

A 15-minute visit to make a cuppa isn't enough for people with dementia

A global trawl through good practice and evidence has identified 10 key areas that services should tackle to help people with dementia to stay in their homes and to support carers.

Pressure on services is enormous to support the 800,000 older people in Britain living – mostly in their own homes – with dementia. We have talked to everyone concerned: carers, users, providers and purchasers. And there is one inescapable issue: how to offer proper help when the budget is so tight that commissioners might effectively be paying for 15-minute slots? That's just long enough to make a cup of tea.

Our job is to make tough decisions like this a bit easier. The SSCR has funded our team from the University of Nottingham to help services and commissioners to achieve the highest quality, most cost-effective way to support this group at home. By collecting and analysing good practice guidance and the published evidence, from the UK and around the world, we have come up with our 10 'Commandments' – the areas where services need to examine themselves and see how they can improve.

Handling these problems is not easy. Number 4, for example, calls for continuity of care. That can be difficult, because a worker is not family, on hand 24/7. In any case, 4 may be at odds with number 9 – flexibility and responsiveness in services. A small provider may be good at 4, with the same worker visiting each day, but then

not be able flexibly to respond when more days of care are needed, being already fully committed. However, a massive national provider which sends different workers every day, providing much less continuity, can react quickly and flexibly to an emergency with more care.

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Rob Jones

But this is not a checklist for self-damnation in the difficult world of social care priorities. It is to help everyone to get the best out of themselves and from services – and to recognise the trade-offs. Among the 10, for example, are reminders that support for staff and carers is important. Other priorities are good commissioning, integration and coordination of services, care planning, training and a strong organisational culture. We have developed a tool so someone using the list can also check what they say against what they actually do – they might believe they offer



continuity of care, but then question that verdict when they tot up the 20 people an elderly person may see each month.

We have had to work with quickly changing practice and service provision from day one of our research. Indeed, change has been an on-going part of the study. This has made it difficult to engage fully sometimes with services. Why should they work with us? To encourage services to cooperate, we held a consultation and training day for them.

Helping reflection on practice

We had asked them what they were concerned about, provided experts and other colleagues who seemed to chime with their interests, and tried to share our academic perspective with them. We particularly learned that there was a great desire for major dialogue between the home care services and those who are discharging patients with dementia from hospital. So, we are setting up a forum where we can all share practice.

Our work fits the requirements of regulatory agencies, such as the Care Quality Commission, which rely increasingly on services auditing themselves. But, with homecare services for people with dementia now mostly supplied by the independent/private sector, there will need to be some policy directive or incentive encouraging services to use tools like ours, to reflect carefully on the service they provide. It's not enough to provide the tool. Our real job is to help people to use this for the on-going self-assessment and development process.

The task does not end there. More and more people with dementia – or their carers – are receiving direct payments to organise personally the care to be provided. We feel a further goal should be to provide a user friendly version of our tool for them. Then, they can check for themselves what has to be considered in organising this care and how to manage the many trade-offs in the spending of our scarce resources.

Project: [Improving effective integrated home support for people with dementia](#)

Lead: [Associate Professor Robert Jones \(Rob.jones@nottingham.ac.uk\)](mailto:Rob.jones@nottingham.ac.uk)

Institution: [University of Nottingham](#)

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