



Getting staff involved in research

Since conducting a qualitative dementia study in care homes a PhD researcher has observed a positive shift in the behaviour of care home staff. Ann Scott found that involving staff in a study improved their knowledge of dementia care and treatment, boosted their confidence and empowered them to influence other colleagues' clinical practice. This case study examines the importance Ann placed on clinical engagement, enthusiasm and working closely with staff, patients, carers and family members to conduct a study.

Background

Residents with dementia can sometimes demonstrate challenging behaviour. This can be overwhelming and even the most patient and qualified care home staff can find it difficult to work well with such residents. This can cause stress to care staff and impact negatively on the person with dementia's quality of life. However, evidence has suggested that only 10% of behaviours that challenge can be attributed to physical problems. Most reflect an unmet need that may be intensified by environmental factors and/or care practices.

The aim of the study was to determine if an approach, known as the 'Newcastle Model', was effective in the care of people with dementia when compared to usual models employed in care homes. The Newcastle Model attempts to understand the cause of a person's challenging behaviour and provides a framework for addressing their unmet needs.

The distinguishing feature of the model is the unique integration of teaching, supervision and intense

support provided to care home staff, which are delivered and facilitated by skilled therapists. In this study the Behaviour Sciences Nurses were Community Mental Health Nurses working in dementia services.

The challenge

Getting care home staff to support the Newcastle Model and the study. Many care homes were hesitant about getting involved with the study and found it difficult to dedicate time and resources to this new way of working.

The approach

1. Equip behaviour nurses with the skills required to deliver training sessions to care home staff. Working as a Practice Development Facilitator, Ann taught three behaviour nurses how to apply the Newcastle Model. The nurses already had a vast amount of experience of working with residents with dementia and after 12 months were highly proficient in delivering training sessions to care home staff.

2. Identify trainees and suitable dementia residents.

The behaviour nurses approached the care home manager to identify staff members for training and dementia residents that care staff found challenging. The residents had to meet the study inclusion criteria and provide consent to the study. For residents that lacked capacity, family members or consultees were approached to provide consent (as per the Mental Capacity Act).

3. Develop relationships with care staff to get them on board with the approach.

Gaining staff buy-in was extremely important. The nurses spoke to each individual staff member to introduce the study and intervention, and inspire engagement and enthusiasm. They framed the study's approach in a language and style that was simple to understand and inspiring. This ensured they understood how the approach could help to deliver a better quality of care and treatment for the resident.

4. Deliver training to care staff.

Once the trainees within each care home were identified they received intensive support from the behavioural nurses for 12 weeks. Training involved teaching staff the theory underpinning the Newcastle Model and working with them to collect information on the target behaviour.

5. Apply the model within the care home.

By collaboratively applying the model within the home nurses and staff began to question their own practices, reflect on the situation and challenge their assumptions.

6. Develop individual care plans for each resident.

Encouraging staff to empathise with the dementia resident's everyday struggles enabled them to develop plans to suit their unmet needs. The three behaviour nurses met frequently to discuss particular cases and share clinical practice ideas during the course of the study

Outcomes

Teaching care home staff how to apply the Newcastle Model has empowered them to make better treatment choices for the resident. Staff



now lead by example and have the confidence to question and influence other clinical practice within the home.

Most care homes have continued to successfully apply the Newcastle Model to their way of working and have started to adopt it across all sections of the care home.

Commenting on the care home staff the behaviour nurses said: "By taking only a few minutes out of their day to get to know the residents, the training has allowed them to take the time and build a rapport with them; they have begun to feel more empowered and confident that they can make better treatment decisions that significantly affects the lives of the person, family, carers and other staff."

Conclusion

"There has been a big cultural change across those care homes that have had the study training. A few years down the track I re-visited them and saw the Newcastle Model working very successfully across the entire home. Staff have influenced each other, changed clinical practice and very much appreciate the extra expertise and skill the behaviour nurses can and continue to provide for them." Ann Scott, Researcher

Contact Details

Case Study Lead: Anne Heaven

Email: Anne.Heaven@bthft.nhs.uk

ENRICH toolkit: www.dendron.nihr.ac.uk/enrich

ENRICH Email: enrich@dendron.org.uk