Meet Lorraine Haining

‘Indispensable’ specialist nurse practitioner wins the RCNi Nursing Older People Award for her work leading the interventions for dementia, education, assessment and support team

A unique interprofessional team is transforming the care and improving the quality of life of people with dementia by providing education, support and advice to those caring for them.

Specialist nurse practitioner Lorraine Haining leads the IDEAS team – Interventions for Dementia, Education, Assessment and Support – a consultancy that improves carers’ and care teams’ understanding of stress and distress, and helps them take steps to reduce and prevent it using evidence-based, non-pharmacological approaches.

Ms Haining has developed and actioned a stress and distress pathway, and delivered engaging and accessible training programmes to more than 1,900 people.

Her commitment to improving the care of people with dementia and compassionate and effective leadership saw her named winner of the Nursing Older People category of the prestigious RCNi Nurse Awards 2018, the profession’s top accolade, at a glittering ceremony in London on 4 July.

Pilot

After a successful two-year pilot in care homes in Dumfries and Galloway, the IDEAS team, which comprises a speech and language therapist, psychologist, social worker and occupational therapist, was first extended to general hospitals, then to all settings where a person with dementia might live or spend their time.

Training has been completed by staff in NHS Dumfries and Galloway, social care and the independent and third sectors and there is a waiting list. It has been described in feedback as ‘enlightening’ and ‘excellent’.

‘We have moved away from PowerPoint presentations to experience learning,’ says Ms Haining. ‘When we opened the training up to any service across Dumfries and Galloway people from all disciplines came.

‘Dementia care mapping helps staff recognise and embed good practice’

through word of mouth. It is very enjoyable. Now we have waiting lists.

‘The diabetes team is working with us now, which is a huge opportunity, and I want to do something regular with dentists. I just ask people and no one really says no,’ she adds. ‘Feedback shows that the training is improving knowledge and understanding of dementia, stress and distress.’

Once the training is complete, participants receive regular mailings and updates to maintain, encourage and support their interest in dementia care.

The team provides bespoke training where knowledge, skills and practice issues have been identified, supporting organisations and staff to make the necessary improvements.

Ms Haining says: ‘We also carry out specialist assessments and interventions for complex presentations of stress and distress in people with dementia. ‘If a care team is having difficulty with a situation they contact us through community mental health teams and we can work with the person and staff, modelling the highest level of care.

‘We can support people in their homes or sometimes it is a cultural issue, so we go in and work with the wider group not just the person showing signs of distress. We go out to anyone. We provide a lot of help during the settling-in process from hospital to care home.’

Dementia care mapping is central to the team’s non-pharmacological approach, as is an evidence-based pathway designed and developed by Ms Haining.

‘Dementia care mapping helps staff recognise and further embed good practice and take person-centred care approaches,’ says Ms Haining. ‘They are empowered to develop action plans and implement more meaningful activity to improve the quality of care for patients on the ward.

‘As an innovative method of working with older adults living with cognitive and/ or physical impairments, Montessori childhood education principles and philosophy have the potential to change the lives of people in residential care and enhance the lives of people in their own homes, with evidence showing a decrease in responsive behaviours and increased levels of engagement and participation in activities.’

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The team uses Playlist for Life – collecting songs that the person might enjoy or recall and playing them. ‘I can’t tell you how much music is a quick win,’ says Ms Haining. ‘We have had remarkable results from doll therapy with women and men too, although we have to be careful explaining that to families.’

The team’s results are impressive. There was a 76% reduction in inappropriate antipsychotic prescriptions during the pilot project and a reduction in admissions to acute care.

‘We have reduced the medicines bill from £195,000 to £47,000 during the pilot,’ says Ms Haining. ‘It is a massive saving. It is not about the money, it is about the benefits to people, but the health board love the savings.’

Staff report having a better knowledge of dementia and confidence in dealing with distressed behaviour and in a survey, 100% of staff said they would recommend the IDEAS consultancy service.

Ms Haining talks proudly of individual clinical outcomes (see case study on page 14).

‘One man we were asked to help with was pacing around corridors at night. We discovered he had been in the navy during the war. We looked at his environment and the big window was open and he saw water in the distance and thought that is where he was.

‘We helped staff understand that if they let him walk up and down for a while then told him “that’s your shift over, go back to your bunk” he would. It is about knowing the person and their background. It makes sense what their behaviour is.

‘We had another lady very distressed around medication. We found out she had had a drug addiction in the past. We addressed this and her behaviour was transformed overnight.’

Ms Haining was nominated for the award by occupational therapist Jilly Polson.

‘Lorraine is indispensable,’ she says. ‘She seeks and makes
opportunities to champion the rights of individuals with dementia and her vision for them is her driving force.

‘Her enthusiasm and dedication have promoted the extremely important role of nurses in all settings in caring for people with dementia, enabling them and others to shine and fulfil their potential.

‘She has raised awareness of the importance of physical health factors, especially delirium and has developed and increased understanding and implementation of non-pharmacological interventions for stress and distress.

‘She is well respected throughout the region across organisations at all levels, multidisciplinary and multi-agency in her approach. She is the IDEAS guru and our unique team has flourished under her leadership.’

Judges
The RCNi Nurse Awards judges agreed. Nicky Hayes, consultant editor for Nursing Older People, says: ‘Lorraine’s work has achieved impressive spread and breadth, benefiting people with dementia across a wide area. It’s fantastic.’

RCN professional lead for older people and dementia care Dawne Garrett adds: ‘Lorraine has been described as indispensable and instrumental in developing her service. I would like to add that she is inspirational.

‘The work she has led demonstrates all that is good in older people’s nursing. It is person-centred, supportive and producing meaningful outcomes.’

Ms Haining is passionate about what she does and feels lucky to be able to maintain her clinical role while leading a service. ‘I love my team – they are all as creative and as passionate as me,’ she says. ‘I always had an interest in behaviours, but that was the bit the government was not as good at funding.’

Her plans include a piece of work looking at the evidence in using the stress and distress pathway on wards and a focus on how the team can support staff.

‘We are planning workshops for staff on looking after themselves and have introduced a social media campaign called Appreciative Friday.’

Future additional work includes focus groups to explore embedding into practice and outcomes that participants in training have put into place.

And Ms Haining continues to work tirelessly to raise the service’s profile through presentations at conferences, social media, local media and building relationships with organisations. Other health boards have shown interest in her unique service.

‘There is no magic wand to get to an end point where a person with dementia is free from distress. It is hard work and there is a process. Sometimes people go off the pathway or try to cut corners so we make sure people understand that if they follow the process they will get there in the end,’ says Ms Haining.

Case study
An 82-year-old woman living in a care home was referred to the IDEAS team by a community mental health team. For the past few months she had been presenting with distressed behaviours and staff were struggling to cope.

At initial contact she presented as highly anxious, frightened and emotional, fearful for the future, with a sense of hopelessness and markedly depressed. The Challenging Behaviour Scale (CBS) was completed resulting in a score of 109/400. An Abbey Pain Scale produced a score of 12/18 indicating moderate pain.

Staff had undertaken IDEAS training and behaviour charts were completed in detail which indicated a possible underlying depression and a Hospital Anxiety and Depression Scale was completed with a score of A:9 D:14 indicating anxiety and depression.

The IDEAS team worked with care home staff to formulate her unmet needs and identify appropriate interventions, which included a transdermal patch for her chronic back pain and antidepressants. Efficacy was measured using the baseline assessment scales.

Formal training on depression in older people was developed for staff so they could recognise signs and understand treatments, and this was delivered over two sessions. Life story work helped staff gain a better understanding of the woman to fully inform person-centred care plans.

By the end of July incidents of distressed behaviour were almost non-existent and her CBS score was 12/400. The Abbey Pain Scale was also repeated and the score had reduced to 3/18 indicating mild pain on occasion. Her mood was significantly improved, with a marked reduction in anxiety. She was more accepting of personal care and less isolated. She was delighted to be ‘feeling so content’.

She died some months later, but the IDEAS team received an email from the care home manager. It said: ‘Thank you very much for the hard work you did for our resident, which gave us a glimpse of her life and helped us to support her through her final days.’