



## **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 Three: Observations of practice**

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## **Background**

Behaviour that challenges is very common in people with dementia, but there is very little academic research exploring how care home staff manage these behaviours in practice. There are an increasing number of research studies investigating how staff report managing behaviour that challenges, using surveys and interviews. Our earlier study interviewing 41 care staff from 11 care homes in South-East England found that care staff believe there is no single way to manage behaviour that challenges in dementia. But it is important to find out how staff in care homes actually manage behaviours that challenge in practice. This report provides an overview of this research, which used direct observation to achieve a better understanding of how behaviours that challenge are actually managed in practice.

## **What we did**

A researcher worked as a volunteer in three care homes, during different shift patterns (8am-2pm, 2pm-8pm and 8pm-7am) while conducting research. The researcher observed episodes of behaviour that challenges in each care home (CH), and recorded what happened in a notebook after the shift ended. The notes made were about the triggers, behaviours, management and consequences of each incident. The researcher also gathered information on residents' personal histories and medical records, held by each care home.

## **Who took part**

Twelve residents and seventeen staff members took part in the study. Observations were made over 24 care shifts in three care homes, from September 2014 to April 2015. The duration of the shifts ranged from seven hours to 12 hours, and involved a total of 204 hours of care work over 12 weeks.

## **What we found**

Throughout the 12 weeks a total of 49 incidents of behaviour that challenges were observed, involving 11 of the 12 participating residents - an average of 4.1 per week. The highest number of incidents occurred in CH1 (30), with 15 in CH2 and four in CH3. These incidents included demanding to go out of the unit, wandering, shouting, physical aggression, verbal aggression, hallucinations and crying.

A total of 74 actions taken by staff in 37 incidents could be categorised into one of four themes: 30 were 'causes of behaviour', 37 'knowing the resident', 6 'the CH family' and 1 'home-like environment'. For 12 of the 37 incidents, all in CH1, the actions taken did not fall into one of these four categories.

### ***Causes of behaviour***

Observed incidents of behaviour that challenges were often managed by attributing a cause to the behaviour, with staff communicating to residents about their needs, initiating calm, intimate conversation with residents and asking about their welfare.

### ***Knowing the resident***

In 37 incidents, staff appeared to manage the incident by using their knowledge of individual residents. Knowing residents' preferences allowed staff to manage and diffuse incidents of behaviour that challenges. Understanding that the same resident required reassurance in some circumstances and responded to admonishment in others appeared to be useful.

### ***The CH family***

In 6 incidents, all in CH2, two or more staff were present to observe, discuss and manage the resident's behaviour. It was clear that they relied upon each other to establish the best way of diffusing sometimes very difficult situations.

### ***The Home-like environment***

In only one incident, the garden was used to distract a resident showing behaviour that challenges. This was also in CH2.

### ***Recording of incidents of behaviour that challenges***

There were records of 43 incidents of behaviour that challenges: 16 in CH1 over the previous 19 months and 27 in CH2 over the last 18 months. Medicines were reported to be administered on only three occasions, all in CH2. The number of incidents recorded was much lower than was expected based on the number of observed incidents of behaviour that challenges. Only 2 of the 49 observed incidents were recorded, by CH1.

The nature of the incidents documented by CH1 and CH2 appeared to be similar in severity to those which were observed. These include both physical and verbal aggression. So it appears that many events may not be recorded.

In CH1 the records suggested that staff tried to anticipate and avoid the possibility of criticism, particularly when staff or residents acquired injuries, when medication was refused, falls were reported, meals were refused and when staff were threatened.

Staff in CH2 tried to identify triggers in their reports of incidents. Many of the reports in this CH involved one resident. Staff described different ways of managing these: separating him from other residents, trying diverting tactics (often with escort to a sensory room), medicine, reassurance or explaining to him that his behaviour was not appropriate.

### **Key conclusions**

Overall, our findings suggest that CH staff commonly experience behaviour that challenges amongst their residents and try to find an underlying cause for the behaviour, as well as using their knowledge of the resident to manage these. All three of the CHs observed in this study were different from each other, and adopted different practices to manage behaviours. In particular:

1. There appears to be no explicit or consistent method of management in practice, but care staff did adopt similar strategies to manage similar behaviours.
2. The incidents of observed behaviour that challenges were most commonly managed by care home staff's knowledge of each resident, often alongside their understanding that the behaviour had a cause.
3. Staff in one care home were observed ignoring residents shouting or crying, whereas this was not observed happening at all in the two other care homes.
4. Staff in one care home adopted the same strategy for similar behaviours in the same resident; that is, providing company, and touch.
5. One care home appeared to treat many incidents of behaviour that challenges as a problem that required solving: solutions were reached as a (often multidisciplinary) team.
6. The CH environment was used infrequently to manage behaviour that challenges.

7. In some instances, residents were calmed by the researcher when the care staff declined to attempt to do so. This suggests that simply by finding out about the resident from reading their records, it is sometimes possible to identify the best way in which to diffuse a situation. This also highlights the importance of accurate, up-to-date and accessible records.
8. There appears to be a difference between how CH staff perceive themselves to manage behaviour that challenges, and how this is done in practice. Staff from all three CHs stated in interviews (Phase 1) that distraction and emotional reassurance were used, which was observed. But strategies stated to be used to minimise behaviour that challenges (ensuring residents are either stimulated, or relaxed, often engaging in activities), were not observed.
9. The CHs which took part in this study were seen to do a great deal to manage behaviour that challenges, and often demonstrated caring, sympathetic approaches to those residents who were agitated or confused. Where behaviour that challenges were exhibited, CH staff often responded quickly, and carefully.
10. CH staff have previously discussed the importance of knowing who they were caring for: their life history; their family; their personality and their behaviours. This was frequently observed in practice, and throughout the time within each CH it was clear that staff had some knowledge about residents' histories.
11. There appears to be under-recording of incidents of behaviour that challenges.
12. Care homes do not keep the same records of behaviour that challenges or life history.

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

Care home managers, owners and staff may find the results about using strategies to manage behaviours useful. Also, they may want to consider what information they collect on residents, and whether they have documented residents' life histories. This may help them to manage behaviours that challenge.

Relatives may find the results useful to prepare them for admitting a loved one into a care home, in particular providing their relative's life history, their likes and dislikes. The results may also help relatives 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.