



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 Two: Cross Sectional Survey

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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. One of our studies interviewed care staff working with people with dementia, about their opinions and experiences of managing behaviour that challenges. It found that there is no specific, consistent method of managing behaviour that challenges, and care staff do not believe that one size fits all. This information was very useful, but we wanted to see whether these opinions were the same across the country. This report describes the results of a survey we carried out, which measured care home staff's views on what helps manage these behaviours. The survey also asked about their experiences of receiving training for managing behaviour that challenges in dementia.

What we did

We posted a single questionnaire to 1,350 of the care homes in England which look after people with dementia. We also directly hand-delivered 1,170 questionnaires to 54 care homes in England. We asked care staff to fill in the questionnaire so we could find out what sort of behaviour that challenges they come across and how often, what helps to manage these behaviours and their experiences of training.

Who took part

In total, 391/2520 (15.5%) questionnaires were returned, and 352/1404 (25.1%) care homes responded. Of these:

- 56/1170 (4.8%) questionnaires were from 17/54 care homes (31.5%) (distributed by hand)
- 335/1350 (24.8%) were from 335/1350 care homes (distributed by post).

	Direct	Postal
Total care homes	17	335
Care homes with Nursing	7	157
Care homes without Nursing	10	171
Missing Registration Data	0	7
Number of Residents	48 (median/home)	13,186
Number with dementia	30 (median/home)	8,214
Number with behaviour that challenges	20 (median/home)	4,243
Number prescribed medicines for behaviour	24 (median/home)	2,289

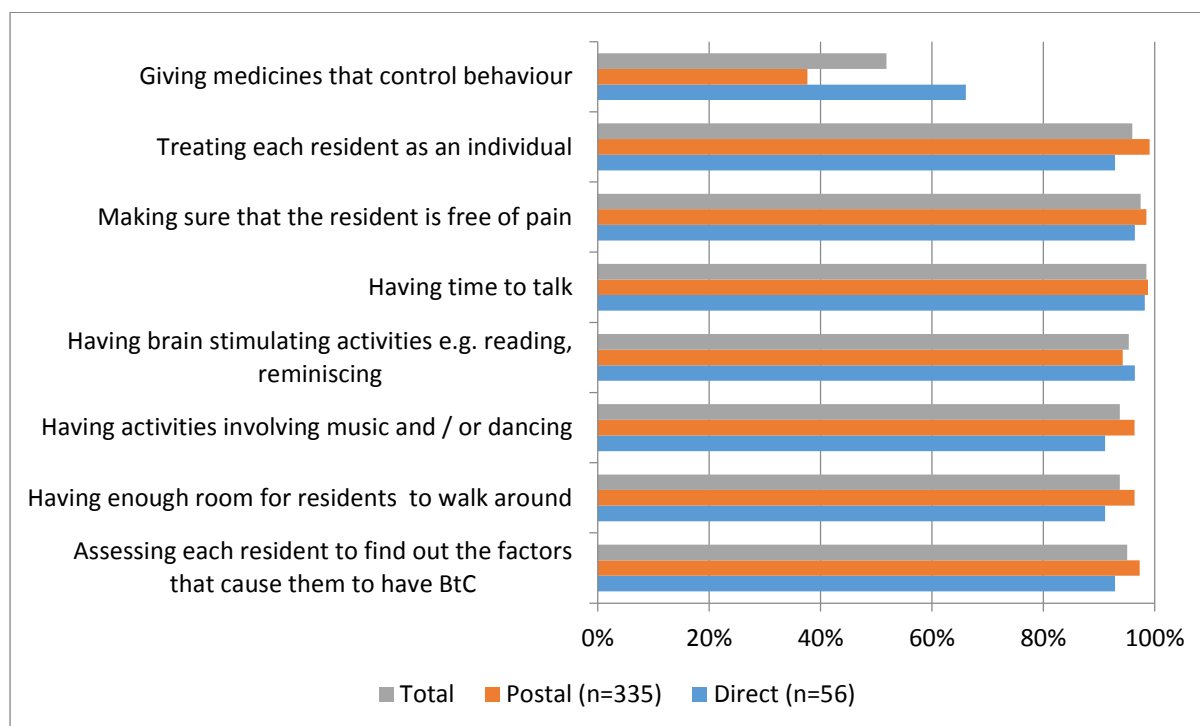
What we found

The top five behaviours experienced most often were: shouting, verbal aggression, perseveration (repeating words, gestures or phrases), lack of motivation and wandering. The least experienced behaviour reported by care staff was dangerous behaviour.

Nine behaviours were reported by more than half of all care staff to be experienced every shift. These were wandering, restlessness, perseveration, lack of self-care, shouting, demanding attention, screaming or crying out, lack of occupation and lack of motivation.

Physical aggression was rated by staff as the most difficult behaviour to manage. Sleep problems and dangerous behaviour were the least difficult. Managers found the following behaviours less difficult to manage than non-managers: physical aggression, inappropriate sexual behaviour, sleep problems, non-compliance with staff requests (sitting down to eat, for example) and dangerous behaviour.

Over 90% of care staff strongly agreed or agreed that seven interventions were effective in controlling behaviour that challenges. These were: treating each resident as an individual, making sure that the resident is free of pain, having time to talk, having brain stimulating activities, having activities involving music and/or dancing, having enough room for residents to walk around, assessing each resident to find out the factors that cause them to have behaviour that challenges. This is shown in the graph below.



162 care staff strongly agreed or agreed with giving medicines that control behaviour; 127 care staff felt neutral, and 99 disagreed or strongly disagreed. When we looked at this in more depth, there were differences in these opinions, depending on whether the care home was nursing or non-nursing, whether the member of staff was a care worker with a formal qualification or without a formal qualification, and whether they worked full or part time.

Over 75% of care staff said they would like more training. On the job training was reported to be the least attended training, and face to face training away from the care home was reported to be the most attended training. In total, 106 care staff told us about their training experience. We picked out four ideas:

1. The positive training experience - “very good, person specific and realistic”

54 care staff reported a positive training experience. They were generally pleased with the content, duration and support from their training sessions. Staff said they renewed their skills frequently, and attended a variety of training, including diploma courses, dementia care mapping, accredited training, e-learning, dementia specific training, Dementia Care Matters, Alzheimer’s Society training courses, local council training, National Health Service courses and aromatherapy diplomas.

2. Training variability - “training standards vary considerably between providers”

5 care staff reported a varied quality of experienced training sessions, with some staff saying they had to initiate training for themselves in order to manage the challenges of their job. Training was

provided by a variety of sources including outreach teams, mental health teams and even research papers.

3. Experience versus training - “every day is a learning curve”

13 care staff stated that experience of working with behaviour that challenges was more beneficial than training. The importance of experience was stressed by care staff, particularly hands on, and learning from colleagues. The importance of sharing hints and tips with colleagues was suggested. Some care staff said that on the job training was helpful, but other staff said no amount of training was helpful, because learning on the job was so important.

4. Inadequate training provision - “difficult to access”

33 staff described inadequate training provision, suggesting that training was difficult to access. Some care staff found it difficult to remember the training that they had received, often because they felt that sessions were inappropriately focused, perhaps on the earlier stages of dementia, and not the advanced stages, where care staff have to deal with specific difficult-to-manage behaviours. Some care staff thought training was too vague, others thought it was brief and not centred on the needs of the residents. Finally, care staff said that training was too expensive, but that they needed more insight into how a person with dementia sees his or her world.

In general, some care staff gave positive accounts of their training experiences, saying that they received a high standard of well-presented and meaningful training sessions. However, some care staff said that their training experiences had been poor, not funded well, or even inaccessible, and that experience in managing behaviour that challenges was equally, if not more helpful than training.

Key conclusions

Overall, our findings suggest that behaviour that challenges is very commonly faced by care staff, and is difficult to manage. In particular:

1. Care staff said that they found physical aggression very difficult to manage.
2. 17.4% of residents were reported as being prescribed medicines for behaviour that challenges.
3. Over 90% of care staff agreed that seven of 14 interventions were very helpful, suggesting that they believe in using non-medicine-related interventions.
4. 42% of care staff agreed with giving medicines that control behaviour to manage behaviour that challenged, and there was a significant difference in managers’ and non-managers’ opinions on this.
5. Over 75% of care staff felt they would like more training.

How you can use this information

Care home managers, owners and staff may find the results about training useful, as well as the results about using medicines to control behaviour. They may want to consider what strategies to manage behaviours that challenge are used in their homes, and how these strategies are taught to staff.

Relatives may find the results useful to help them think about the different questions they could ask when looking for a care home for a loved one, or how they are currently cared for, and what sorts of strategies are used.