

Supporting people with dementia and other needs who live in care homes

The Issue

Some people with dementia who live in care homes also have mental health needs, a learning disability or changed behaviour. Some people with dementia live in care homes that specialise in dementia, but some do not.

What we wanted to find out

What is best practice for supporting people living in care homes who have dementia and additional needs. What support or interventions have a positive impact on the wellbeing and quality of life of people with dementia.

What we did

We searched for systematic reviews and national guidelines, published in the last 10 years, that focussed on effective strategies to support people with dementia and other needs. We searched the Cochrane library, NICE, SCOPUS database and Google Scholar.

What we found

We found two Cochrane reviews and seven other systematic reviews covering:

- Specialist dementia care units¹
- Psychiatric services for people in care homes²
- Strategies to support people with behaviour that challenges³
- Montessori-based programmes,⁴ access and use of the garden,⁵ and tailored activities⁶
- Interventions for staff who support people with dementia^{7,8}
- Preventing and reducing the use of physical restraint⁹

We also found a NICE guideline on dementia published prior to many of the reviews.¹⁰

What the evidence suggests

Specialist facilities and additional psychiatric support

There is insufficient good quality evidence to compare the outcomes for people who live in specialist dementia units compared to care homes. Existing studies show limited differences or worse outcomes for people living in specialist units.¹ For people with dementia and mental health issues, in-reach into care homes by mental health services can significantly reduce levels of depression but has no effect on other neuropsychiatric symptoms such as anxiety, agitation or hallucinations.²

Supporting behaviour that challenges

- Environment

'Homelike' care homes with reduced stimuli that may include smaller lounges and circular corridors to enable people to move around may reduce behaviour that challenges.³ Access to a garden can provide a sense of life continuity for people with dementia and restricting access to the garden due to perceived risk may have a negative effect on wellbeing.⁵

- **Person focused support**

Supporting a person to continue to participate in meaningful activities to them is a person focused approach that can enhance self-esteem and a sense of identity in people with dementia living in care homes.³ Finding out the personal history of a person with dementia helps to build trusting relationships and help to identify the possible reasons for a person's behaviour and means of supporting them.³ For example, a person may demonstrate behaviour that challenges when they feel their privacy is invaded or they may have an unmet need such as pain, hunger or thirst.

- **Activities**

Providing reassurance and guiding people to another area can give people time and space and distract them from the situation they were finding difficult.³ Providing personally tailored activities based on activities people have enjoyed in the past and/or linked to theoretical models may reduce agitation. There is insufficient evidence to determine whether personally tailored activities make a difference to quality of life compared to a usual care.⁶ Montessori-based activities can improve engagement and may have positive effects on mood for people with dementia but they make no significant change to quality of life.⁴

- **Staff Training**

Training for staff needs to be accompanied with joint working, supervision and longer-term support to ensure effectiveness. Person-centred training for staff (that includes a period of joint working and supervision) supports reduction in agitation of care home residents with dementia and a reduced use of antipsychotic medication.⁸ Staff education plus supervision may have a small to medium effect on reducing behaviour that challenges in the short term but comprehensive, supportive interventions on-site over the long term may be needed.⁷

Interventions at an organisational level promoting a 'least-restraint' policy, including education and training, are likely to lead to a reduction in the use of restraint but this has little or no effect on residents' quality of life. There is insufficient high quality evidence to determine whether education on restraint alone reduces the use of physical restraint.⁹

What the guidance says

The 2018 NICE guideline states that person-centred care underpins good practice in caring for people with dementia and staff should receive training on person-centred and outcome-focused care.¹⁰ Training should include face-to-face training and mentoring. The guideline states that assessments should be completed before instigating an intervention for agitation to attempt to find out the reasons for the distress and ensure the behaviour is not due to an environmental cause, or condition such as pain.¹⁰

Quality of evidence and conclusions

Many of the reviews found a mix of high-certainty and low-certainty evidence and the high-certainty evidence has been included in this briefing. There is insufficient evidence to determine whether living in a specialist dementia care home improves the quality of life for people with dementia with complexities compared to living in another care home. People with depression and dementia may benefit from mental health services visiting care homes to provide support. Working in a person centred way, getting to know the person, what may trigger certain behaviour and how to support them can reduce agitation associated with behaviour that challenges. Staff need support alongside education and training to support residents with dementia and additional complexities.

For more information about this briefing, contact

Kate Harris – Evidence Champion, Bristol City Council Kate.Harris@bristol.gov.uk

Lisa Dibsall – Researcher in Residence, University of Bristol Lisa.Dibsall@bristol.ac.uk

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