Jennifer Robinson and colleagues found that education had a positive effect on the culture of one hospital as well as the knowledge and skills of the workforce.
The programme was used to develop and promote the ethos of person-centred care planning and implement care bundles

role of carers, families and friends and principles of involvement.
- Understand the national context and guidance supporting improvements in dementia care in hospitals and how this informs and relates to local developments.
- Develop local action plans to identify important changes, involving interested parties.
- Apply quality improvement initiative approaches to support, deliver and evaluate local action plans.
- Build on clinical leadership skills to develop practice.
- Evaluate the effect of improvements in their wards/settings using an outcomes-based approach focusing on patient/carer experience.

The programme ran from March to December 2013 and included attendance at three facilitated development days and a site visit by RCN staff and expert carers to support progress.

The Association for Dementia Studies at the University of Worcester was commissioned to undertake an external evaluation of the effectiveness of the programme in developing practice and supporting improved outcomes for people with dementia, family carers and staff (Brooker et al. 2014).

After presentation to a shortlisting panel comprising representatives from the RCN Foundation, RCN Learning and Development Institute, Uniting Carers, Dementia UK and RCN dementia project lead, the trust was selected to be one of nine offered a place on the programme.

A prerequisite of the programme was for each organisation to have an executive lead who would be a member of the project team.

The trust dementia steering group chaired by the executive lead endorsed the action plan that was developed around the RCN (2011) SPACE principles. Data collected for dementia diagnosis in the trust identified a care of the older adult ward and a trauma and orthopaedic ward as providing care for a larger cohort of adults with dementia compared with other wards.

The project team thought that these two ward teams, including allied health professionals, required foundation knowledge of dementia to improve care and support for adults with dementia and their carers. This led to a comprehensive programme of education and training being devised, which covered patients at all stages of dementia up to and including end of life care. The programme was used as an opportunity to develop and promote the ethos of person-centred care planning and helped introduce and implement care bundles for the environment, nutrition and communication.

Training

Ward managers on the two pilot wards – one medical and one trauma and orthopaedic – were asked to encourage support workers, registered nurses, allied health professionals and housekeepers to answer questions about caring for patients with dementia by means of a graffiti board over one week. Comments were sought under four headings: What are your challenges? What education and training do you require? Any concerns? How can we improve dementia care?

Challenges included caring for patients who were physically and verbally abusive, aggressive, agitated, disorientated and confused.

Staff requested education and training on dementia awareness, delirium, mental capacity, advocacy, communication and managing patients with challenging behaviour.

These requests reflected the thoughts of the project team on what the programme would comprise. In addition, they supported the literature on staff skills and competence, for example, the Alzheimer’s Society (2009) recommended an informed and effective acute care workforce for people with dementia.

Concerns included poor communication, ensuring patients with cognitive impairment and dementia were receiving adequate nutrition and fluids, patients who were already confused and disorientated being moved around the hospital because of bed management issues and inconsistent completion of documents such as the Alzheimer’s Society’s (2013a) tool This is Me. This document is designed to support people with dementia receiving care in a variety of settings and promotes the concept of person-centred care and seeing the person.

The project manager developed a training programme in response to the graffiti board requests that consisted of:

**Box 1 SPACE principles to support good dementia care**

1. Staff who are skilled and have time to care.
2. Partnership working with carers.
3. Assessment and early identification of dementia.
4. Care plans that are person centred and individualised.
5. Environments that are dementia friendly.

(Royal College of Nursing 2011)
Dementia awareness.
Recognition and management of behaviour that challenges.
Recognition and management of delirium.
Advance care planning.
End of life care.
Mental Capacity Act and Deprivation of Liberty Safeguards.

Training was run over two days and staff were required to attend both sessions. Participation was sought from qualified nursing staff at all levels, clinical support workers, allied health professionals, discharge co-ordinators and ward clerks. An additional short bespoke session was offered and delivered to housekeepers, porters and security staff.

The training programme was delivered over a six-month period in six cohorts and trust board level support was gained to enable a number of registered and non-registered staff to attend each cohort. It was delivered by the trust’s dementia project lead, palliative care education co-ordinator, lead nurse for older people and the older people’s mental health liaison team.

A total of 44 staff from the two pilot wards completed the training, comprising nurses, therapists, discharge co-ordinators and ward clerks, and representing 74% of the total number of staff. A further ten support staff completed the short bespoke session.

All attendees also received The Dementia Guide (Alzheimer’s Society 2013b) and the pocket-sized Dementia Care Survival Guide (Brooker and Lillyman 2013), which they could use as a quick reference. Each attendee was also introduced to the Alzheimer’s Society’s Dementia Friends initiative, which aims to provide an understanding of the disease and the small things that can make a difference to people living in the community. Attendees received a session explaining what the initiative is about and were presented with a Dementia Friends badge on completion of day one.

Feedback

Attendees completed a pre- and post-training questionnaire to determine their confidence in aspects of dementia care and whether learning had been successful.

Overall, questionnaire responses indicated that attendees’ knowledge, confidence and awareness of all aspects of dementia care had increased as a result of their participation in the training.

Feedback was obtained after each day as part of an overall evaluation. It was positive and attendees indicated that they had enjoyed and valued the programme. It enabled peer support and sharing of knowledge between the two wards and in a safe environment. Attendees felt able to express opinions about dementia care in the acute setting. This ability to express opinions enabled them to undertake a form of clinical supervision that was valued and added to the overall satisfaction rate.

Ward teams could attend collectively, which allowed them to share their learning and develop their vision together. In addition, attending with another ward team allowed them time to appreciate that improving dementia care was being considered from an organisational perspective and would improve patient care across the organisation.

Attendees were asked to indicate which aspects of the course they particularly liked. Responses included:

- Participation and discussion.
- Ability to express opinions.
- Theory behind practice.
- Knowing the previously unknown.
- Improved awareness.
- Speakers’ knowledge.

Attendees were also asked to identify three areas where they had improved their knowledge. Responses included:

- Recognising early dementia.
- How to manage patients with dementia in their delirium phase.
- Behaviour that challenges.
- How to complete the six-item Cognitive Impairment Test (6-CIT) (Brooke and Bullock 1999).
- Support for carers.
- Mental Capacity Act and Deprivation of Liberty Safeguards.
- Triggers that can exacerbate behaviour for a patient with dementia, for example, environment.
- Problem solving.
- Use of available resources.

Comparison of the pre- and post-training questionnaires and the evaluation forms demonstrated that learning had taken place and that the training had had a positive effect on attendees.

The two-hour session provided for support staff aimed to share essential information about dementia awareness and how to communicate with patients with a cognitive impairment. The dementia project lead and the older people’s mental health liaison team delivered this.

The feedback requested on the session was more informal than for the two-day programme, via a form asking for comments. Some examples of the comments received were:

- ‘I feel more in control of caring.’
- ‘It made me think about being more patient.’
Porters and security staff are now much more empowered to question staff about whether a patient should be moved.
to question staff about whether a patient should be moved. It has been observed that they engage with patients in a much more meaningful way, whereas previously they may have seen their role as just moving a patient from A to B.

Next steps
The training programme will continue to run on a regular basis. Staff from two further wards – one elderly care and one general medical ward – underwent training in September 2014, along with new starters from the two pilot wards.

The trust dementia steering group is supporting implementation of the training programme across the organisation and offering it as an option among a variety of dementia education opportunities available to meet the needs of the workforce.

Staff who have received the training will be encouraged to help improve response rates to the carer questionnaire so that their feedback can be reflected in the care given to their loved ones.

Conclusion
The training programme has met its aim of developing the knowledge and skills of the workforce and supporting them to deliver improved care for patients with cognitive impairment and dementia in the ward environment. Observational tools will be used to show the culture change as the programme is rolled out across the organisation.

Given the competing priorities of the organisation, a learning point from the project team is that a six-month gap between cohorts makes it more difficult to maintain momentum; a shorter gap would be better. However, ensuring best practice in the care of adults with dementia and their carers is a priority across the trust and will continue to be so.

References
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