training, and offered a wide range of programmes: but, as with strategies, no single training programme was consistent across all homes.
8. The care environment was reported to be a prominent aspect of managing, or minimising behaviours that challenge, although opinions regarding the best practices for orientating residents within care homes differed. We don't generally know much about how the care environment can affect these behaviours. There isn't much research about how to design an optimal environment either.
9. Using medicines to manage behaviours that challenge was not discussed in depth, but opinions were mixed. Most interviews were done with care workers, who didn't know very much about medicines, and they didn't have any firm opinions on using them.
10. Care staff all said that there is no one way to manage behaviours that challenge in dementia. What does happen in practice is knowing the individual resident, understanding the underlying cause of the behaviours, then using distraction and emotional reassurance. This seems to be different from what guidelines say care homes should use, which are activities like reminiscence therapy, animal therapy, aromatherapy, sensory stimulations, and light therapy.

### **How you can use this information**

Care home managers, owners and staff may find the results about training useful and also may want to consider what strategies to manage behaviours that challenge are used in their homes.

Relatives may find the results useful to help them think about the sort of questions they want to ask when looking for a care home for a loved one or how they are currently cared for.