

Dementia Training in London Care Homes using a ‘Train the Trainer’ approach

In June 2016 the Dementia Clinical Network (NHS England, London Region) collaborated with two London Academic Health Science Networks, UCLPartners (UCLP) and the Health Innovation Network (HIN), to spread innovative dementia training to care homes across London.

Background

A high proportion of care home residents have dementia. The South East London Survey (Stewart et al, 2014) found that dementia prevalence was 55.8% in residential homes and 77.0% in nursing homes.

In 2007 the Alzheimer’s Society highlighted that many homes are still not providing the level of person centred care people with dementia deserve. In 2014 the Care Quality Commission’s thematic review highlighted that the quality of care for people living with dementia varies greatly across care providers and it is likely that someone living with dementia will experience poor care at some point while living in a care home or being treated in hospital.

During 2015 the Health Innovation Network (HIN) led a project to determine whether the training resource ‘Barbara’s Story’ training is suitable for use in care homes. Barbara’s Story is an award winning series of films which was developed by Guy’s and St Thomas’ NHS Foundation Trust to raise awareness of dementia among hospital staff. The HIN worked with 29 care homes in south London, 541 care home staff were trained using Barbara’s Story episode one and 15 care home staff were taught to deliver the training to their peers. The evaluation showed that staff confidence in dementia-related care significantly increased as a result of the training and staff reported a greater understanding of dementia, improved communication strategies and a deeper understanding of person-centred care. The findings demonstrate that Barbara’s Story is a valuable dementia awareness training resource for the care home sector.

There is a high turnover of staff in care homes; current figures from the National Care Forum survey highlight a mean turnover rate of 23.2% in 2016 (up from 17.3% in 2013). In recognition of this documented turnover of staff it is essential that dementia training for care homes and training methods are sustainable. Also, there are many practical difficulties in releasing large numbers of care home staff for training at any one time, meaning that training sessions need to be repeated many times before the majority of the staff are trained.

It is for these reasons that the aim of this project was to build on the work done in south London and use a ‘train the trainer’ approach, to test the assumption that training care home staff as trainers who could deliver training sessions to their colleagues in their care homes is a more sustainable and cost effective approach to training.

The London Dementia Clinical Network, along with two of the London Academic Health Science Networks, aimed to spread the dementia awareness training piloted in South London to a larger number of care homes across London. Whilst recognising the significant amount of effort required to engage effectively with care homes, it was agreed that the project should be used to also promote and educate care home staff on two other local innovations in dementia care for care homes: DeAR-GP (Dementia Assessment Referral to GP) and Join Dementia Research (JDR).

Training Package

The training package consisted of three modules:

- 1) Dementia Awareness Training using Barbara’s Story

[Barbara’s Story](#) is an award winning series of films developed by Guy’s and St Thomas’ NHS Foundation Trust (GSTT), to raise understanding of dementia in acute Hospital settings (GSTT, 2014) . The module included the showing of episode one, followed by a facilitated discussion and reflective learning.

2) Identifying people likely to have dementia using DeAR-GP

[DeAR-GP \(Dementia Assessment Referral to GP\)](#) was developed by the HIN and supported by the Alzheimer's Society. It is a simple paper based case-finding tool which is designed for use by care workers to identify people who are showing signs of dementia. DeAR-GP acts as a way to support communication between care workers and health professionals, by providing the results of a brief cognitive test. (HIN, 2015). The National Institute of Clinical Excellence (NICE) has assessed and approved DeAR-GP and published it in the 'Shared Learning Database' (NICE 2017). Dementia GP leads for participating boroughs were contacted to inform them of the tool. The module aims to inform participants about why diagnosis is important, introduces them to the DeAR-GP and includes practical tips on how it should be used with residents.

3) The importance of research and how to sign up to Join Dementia Research

[Join Dementia Research](#) (JDR) is a national service which allows people to register their interest in participating in dementia research and be matched to suitable studies. <https://www.joindementiaresearch.nihr.ac.uk/>. JDR was selected as one of the innovations on the NHS Innovation Accelerator programme in 2016. The training module includes a discussion on the importance of research and a practical guide on how staff, residents and their families can sign up to the service.

The Barbara's Story and DeAR-GP training modules for care home staff had already been developed by the HIN as part of previous work, and the module on Join Dementia Research was specifically developed by Jon Wheater (from "My Own Mentor"). You can access the training package here:

www.healthinnovationnetwork.com/dementiatrainingresources

MindCare, part of Bromley and Lewisham MIND, and Buz Loveday and associates were commissioned by the HIN and UCLP to deliver the training sessions to care home staff in South and North London respectively.

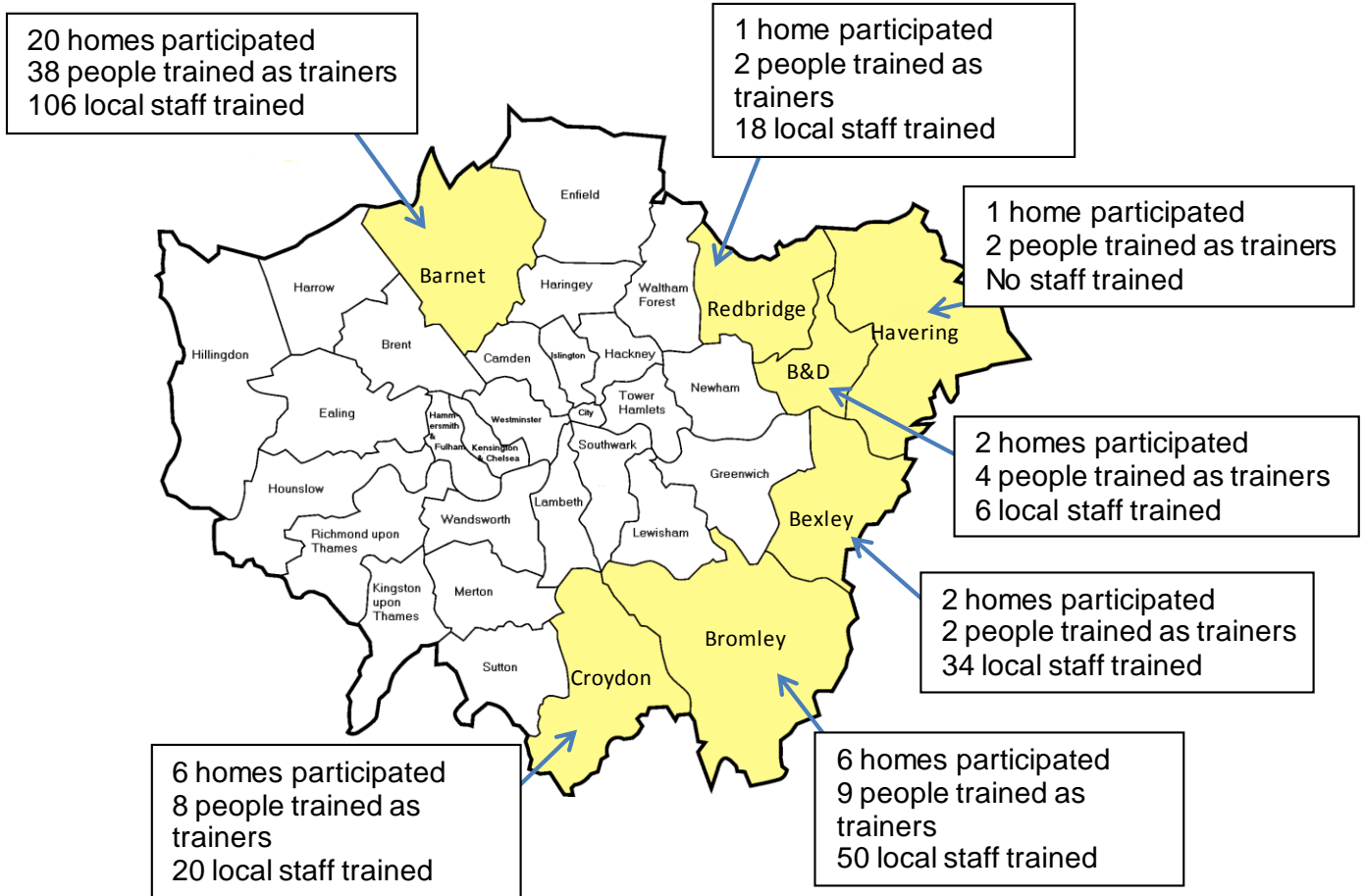
The role of the training providers was to provide ‘train the trainer’ sessions to selected staff from care homes so that they could deliver the training themselves, and then support them to deliver their first training session to their peers at their own care home. The aim was to use this model to deliver the training package to 25 per cent of care home staff, as it is felt that this would be enough to create a culture change within the home.

The train-the-trainer session was a one-day course, and the training package delivered in care homes was a two and a half hour session.

Recruitment

Seven London boroughs were identified for recruitment as they are within the geographical areas covered by the HIN and UCLP and have a high number of care homes. In south London, the HIN also selected the boroughs which had the highest numbers of people with undiagnosed dementia. Care home managers were contacted to discuss the programme. Where care homes were interested, an application form was sent out to the manager for two of their staff to be nominated to complete the one day train the trainer course. On approval of their applications, dates for the train the trainer course and their first local care home training session were established.

Forty four care homes across six London Boroughs were initially recruited. Six cancelled attendance to the train the trainer sessions due to other commitments or staffing issues. After the train the trainer session two homes decided not to continue with the project and trainers from six other homes did not go on to deliver any local training.



Training Evaluation

Due to different training providers some of the data collected in North London and South London was different and so could not be combined in the data analysis.

Feedback was collected from the care home staff who were selected as trainers on their training session (Train the Trainer). Feedback was also collected from the care home staff who received the training from their newly trained colleague (Local care home training).

Trainer the Trainer Session Analysis

Across the six London boroughs 65 people were trained as trainers. The average number of staff trained in each care was two and ranged from one to three. Feedback on the training highlighted that trainers were thought to be knowledgeable and approachable; training was found to be easy to follow and well explained, leading to an increase in confidence.

Some comments from participants across London were:

“Very interesting trainer, knowledgeable. I feel a lot more confident”, “Very clear step by step instructions”, “Training was very interesting and helpful. ..Thank you very much for the confidence given to me”.

Barbara’s Story was highlighted as a useful training tool *“will be good to raise staff’s awareness and promote discussion around good and bad practice”, “simple but will speak lots”.*

DeAR-GP

99% of trainers reported had enough information / were confident to use DeAR-GP and train colleagues.

Barbara’s Story

96% of trainers reported they were confident / equipped to deliver training in their work place

Join Dementia Research

In South London 100% of trainers reported they were confident about promoting JDR and 79% stated they were likely to register. In North London 100% of respondents felt they were “highly knowledgeable”, in terms of their understanding of dementia research and how to get involved, compared to a rate of 55% before training.

In South London it was found that there was too much content to fit into a single training session, and therefore in discussion with the care homes it was agreed that the Barbara’s Story and JDR elements would be taught together, but that DeAR-GP would be targeted towards specific care home staff in discussion with the care home manager. In North London the three components of the training were taught together.

Local Care Home Training Analysis

Eight homes with thirteen trainers did not hold any local training sessions. Two homes felt that the training they would be delivering did not involve sufficient information about dementia as a disease, as the training was focused more on how to provide care to someone living with dementia in a person-centred way.

223 care home staff received local training during the lifetime of the project, which averages out at as four people trained per trained trainer (in care homes that held local training). The number of local training sessions delivered ranged from one to four per home, only six out of the thirty-one homes held more than one session. Overall 15.5% of the care home staff received training, locally this ranged from 0-57%.

The benefits of training being delivered by a colleague was highlighted; *“It was much more easy for us to understand and feel relaxed because the training was provided in the home by our staff”*.

DeAR-GP

At the time of this report no homes had completed a DeAR-GP referral. Some homes already had a system to report any concerns to a named GP, some homes were waiting for the use of DeAR-GP to be confirmed by head office. In some homes it was reported the *“the residents here have already been referred”* and they would use the tool in the future *“we will take an interest and refer”*.

Barbara’s Story

Overall, 77% of care home staff reported an increase in their understanding of the needs of people living with dementia and 78% and increase in their understanding of how to communicate with someone with dementia.

“The training has increased my awareness and understanding towards our residents with dementia, especially with regards to communications and how they may feel”.
“We are aware about the do’s and don’ts on how to handle the dementia residents and make life easier for residents and staff”.

Care home managers noticed that staff *“have been more supportive and understanding of dementia residents”, “giving them a more person-centred care”* and *“increased their communication skills”*. The positive impacts of training were also noted by relatives: *“We have even received good feedback from families who are happy with levels of staff awareness in caring for their family member”*.

Join Dementia Research

In South London 55% of participants stated they were more likely to register with JDR having received the training. Eight of their homes are now displaying JDR material. An additional seven JDR sessions were held at family and friends meetings that 117 people attended.

Discussion- Learning and Limitations

Recruiting Trainers

The importance of working closely with care home managers and building relationships was highlighted. Care home managers need to carefully consider the most appropriate person to be trained as a trainer, the importance of this was highlighted when few attendees were unaware that they would be required to deliver training locally. Care home managers were encouraged to consider the most appropriate staff member, with a certain level of knowledge or experience in training delivery and/or staff who were confident and keen to learn and develop their own skills. This resulted in a higher number of managers attending the session accompanied by enthusiastic junior staff members.

To ensure training would be delivered locally, homes were also asked to provide a date for their observation prior to commencing the training.

Due to previous work in South London, the training provider had already developed good relationships with the care home managers. This was particularly important when asking the care home managers to support their newly trained staff to practice their skills and deliver the training in their own homes.

Local Training

Several homes faced challenges with training high numbers of staff, due to staffing levels on the day and conflicting schedules whilst on duty at the home. One trainer found that by putting up lists of attendees and informing them in person by introducing the training increased participation. Space for training was also highlighted; one care home used an empty resident's room as a training room.

Care homes have a significant amount of mandatory training that takes priority over other training needs. A CQC visit requirement took priority on one occasion during this project.

DeAR-GP

DeAR-GP is a practical and effective tool to support communication between care workers and healthcare professionals. During analysis it was noted that several homes already had pathways in place to highlight residents who have signs of dementia. In these cases it may have been more appropriate to discuss DeAR-GP with the care home manager to review whether or not to include it in training.

Dementia Diagnosis Rates

As previously highlighted, approximately 77% of people in nursing homes have dementia. During the project, dementia diagnosis rates were collected for each participating care home. Diagnosis rates varied from 9 - 100% with an average of 53%. Sixty percent of care homes had a diagnosis rate of less than 60%. This suggests that there are undiagnosed residents in some care homes in London and / or care homes are not aware of a diagnosis. Local feedback has been given to CCGs.

Cost Effectiveness

One of the aims of this project was to develop a cost effective model for providing training in care homes.

The cost of each session delivered in the care home during the lifetime of the project was £870 and the cost of each member of staff who received training was £152.

This is relatively expensive for a stand-alone training session and for an individual to be trained, but we do not know whether any of the care home trainers delivered any further training sessions after the end of the project. If the care home trainers continue to deliver training sessions in their care homes, then the costs will reduce significantly. Many trainers have remained in post, which does give the potential for numbers of staff trained to increase *“We are keeping training on going... we have the resources, support from the care home manager and interest from staff to do this”*.

There are also many advantages of having an ‘in-house’ trainer who can deliver the training on site, as it eliminates any travel time for care home staff and does not require any venue hire.

Conclusion

Training content

This project confirmed the findings of previous work that Barbara’s Story is a useful training resource for raising awareness about dementia in care homes. Care homes were generally enthusiastic about continuing to use Barbara’s Story and some requested the full series (rather than just episode one which was provided in the training).

In some areas it was found that delivering all three modules at the same time was too much for care home staff to take in, and just the Barbara’s Story and Join Dementia Research components were delivered. Join Dementia Research was well received by care home staff. Many of them said they intended to join up themselves, and they were happy to pass on the information to relatives of care home residents.

Train the trainer approach

Sixty five care home staff across 38 care homes were trained as trainers, and most of them said that they felt confident about being able to deliver the training to their peers in their care home.

Most care home trainers went on to deliver at least one training session in their own care homes, but eight care homes did not deliver the training during the lifetime of the project. Both training providers reported significant difficulties in arranging the local training sessions in many of the homes and some care home trainers needed a lot of support from the training provider to deliver their first session. The project team and the training providers have some concerns about whether the care home trainers will continue to deliver the training locally after the end of the project due to competing priorities and other training requirements. Therefore we are unable to conclude whether this is a cost effective model for providing training to the care home sector.

However, given the well-known difficulties of delivering training to care home staff, there are many advantages to the train-the-trainer model, such as developing 'in-house' staff who can deliver the training flexibly and to suit the specific needs of their own care home. It also provides career development opportunities for care home staff.

We would like to thank the hard work and dedication of the training providers Bromley and Lewisham MIND and Buz Loveday and Associates, and the care homes and care staff who participated in this project.

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