Development of an activities care crew to support patients


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Abstract

Improving care for people with dementia in acute hospitals is a priority in the UK. The Royal Berkshire Hospital in Reading has implemented a range of initiatives, including environmental changes to older people's care wards, development of workforce skills and knowledge, engagement with third sector providers, use of volunteers, and the development of an activities care crew.

This article focuses on the work of the activities care crew. The care crew formation, using monies from vacant posts, has supported the provision of one-to-one nursing and engagement of patients in meaningful activities.

Overall, the initiatives have reduced the number of falls with serious harm, improved the experience of people with dementia and their families, and supported partnership working with patients, families and multidisciplinary teams.

Keywords

activities care crew, acute hospital, dementia, meaningful activities, older people, one-to-one nursing

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SINCE 2009 there has been a sustained focus in the UK on improving care and outcomes for patients with dementia in acute hospitals (Alzheimer’s Society 2009, Heath et al 2010). More recently, the Alzheimer’s Society (2016) has highlighted continuing diversity in the provision of care for people with dementia admitted to hospitals across England. While the society’s report showcases excellent examples of care, in some of the worst-performing hospitals:

» Staff lacked understanding of the specific needs of people with dementia.

» Between 52% and 71% of people aged over 65 who had experienced falls during admission had dementia.

» Patients with dementia stay five to seven times longer than other patients over the age of 65.

» £264 million was wasted as a result of poor dementia care during 2013/14.

Specific areas for improvement have focused on education and training of staff, changes to the environment, reduction in falls and length of hospital stay (Watkin et al 2012, Connolly and O’Shea 2015, Brooke 2016).

There are numerous publications to guide improvements in dementia care, for example, from the Royal College of Nursing (2011), King’s Fund (2013), Dementia Action Alliance (2015) and the National Institute for Health and Care Excellence (2006).

Dementia care improvement programme

The networked care directorate in Royal Berkshire NHS Foundation Trust is responsible for eight wards and a number of outpatient settings at Royal Berkshire Hospital (RBH). The core catchment population for RBH is 500,000, which increases to nearly 1 million when specialist services are included. An estimated 12 people with dementia out of 100,000 of RBH’s catchment population are admitted to an acute hospital at any one time (Johnson 2012), so improvement of dementia care at RBH was imperative. Programmes were developed and implemented across all wards, but especially on four older people’s care wards where, on average, 60% of patients had been diagnosed with dementia compared with the suggested 50% of patients across all acute hospital beds (Goldberg et al 2012).

Change was needed at RBH because, like many acute NHS hospitals, there was a:

» Lack of staff with specialist skills to care for acutely unwell older adults with dementia.

» Need to improve the overall experience of people with dementia admitted to RBH.

» Need to reduce falls.

» Need to reduce length of hospital stay.

» High spend on one-to-one nursing provided by agency staff.
There had also been negative responses from friends and families.

One-to-one nursing by agency staff had increased year on year at RBH, which had led to inconsistent care for people with dementia and a lack of continuity in care. These issues are referred to in the Carter report on productivity (Department of Health (DH) 2016), which highlights the need to develop clinical roles to reduce agency spend. Such development has been recognised as an impetus for innovative ways of working (Bray et al 2015).

Each of the four older people’s care wards at RBH was remodelled to provide a dementia-friendly environment, with the development of activity rooms, coloured bays and the provision of multipurpose sensory machines. An important aspect was removing the main nurses’ station and supporting staff to base themselves in each bay with the provision of small tables, which has been acknowledged as an effective approach to improving care for patients in acute hospitals (Upton et al 2012, Waller and Masterson 2012).

Development of staff skills and knowledge was also an element of the programme. Dementia awareness training (tier 1, awareness) and dementia education and learning through simulation (tier 2, essential skills) have been a priority for RBH over the past 2 years, with 90% of the workforce completing dementia awareness training. All dementia training aligns with the Dementia Core Skills Education and Training Framework (Skills for Health 2015). Workforce training was a focus of the National Dementia Strategy (DH 2009) and the Prime Minister’s Challenge (DH 2012).

Further initiatives have included engagement with the local Alzheimer’s Society, implementation of an Information about Me booklet for inpatients, use of twiddlemuffs to help patients relax and weekly reminiscence sessions, including museum object handling and musical memories.

**Care crew activities**

The activities care crew at RBH began work in February 2014 with the aims of supporting patients with complex needs, including dementia, enhancing patient experience and improving patient outcomes.

The original concept of the care crew was developed by a multidisciplinary team in networked care, which included representatives of nurses, doctors, therapists, pharmacists, operational managers, human resources and a finance director. The concept was also endorsed by a patient leader, older person’s mental health (OPMH) liaison team from Berkshire Healthcare NHS Foundation Trust and RBH’s dementia steering group.

The initial aim of the care crew, which was financed through the use of monies from consistent vacancies across networked care, was to deliver one-to-one care. However, due to the assumption that one-to-one care or ‘special observation’ is boring, frustrating and frightening (Flynn et al 2016), recruiting and retaining care crew members became difficult. Therefore, there was a need to move away from the traditional idea of one-to-one care as passive watching of a patient to that of an intervention delivered by trained healthcare assistants (HCAs) (Rausch and Bjorklund 2010, Dewing 2013).

The concept of the care crew was subsequently reconfigured to focus on developing a therapeutic environment through activities by trained HCAs. A band 4 assistant practitioner and four HCAs were recruited.

The assistant practitioner role was important because it enabled an experienced HCA to lead and train the team, and to support triage and assessment of patients to prioritise referrals.

Members of the care crew receive specialist training to enable them to provide additional support to patients with dementia, and to work and communicate with staff and family members. On induction, the care crew complete local dementia training and education, one-to-one care and conflict-resolution workshops, and cognitive stimulation therapy training from the trust’s OPMH liaison team.

To ensure there is a good relationship between ward staff and the care crew, each member of the care crew is linked with a dementia champion on each ward. The aim is to support ward staff to become more involved and proactive in providing appropriate stimulation and interaction for patients with dementia.

The care crew provide one-to-one care and group activities. One-to-one care includes individual activities and distraction therapies, which can include relevant materials to develop person-centred care, for example, the care crew purchased a tool box and wooden tools for a man who had been a carpenter. Group activities include, but are not limited to: hand massage, singing, no-bake cooking, art therapy, reminiscence sessions and social dining. One reminiscence session, musical memories, involves listening to, singing and discussing music from bygone eras.

An early shift for the care crew commences with ward staff making a telephone referral
for patients who require support beyond that provided by the ward team. A referral form has been developed to obtain necessary patient information, for example about mental capacity and safeguarding, and to inform care crew members’ decision making when they prioritise their workload. Each late shift for the care crew ends with them obtaining information from the wards about patients who are being discharged the following day. When appropriate, the care crew accompany patients to the discharge lounge and remain with them.

The care crew provide a weekly timetable of when and where activity groups are being held, with a brief description of the aim of each session (Table 1). This helps care crew members to identify patients on the wards in networked care who may benefit from, or appreciate being involved in, these activities. The care crew can then ensure all those who wish to attend are supported to do so.

**Effect of dementia initiatives**

Between April 2014 and March 2016 the care crew supported between 53 and 273 patients, an average of 141 patients each calendar month; linear regression analysis indicates the direction of the trend, in this case the number of patients seen by the care crew is increasing (Figure 1). The slight reduction in patients seen between March 2015 and August 2015 may have been due to the recruitment of new staff to the care crew, which affected the ability of the care crew to provide one-to-one care and group activities simultaneously.

The number of patients seen by the care crew has increased month on month, as their role becomes embedded in dementia care. The increase in the number of patients seen by the care crew is also a result of the increase in the number of medical non-elective admissions to RBH of people over the age of 65 between April 2014 and March 2016 (Figure 2).

The increasing demands on the care crew supported the development of new ways of working to maximise their capacity, such as more focus on activity groups. This allowed them to increase their efficiency by working with four to six patients at a time.

**TABLE 1. Example of care crew activities timetable**

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.30-11.30am</td>
<td>Coffee morning</td>
<td>Nail therapy/</td>
<td>One-to-one</td>
<td>Current affairs/</td>
<td>Drinks and cake</td>
</tr>
<tr>
<td></td>
<td></td>
<td>spa morning</td>
<td>outdoor walk</td>
<td>newspapers and drinks</td>
<td>morning</td>
</tr>
<tr>
<td>12-1.30pm</td>
<td>Social dining</td>
<td>Social dining</td>
<td>Social dining</td>
<td>Social dining</td>
<td>Social dining</td>
</tr>
<tr>
<td>2-3.30pm</td>
<td>No-bake cooking</td>
<td>Quiz/games</td>
<td>Bingo</td>
<td>Reminiscence group</td>
<td>Coffee afternoon</td>
</tr>
<tr>
<td>5-6pm</td>
<td></td>
<td></td>
<td>Afternoon social</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Clockwise from top left: care crew member Claire Bettis helps patient John Neate use a sensory machine; social dining with crew member Jack Armstrong, patients Pauline Griffiths, Margaret Martin and Mary Barry, crew members Georgia Woodage and Claire Bettis, and patient Desmond McCoubrie; chaplain Lorraine Colam and director of nursing Sharon Herring are the musical memories team for patient Desmond McCoubrie; Jack Armstrong and John Neate reminisce at a vintage view of Reading; Claire Bettis combs a patient’s hair; care group support officer Florence Overton and care crew member Georgia Woodage massage patient Kathleen Mongan’s hand.
The number of patients at RBH who require one-to-one care at specific times of the day has reduced, albeit not significantly. Understanding the trends in, and need for provision of, one-to-one care remains complex. Figure 3 demonstrates the number of patients requiring one-to-one care by staff between April 2013 and February 2016. Currently, care crew members work early and late shifts 7 days a week, but do not cover night shifts. However, there has been a reduction in ‘specialling’ patients on early and late shifts, which provides evidence to recommend the expansion of the care crew to cover night shifts.

The reduction in falls since implementation of the care crew is non-significant but remains on a downward trend (Figure 4). However, the number of falls that have resulted in serious harm, including fractured neck of femur, has reduced by almost 50%; these data are not presented in Figure 4.

A review of the care crew by one of the trust’s voluntary patient leaders found that an improvement in the ‘friends and family’ score, a short survey that identifies good and bad staff performance by friends and family to support the improvement of acute NHS services, appears to correlate with implementation of the care crew and a reduction in complaints about the provision of care to patients with dementia. The review was unpublished and anecdotal.

The same patient leader review of the care crew found the team is committed and valued throughout networked care. The patient leader described the team as enthusiastic, flexible, inventive, dedicated and proactive. The care crew was observed to work closely with patients, relatives and staff, and were keen to implement new meaningful activities, such as pet therapy and gardening, when possible.

The patient leader interviewed ward staff, who described the care crew as ‘wonderful’, ‘a lifeline’ and ‘brilliant’. All staff reported the care crew to be an important element of their team, and identified a need to increase the size of the team in networked care and across all other inpatient areas at RBH.

The care crew initiative continues to be funded from vacant staff posts, although the trust is active in trying to recruit to these vacant posts.

**Conclusion**

The development of the care crew has enabled successful provision of consistent and specialist HCAs to support patients with complex needs, including dementia. The role of the care crew has developed beyond providing one-to-one care to include implementation and further development of meaningful activities for patients at RBH. The effects of the care crew, alongside other initiatives, include reductions in the number of falls causing serious harm. They have also provided a positive experience for patients with dementia, and their families and friends. The care crew has demonstrated partnership working with patients, families and multidisciplinary ward teams, and supported the enhancement of ward staff’s skills.

**Implications for practice**

» Implementation of an activities care crew supports patients with dementia, their families and ward staff.

» Development of one-to-one care from passive observation to active interventions by designated and trained healthcare assistants is recommended.

» An activities care crew supports consistent and person-centred care for patients with dementia.
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Contact editor Lisa Berry at lisa.berry@rcni.com

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