Appendix 3

Havering
LONDON BOROUGH

OVERVIEW & SCRUTINY COMMITTEE — REPORT

01/11/2011

Subject Heading:	Results of Audit of Skills and Competencies in Mental Health
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Policy context:	National Dementia Strategy Implementation

SUMMARY

A brief summary of the content of the report, outlining its proposal and the intended outcome.

1. The purpose of this report is to present results of the audit of skills and knowledge around dementia of care home staff.

RECOMMENDATIONS

2. Members are asked to note the content of this report.

REPORT DETAIL

3. Background

3.1 As part of Havering's response to the National Dementia Strategy, the authority has set up a multi agency Implementation Group encompassing three 'theme leads', supported by multi agency working groups. The third theme, 'Living Well with Dementia' is a wide theme focusing on improving the experience of those with dementia and their carers in the community.

3.2 At the meeting of the Implementation Group in November 2010, it was agreed that, anecdotally, it was believed that skills, practice and knowledge around dementia in care homes, not just in Havering but nationally, could be less well developed than desirable. It was therefore decided that an audit of skills and knowledge on the subject within care homes in the borough should be carried out.

4. Methodology

4.1 The 'Living Well with Dementia' working group held a session to discuss what issues it would like to cover in the audit. A subsequent questionnaire was developed and circulated to the group for comment/amendment.

4.2 It was decided that the audit would cover all residential and nursing homes into which the authority placed individuals. This amounted to 34 homes. Initial research elicited type of home (i.e. dementia registered or otherwise) and numbers of places at each.

4.3 It was felt that a passive survey by internet or post would not achieve a sufficient return so the approach utilised was to complete the questionnaire by telephone or face to face during a visit. In the event, most managers were interviewed by telephone and staff by personal visit. The member of staff who carried out the visits was a trained social worker.

4.4 It was decided that the manager of each home would be interviewed, together with approximately one staff member for every 10 residents.

4.5 The questionnaires were all completed between July and September 2011.

5. Characteristics of the responding cohort:

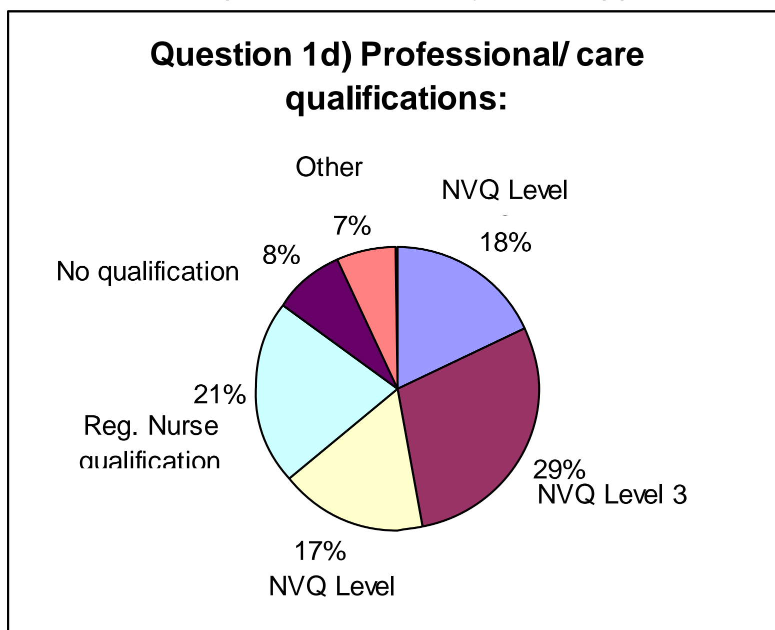
5.1 Of the 34 care homes approached, we managed to include 30 (3 did not co-operate and one was being redeveloped and could not spare the time); giving, in the end, completed questionnaires from 29 Managers, 26 Senior Carers/Team Leaders, 32 Care Assistants and 11 Nurses. A reasonable

cross section of those working directly with residents was therefore achieved.

5.2 The time in the industry of the cohort, together with the length of time they had worked at the home at which we questioned them, is mapped below:

5.3 A high percentage of those questioned, 84%, had worked in the care industry for more than 4 years which means that investment in training is worthwhile as, despite the *perception* of poor working conditions and low wages, staff retention compares favourably with domiciliary care agencies which suffer, in London,[1] from persistent job vacancies, a high turnover of staff, a low skills base and a reliance on migrant labour.

5.4 Qualifications of interviewed staff, recorded by highest qualification (where more than one qualification exists), are mapped below:



[1] Home Care in London, Institute for Public Policy Research July 2011

This diagram shows that 85% of staff have NVQ Level 2 or above or registered nurse qualifications. Only 8% had no qualifications whatsoever.

6. Specific Mental Health Knowledge

6.1 Respondents were then asked which of a number of statements around subjective perception of skills and knowledge of mental health issues most accurately reflected their position, as follows

Question 1e) The following question is about your perception:

	Responses (in percentages)			
	1	2	3	4
I have a good knowledge of mental health issues affecting older people	28	71	1	0
I have had training in identifying mental health needs in older people	34	56	10	0
My knowledge of mental health has been obtained mainly in my workplace	49	46	4	1
My knowledge of mental health is sufficient to meet the requirements in my workplace	48	49	3	0
I am aware of the impact physical health can have on a persons mental health	61	38	1	0
I have knowledge of dementia screening	25	48	21	6
I have knowledge of dementia care	56	43	1	0

Key
1 - To a very great extent
2 - To a great extent
3 - To a very small amount
4 - Not at all

6.2 These perceptual statements scored very highly across the board with no statements attracting fewer than 90% at “to a great or to a very great extent” with the exception of the question about dementia screening. Without making generalisations about individual care homes, the extremely high scores may have been influenced by the face to face nature of the questions; it is possible that an anonymous approach might have elicited slightly less confidence.

7. Incidence of Dementia

7.1 The questionnaire then attempted to establish the incidence of dementia both diagnosed and undiagnosed. The answers are based on what managers told us in relation to the number of residents across the 30 homes.

7.2 765 residents out of 1057 (72.3%) were perceived by staff to have dementia, of which 609 had a formal diagnosis. This latter figure gives a formal

diagnosis percentage across all residents of 58% and 79.6%.of those suspected of having dementia.

8. Organisational Culture and resources

8.1 Staff were then asked whether they thought their organisation took dementia seriously, had a corporate approach to dealing with dementia, had specific policies and procedures and had sufficient resources to support people with dementia. The first three attracted 89% or above positivity and the last question 79% positivity. The most popular suggestions with regard to enhanced resources related to increased staffing, more training and more dementia specific activities.

9. Diagnosis and onward referral

9.1 98% of respondents said they would seek a diagnosis if they suspected a resident of developing dementia but only 50% knew how to contact specialist dementia teams or other teams capable of intervention.

9.2 Taking the former percentage into consideration, this should mean that the 42% of 'undiagnosed' cases mentioned in 7.2 above are within the process of seeking a diagnosis but this does seem improbable so this high percentage may not be a true figure and may be influenced by the lack of anonymity.

10. Activities

10.1 Staff were then asked about activities for people with dementia within the homes. 89 staff said 'there was a vigorous timetable of activities in the home" but only 63 agreed that activities were dementia specific. Examples of dementia specific activities included music and dancing, reminiscence, memory games, rummage boxes, sensory activities and old films.

11. Training

11.1 89% of staff said they had received induction training but the occurrence of dementia specific training in induction packages was very rare and only 50% of managers stated that dementia experience was expected for new staff.

11.2 77.3% of staff had undergone a basic dementia awareness course but frequency of training varied between more than once a year to every 2 to 3 years, with a majority having training accessed annually.

11.3 96.9% staff said they felt confident dealing with people with dementia but 100% of respondents said they would like to access further training on dementia.

11.4 32% wanted in house training, 26% wanted external training, 13% wanted a combination and 12% had no preference. E-learning was not a popular option for learning more about dementia.

11.5 24% of respondents said they needed more training on challenging behaviour and 48% said that challenging behaviour was the greatest challenge to staff dealing with people with dementia.

11.6 There are a significant number of homes that have no specified dementia lead.

12. Summary:

12.1 Most staff felt they had a good knowledge of dementia. The proportion feeling confident dealing with dementia, having had training, is higher than previously thought but more training is obviously needed with 100% of respondents saying they would like more. The lack of dementia specific areas in induction training is a concern as staff are likely to encounter those with dementia from day 1.

12.2 A high proportion of homes had residents either diagnosed or suspected as having dementia, regardless of whether the home was perceived to be dementia specific. The figures suggest higher rates of dementia in the borough than previously thought.

12.3 Key issues identified as resource issues were activities, training and staff; homes that do not currently utilise volunteers to help with dementia specific activities perceived it to be a good idea when it was suggested to them.

12.4 50% of respondents did not know how to contact specialist dementia teams; work around pathways needs to be improved.

12.5 One third of homes did not have dementia specific activities. Activities and the promotion of dementia leads and champions, as well as volunteers could assist in this respect.

12.6 There is no minimum common training undertaken by homes – it varies enormously; this needs to be developed and the aversion to e-learning taken on board. Further attention to training around challenging behaviour is needed.

13. Conclusions

13.1 Knowledge and training was higher than expected and confidence of staff was remarkable. Further training, particularly around challenging behaviour, would be useful and the need to keep up to date with dementia specific training is clear as is the need to include such training within induction. More work is needed around dementia specific activities and homes could usefully improve volunteer networks. A dementia lead and/or champion would be a useful disseminator of good practice and would allow sharing of learning. Further work on making information about specialist teams more readily available is needed.

13.2 The results of the survey will be made available to the Dementia Implementation Group to guide resources to gaps and to inform development of useful assistance to homes.

13.3

IMPLICATIONS AND RISKS

Financial implications and risks:

7.1 There are no financial implications arising from this report which is for noting only. The financial implications arising from any proposed initiatives referred to in this report will be addressed through the appropriate channels as the needs arise, and will be met from within available resources.

Legal implications and risks:

7.3 As this report is for information only there are no apparent legal implications or risks.

Human Resources implications and risks:

7.4 As this report is for information only there are no human resource implications or risks.

Equalities implications and risks:

7.5 As this report is for information only there are no equality implications or risks.