Getting to Know Me

Ruth Elvish, **Simon Burrow**, **Kathryn Harney** and **John Keady** introduce a new training programme for all staff working in general hospitals

The care of people with dementia in general hospitals has become a major policy issue and integral to the successful delivery of both the National Dementia Strategy in England (Department of Health 2009) and the Prime Minister's Challenge on Dementia (Department of Health 2012a). This emphasis is timely as it is estimated that 25 per cent of general hospital beds are currently occupied by people with dementia (Department of Health 2012b), with the same report highlighting that there is significant scope for improving the training needs of staff working in such environments (p29).

In an effort to bridge this particular educational gap, staff at the University of Manchester and Greater Manchester West Mental Health NHS Foundation Trust have worked with a number of local stakeholders, including acute NHS Trust staff, people with dementia, and family carers to design, pilot and evaluate an accessible and time-limited training programme. Funded from 2010 for three years by the Greater Manchester Health Innovation & Education Cluster (GM-HIEC), the Getting to Know Me training programme is divided into six parts and takes about six hours to complete. Delivery of the training is flexible, and it can be completed over one day, two half days, or one part at a time. The six parts in the training programme are:

1: Dementia: an introduction
2: Seeing the whole person
3: Communication
4: The impact of the hospital environment
5: Knowing the person
6: A person-centred understanding of behaviour that challenges.

We found that practice-based learning is better undertaken in an interactive and face-to-face way. The Getting to Know Me training programme is therefore designed to be facilitated by a trainer, and the contents of the programme include a step-by-step guide for delivery of the training sessions and use of the other materials designed to enhance the care of people with dementia in hospital. So far, across the Greater Manchester footprint, over 450 hospital workers have undertaken the Getting to Know Me training programme – and this includes housekeeping staff, nurses and medical students.

From left, Brian Briggs (family carer), Ann Johnson and Mike Howorth (both living with dementia) and Pat Graham, Senior Nurse for Older People at Bolton NHS Foundation Trust, were all involved in developing the training programme and are pictured here at the launch

Evaluations

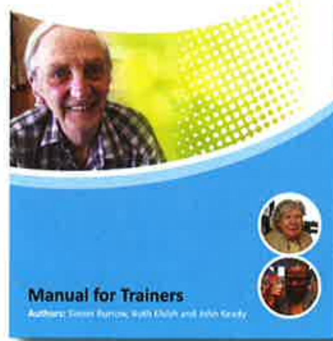
The evaluations have been overwhelmingly positive, and have demonstrated a measurable increase in staff confidence and knowledge following completion of the Getting to Know Me programme. Some of the written evaluation feedback has included these typical statements:

- "People who have dementia may act in a certain way but there is meaning in every behaviour."
- "[I am now]…more aware of seeing the person, rather than the dementia."

A senior nurse for older people at one of the participating NHS Trusts said: "It's so important for the care of people with dementia that all staff understand them and how best to meet their needs. The programme can be delivered in a very flexible way which means it can be accessed easily. Our staff have benefited greatly from the training and therefore so have our patients."

The Getting to Know Me training programme was officially launched at the University of Manchester on 11 July 2013 and present were Ann Johnson and Mike Howorth, who both have a diagnosis of dementia, and Brian Briggs who cared for his wife who had dementia. Ann, Mike and Brian were a key part of the team who helped to design the Getting to Know Me training programme and all took part in the DVD to share their experience of hospital care.

One of the conditions of the GM-HIEC funding for the project was that the materials should be readily accessible and help to inform practice. Accordingly, the entire contents of the Getting to Know Me training programme, including the video clips, is available to download for free. It can be found at: www.gmhiec.org.uk. The authors would be interested in receiving feedback from practitioners in acute hospital sites who choose to utilise these training materials.



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Developing the role of the Admiral Nurse in care homes

Victoria Elliot, **Cheryl Rothschild** and **Angelena Williams** report on how Admiral Nurses are bringing their skills to the care home sector – and improving the quality of care as a result

As many people in the dementia care field already know, Admiral Nurses are mental health nurses who specialise in dementia. The role was established by the national dementia charity, Dementia UK, in 1994. Admiral Nurses offer skilled assessment of the needs of family carers and people with dementia, as well as information and practical advice on different aspects of care.

The great majority of Admiral Nurses – 93 of the 100 currently employed in the UK – provide support to family members caring for a person with dementia who lives in their own home. The remainder (just nine) of Admiral Nurses work in the care home sector.

In this article we report on how the first two Admiral Nurses working in the care home sector have developed their roles – in two very different sized organisations – to improve the quality of life and care for both residents and care teams. In our view there is a real need for a formal evaluation of both the My Home Life (MHL) Admiral Nurse role and the Admiral Nurse role in the care home sector, together with the identification of a business case to enable other care providers to appraise their value.

About the care home posts

The first Admiral Nurse post in the care home sector was established by Friends of the Elderly (FoTE) in 2008, to support and complement the quality of care provided for people with dementia and their families. FoTE has 13 homes in three regions, caring for 450 residents.

The Orders of St John Care Trust (OSJCT) recruited their first Admiral Nurse in November 2010 to lead on best practice across 71 care homes in Oxfordshire, Gloucestershire, Wiltshire and Lincolnshire, caring for approximately 3500 residents. The post was titled My Home Life Admiral Nurse (MHL Admiral Nurse) to reflect the collaboration between Dementia UK, My Home Life and OSJCT.

Four other care home organisations – Bupa, Brunel Care, Belong and Avante – have since each recruited to Admiral Nurse posts. OSJCT has appointed to two more MHL Admiral Nurse posts, and thanks to a successful funding bid from Dementia UK, the second MHL Admiral Nurse is funded for the first two years by the Health Lotteries Fund. FoTE have also recently appointed their second Admiral Nurse.

The My Home Life link

To optimise the effectiveness of the Admiral Nurse role in the care home setting, it was a logical step for OSJCT to structure this post within the evidence base brought together by My Home Life, which highlighted the most effective ways to improve the quality of life of those working, living and dying in care homes.

The anticipated outcomes of the first OSJCT MHL Admiral Nurse post were:

- an improved quality of care and well-being for people with a dementia
- empowerment of staff through increasing knowledge, skills and confidence in relation to dementia
- enhanced relationships with families and relatives of people with dementia
- residents enabled to stay in the care home in which they are settled if their dementia care needs become more acute.

These outcomes – and all the work done by the MHL Admiral Nurse – should be considered within the framework of the eight MHL themes (see box on p21) and the work of Nolan *et al* (2006) on the Senses framework. This framework proposes that in the best care environments all participants – staff, residents and families – experience a sense of security, belonging, continuity, purpose, achievement and significance.

Context

A literature search in relation to Admiral Nursing found no evaluation of the role or its mode of impact within the care home sector. Furthermore, there was no rigorous evaluation of the traditional community-based Admiral Nurse role. There is a need for work to be done to evaluate the impact of the dementia nurse specialist role in the care home sector, as almost all long-term care for people with dementia is provided by this sector.

From left, Victoria Elliot is the Principal Care Consultant with the Orders of St John Care Trust (OSJCT); Cheryl Rothschild is an Admiral Nurse with Friends of the Elderly, and Angelena Williams is the Lead My Home Life Admiral Nurse with OSJCT

In their scoping of the role of the dementia nurse specialist in the acute care setting, Griffiths *et al* (2013) suggest there should be one whole-time equivalent dementia nurse specialist for every 300 hospital admissions for people with dementia per year into the acute sector, to have a realistic chance of success. There is no dementia nurse specialist caseload guidance for the care home sector, yet the risks and hazards in terms of role overload most likely exceed that of the acute sector, due to the low level of nursing posts as part of any care home establishment.

Research by Keating *et al* (2013) into the dementia link worker role in care homes found that Objective 13 of The National Dementia Strategy (DH 2009) could not be achieved by teaching alone and needed to be incorporated within an approach which acknowledged the value and importance of culture within a home.

Many care home organisations have had to cope with decreasing income as a result of local authority cutbacks (Laing & Buisson 2013) and struggle to justify funding clinical nurse specialist posts.

Impact of the role within OSJCT

A preliminary exploration of the impact of the role with OSJCT revealed that the role has helped care teams, residents and their families in a variety of ways, for example:

- facilitation of reflective meetings, action ➤

- learning sets and root cause analysis with teams following serious incidents
- more robust communication with community mental health team
- improved assessment, monitoring and care planning skills
- facilitating the reduction in antipsychotic use
- improved engagement and activities for residents
- enhancement of the physical care home environment
- a direct role in working with residents and family carers
- ongoing leadership of the Dementia Leads groups in each county (each care home has a Dementia Lead).

In June this year OSJCT all home managers and operational managers were surveyed as to their perception of the value of the MHL Admiral Nurse role across a number of areas. 85 surveys were sent out and 48 responses were received, a response rate of 56 per cent. All of the areas of practice cited above were referenced within their responses. However, it was the professional expertise and knowledge of the MHL Admiral Nurse in relation to dementia care that was identified as the most highly valued attribute.

What helps?

Overwhelmingly, survey respondents said that what they most valued was the ability of the MHL Admiral Nurse to share and impart specialist knowledge and expertise in relation to dementia, together with their prompt response time (which often averted a crisis situation).

What was particularly interesting was the number of respondents who commented specifically on the non-directive style and timeliness of the information and support provided, compared with the other clinical nurse specialist roles they accessed. Such views are illustrated in the following quotes from a number of home managers:

Ability to support in the most difficult situations. Always available in times of potential crisis and support of staff. Sometimes we need to be told that we are doing a good job as well as to be given advice on better ways to approach a situation.

Having someone impartial to listen to you who will not judge or make the concern seem insignificant. Having someone who genuinely cares about the staff and those we are supporting.

The (MHL) Admiral Nurse role enables the staff team, by helping them come up with the solutions to problems, rather than coming in and prescribing care. This approach means that any actions are more likely to be effective because they will be person centred and agreed by the whole team.

> Formal evaluation of the roles should be undertaken to establish the business case for the dementia clinical nurse specialist role in care homes, and identify the most effective practice model

This approach is consistent with the MHL theme 'keeping workforce fit for purpose' and the work of Nolan *et al* (2006), recognising that teams need to feel valued and supported to enable them to undertake their role.

Supervision role

All Admiral Nurses, irrespective of their clinical setting, receive monthly group clinical supervision funded by Dementia UK. Such support is particularly valued by the OSJCT and FoTE Admiral Nurses. Care home Admiral Nurse posts are usually professionally isolated from traditional NHS mental health team structures (led by consultant psychiatrists who often provide informal clinical mentoring to nurse team members).

Both the OSJCT (MHL) and FoTE Admiral Nurses have formalised reflective practice and action learning sessions for the care teams within their organisations, for a variety of topics, from training to follow-up following serious clinical incidents, deaths or complaints. This highlights the effectiveness and value they place on the principles of group clinical supervision and action learning. Such sessions provide an expertly facilitated confidential supportive forum for the care home team to discuss and reflect on any area of practice.

The comments expressed in the survey by care teams would suggest that this combination of supervision, facilitation and direct role modelling from the MHL Admiral Nurses with individual residents has enhanced the confidence and ability of teams to care, as the following quote from a home manager illustrates:

As a result of the involvement of the MHL Admiral Nurses I have observed positive changes in the care team; for example, they are less judgemental regarding distress reactions. MHL Admiral Nurses are excellent role models for the team; they have helped the team to understand the importance of getting to know our residents through completion of life stories.

Advocacy and empowerment role

Several home managers referred to how the expertise of the MHL Admiral Nurse has enabled them to engage and advocate more effectively with external members of the multidisciplinary team and families:

The (MHL) Admiral Nurse supported the home manager with a complex situation surrounding the Mental Capacity Act when a GP and family questioned events.

[We had a] resident calling for hours at a time for 'Mamma'. Other residents were getting angry and shouting at her causing further distress. We tried many distraction techniques and eventually with the input from the (MHL) Admiral Nurse the council agreed to fund a placement in an EMI specialist home which had previously been denied.

The (MHL) Admiral Nurse supported us in a particularly complex case where we felt we were the only ones advocating for the client. The community psychiatric nurse seemed to want to just keep upping the antipsychotics, which we were vehemently against.

Training for care teams

The OSJCT MHL Admiral Nurse role has been pivotal in the development of an in-house Distress Reaction Training programme, to replace the previous Challenging Behaviour Training. The training enables staff to recognise the communication behind residents' behaviours, and how they can identify triggers to many of these behaviours.

The FoTE Admiral Nurse has been influential in developing a dementia training course for all staff groups working in the homes. Experiential scenarios that staff experience as part of this training include being pushed around in a wheelchair and being helped to eat by each other. Feedback from care teams include the following comments:

I now understand why some residents act like they do. Maintenance staff.

I didn't really understand what person-centred care meant. I could talk about it but didn't know how to do it. Now I understand how to put it into practice. Care staff

Structured support for relatives and families

The FoTE Admiral Nurse has been able to work in the traditional model of the Admiral Nurse much more (that is, support of family carers) due to the smaller size of the organisation compared with OSJCT. The FoTE Admiral Nurse meets the families of all new residents and facilitates information giving and awareness support sessions. Topics include an introduction to the different types of dementia, their pathologies and the resultant effects upon communication and behaviour. In addition to the relatives' groups the FoTE Admiral Nurse supports relatives on a one-to-one basis and will be alongside them as they continue on their journey with a loved one with dementia.

The OSJCT MHL Admiral Nurse has established care home memory support cafés. The cafés provide an informal environment where both residents and couples or families can meet in a facilitated group and get help, advice, emotional and practical support and skills from both each other and the MHL Admiral Nurse. The relief expressed by attendees from the community, having finally found a group where they support across all these areas is tangible. For example:

You can share your thoughts and feelings without feeling silly. Daughter

I know what I have been through and can share this experience to help others. Man whose wife is now living in long-term care

The cafés also act to lessen the anxiety associated with coming into care, helping to manage the transition and acting as a bridge between the community and the care home. Inevitably from a commercial perspective, the cafes encourage attendees to choose an OSJCT home as a positive choice.

Making a difference

In the survey the OSJCT care teams were also asked to outline situations or scenarios where the intervention and advice of the MHL Admiral Nurse had been of particular help. Below are some direct quotes from a selection of home managers. These quotes highlight the complexity and variety of situations that the OSJCT care homes (predominantly residential) are managing on a daily basis.

[We received] advice on a resident with dementia who was diagnosed with anorexia; support for staff caring for a resident with Lewy Body dementia, and help in dealing with difficult families.

[We were] caring for a resident whose diagnosis of supranuclear palsy was very distressing for both her family and staff, as one of the symptoms is clenching of the jaw and an inability to swallow. This resident was not deemed suitable for a peg feeding tube and staff were very distressed as the resident was not taking sustenance. The (MHL) Admiral Nurse put me in touch with the support group for this illness who gave advice. We arranged training about dysphagia for all staff, and counselling for them about this very difficult illness. This enabled me to reassure the family and have confidence to agree to this resident who had been with us for some time remaining in our care as opposed to transferring to nursing care with another provider.

[We had] a gentleman resident who walked with purpose until he was exhausted. The (MHL) Admiral Nurse gave us a way in which we could distract him and give him jobs to do so he had purpose to what he was doing. She suggested medication which might help.

[We had a] resident who could be very resistive to care and family felt that staff should restrain her to provide her with personal care. The (MHL) Admiral Nurse helped talk to the family and explain their mum's rights as a person and our restrictions. She also gave the family time to talk and gave them more of an understanding of their mum's dementia.

Meeting with a family in denial about telling their father that he will not be coming home. The father was also at risk of hurting himself and staff, and absconding. The (MHL) Admiral Nurse was very supportive, held a multidisciplinary team meeting and activated a short-term DoLS with sanctions.

A resident was admitted in an emergency situation. Once in the home she presented very differently and her dementia was far more advanced than we had first thought. The (MHL) Admiral Nurse came into the home, spoke with her family and offered support and ideas to help this lady to settle.

> **My Home Life's eight key themes:**
> Maintaining identity
> Creating community
> Sharing decision-making
> Managing transitions
> Improving health and healthcare
> Supporting good end of life
> Keeping workforce fit for purpose
> Promoting a positive culture

Conclusion

This overview of some of the areas of practice that both the FoTE Admiral Nurse and the OSJCT MHL Admiral Nurses have either supported with or developed, illustrates the scope and variety that work in the care home sector presents for clinical nurse specialists. It is interesting to note that the MHL evidence-based themes for improving quality of life in care homes are reflected in many of the areas of the MHL Admiral Nurse practice.

The initial objectives and remit for the posts have been surpassed for both organisations. The synergy of working collaboratively with the specialist professional organisation Dementia UK and the evidence base of My Home Life has made the model for the posts particularly effective in the experience of OSJCT.

Formal evaluation of the roles should now be undertaken to not only attempt to establish the business case for the dementia clinical nurse specialist role in the care home sector, but also to identify the most effective practice model for the care home setting – a model that will support front line care teams and managers to improve quality of care and quality of life for residents and their families, recognising the extensive body of research knowledge that is now developing in this area. ■

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OSJCT has just been awarded a grant by the Burdett Trust for Nursing as part of its 'Delivering Dignity through Empowered Leadership' funding. The one-year evaluation project is titled 'Maximising the benefit of the MHLAN specialist post in the care home sector: perceived benefits for residents, informal carers and staff; optimum case load and identification of a business case' and will start in January 2014.