

medway school of pharmacy



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

“So what?” Implications for research and practice

Dr Charlotte Mallon

Supervised by: Dr Shivaun Gammie and Professor Janet Krska



University of
Kent

There are a range of stakeholders interested in dementia, including policy makers, regional, national and international agencies, academic researchers, practitioners and people with dementia and their carers, for whom the findings of this study may have differing implications:

Policy makers

Policy makers focus on evidence of effective practice, leading to improved policy making. We suggest that there is conflict between clinical guidance issued by policy makers, and practice. The vague language used in policy documents ('address' behaviour, rather than 'manage' or 'prevent', for example) adds to this. Engaging policy makers in new and original research studies may enable revisions of policy and clinical guidance to be undertaken, and as a consequence care home staff and managers would feel listened to, trusted and valued as the front-line, experienced teams that they are. In his Prime Minister's Challenge on Dementia 2020 rhetoric, David Cameron stated that by 2020, he would like to see more research being conducted in, and disseminated through, care homes, and a majority of care homes signed up to the EnRiCH network. Recruitment to this study was challenging, with little support from outside agencies - this is relevant to agencies such as EnRiCH, who could provide more structured and specific support to care home researchers in the future, and help to build the care home research community that the government has spoken about.

International, national and regional agencies

Many organisations seek to ensure good practice and improve standards. The WHO recognises dementia as a public health priority, aiming to strengthen efforts to improve care and support on a national and international level. One of the aims of the first Ministerial Conference on Global Action Against Dementia in March 2015, supported by both the Organisation for Economic Co-operation and Development (OECD) and the UK Department of Health was to provide a better understanding of governments' primary role and responsibility in the dementia challenge. This research provides a picture of the current practices reported by care home staff to be effective in managing behaviour that challenges, as well as care staff's experiences and views regarding managing these behaviours in practice. It has demonstrated that there appears to be no explicit or consistent method of managing these behaviours. Where policy and clinical guidance are not applied in practice as a possible consequence of a lack of support, this issue must be better understood in order to improve resident care: as such, the responsibilities of governments and policy makers are added to. As the independent regulator of all health and social care services in England, it could be expected that the CQC maintain a current database of these services. However data from the CQC website revealed inaccuracies with care home provision and registration, and problems like this can hinder the progress of good quality research. These issues are relevant not just to the research team, but also to the agencies concerned.

Academic researchers

Academic researchers have the potential to influence policy makers: adding to this specialist body of research can thus facilitate a transformation in the way that individuals with dementia are perceived and cared for. Therefore they seek to add to the evidence base and research outcomes. This novel research study utilised a mixed methods, pragmatic approach and the findings justify the importance of adopting such a style, using triangulation to create a more complete picture. The findings of this research raise important questions, which warrant further investigation, but which were not included within the scope of this study. These include exploring the dichotomy between managers' and non-managers' opinions regarding medicines use to manage BtC, further exploration into the content, quality and feasibility of staff training, and investigating medicines administration in care homes using more in-depth methods.

Health care practitioners

Practitioners seek knowledge of effective practices to improve care, including care home staff, GPs and pharmacists. Given the findings from the investigation into medicines use in care homes, regular medication reviews in care homes could assist care staff, GPs and pharmacists in finding the appropriate balance for each resident. The implementation of a multi-disciplinary team would allow potentially untrained care staff to utilise the MAT developed and formalised for use in this study, to identify problems with medicines use. This data could then be appropriately circulated to qualified colleagues. Alternatively, the appointment of a pharmacist within care homes is a potential solution to some of the problems identified by this study, and they could work alongside designated GPs to ensure the safe and appropriate prescription and administration of medicines to elderly residents with dementia. Finally, further research in the use of anticholinergic medicines in care home residents is warranted.

Care home staff

Care staff were clear about the strategies they adopted to manage BtC, however they also talked of a lack of accessible and dementia-specific training, and three quarters of care staff wanted more training. Therefore, we suggest that ensuring care staff are able to build relationships and understand the numerous causes of behaviour that challenges, while encouraging them to learn about the people that they care for and spend their time focusing on these skills, may be an appropriate approach to training regimes. However opinions on the quality and efficacy of current training were mixed, so this warrants further research. The difficulties in recruiting care staff to this research study must not be ignored. Organisations such as the EnRiCH network aim to increase the participation levels of care homes in research studies, but in-depth explorations as to why care staff may not wish to participate, or why care homes decline participation are required.

People with dementia and their carers

People with dementia are the foundation of this entire piece of research. The policy makers, governments, international, national and regional agencies, academic researchers and practitioners are all committed to creating a better quality of life and improved quality of care for people with dementia and their carers. This study recognises the importance of quality of life, for residents, staff and family, and the research was conducted in a manner wherein the resident remained the primary focus. The findings of this study do not depict a smooth or especially pleasant journey for people with dementia and their carers, and care has been observed to be variable, both within and between care homes. The CQC does not hold a complete dataset for all care homes in England, making the potentially difficult transition from home to care home even more challenging. Relatives are a valuable source of knowledge and experience to the care home in which their loved one resides, and care homes should ensure the inclusion of relatives within research, policy and practice. For the person with dementia, in particular for the participants recruited to this study, it is probable that this research will not be of benefit, except during the day-to-day hand holding, listening and storytelling. However this research may influence the decisions of those millions of people who are in the early stages of dementia and their carers, in terms of helping make informed, evidence-based decisions about the care homes in which they may reside and the manner in which they wish to be treated.

We hope that by creating an awareness in the academic world of the difficulties in recruiting care homes to research studies, of the challenging and very present nature of behaviour that challenges in care homes, of the divergence of policy and practice in care homes, of the novel but appropriate ethnographic methodologies utilised in care home research, of the variation in care within and between care homes, of the necessary further investigation and regulation of medicines use in care homes, and of the importance and value of including residents' relatives in care home research, we may succeed in influencing those decisions.