Talk Reflection

App supporting Care Staff dealing with Challenging Behaviours
Dementia, Learning disability, Mental health...
Outline

1. The Talk Reflection App and my research findings
2. What CQC, Dementia Challenge 2020, NICE require
3. Overview of providers’ perspective
4. Why digital?
5. Next Steps
Talk Reflection App

Research studies demonstrate Talk Reflection enables care workers to:

- Reflect individually
- Reflect collaboratively in groups

better Quality of Care
greater emotional support
One of my residents came this morning for newspaper activity, but doesn't understand English. She speaks Spanish, and she has interest in it. So friends tell something about it.

"Haa! Commotion maybe you should start learning how to speak Spanish (joke). Report it to the manager…"

“We have Spanish volunteers that come to see Spanish residents. I will suggest they read and translate newspapers to that resident!”

“Sometimes it’s very frustrating when you really want to help and you can’t. At times I try to sign language….”

“Maybe we can get someone to bring in Spanish books or …a newspaper from time to time.”
My findings show Talk Reflection...

- Enables care workers learn to express themselves more clearly: presenting issues and commenting
- Supports care workers by giving & receiving emotional support in the group; or personal ‘venting’
- Helps care workers use informal communications to:
  - Learn how staff on other units in the (residential) home deliver care
  - Catch up on service users after days off or holidays
  - Enable managers/team leaders/supervisors to be better informed about ‘real time’ issues resulting in more constructive conversations/interventions to resolve problems
- Complements existing communications (hand-over meetings, care records or staff meetings)
  - More informal, ‘real time’, quicker, easier, better
- Threads generated by App available as evidence for use with managers, health professionals and relatives
Why Reflection?

“The most effective training involves a practical element AND includes time for staff to reflect.”

CQC report states:

• “providers do not routinely monitor whether training improves the quality of care…”

• “care plans were not up to date and did not provide enough information”, even when family had provided information to staff
On-the-job learning

• Dealing with challenging behaviours requires care workers to
  ❖ Think on their feet
  ❖ React to the unexpected
  ❖ Remember what works and what doesn’t
  ❖ Identify patterns in behaviours, look for causes and address them
  ❖ Share with colleagues

• Learning takes place when we think about what we’ve done and consider how well it worked

• We can learn from others’ experiences and mistakes

• “More heads are better than one” for finding new solutions, Care Home Team Leader 2015
Prime Minister’s Dementia Challenge 2020

Where staff are appropriately “trained, educated and supported” they

- Gain more from caring for people with dementia (challenging behaviours) leading to lower staff turnover, greater continuity and better quality of care

More able staff may experience less challenging behaviours as they can more readily detect and address:

- UTI’s, poor nutrition/hydration, lack of understanding of cognitive capacity, poor knowledge of individual’s history, boredom, poor general care, unmet emotional needs.
- Leading to prescribing less antipsychotic drugs, less physical restraint and less hospital admissions
Talk Reflection & Dementia Pathway

- Articulate
- Appropriate
- Informal & formal
- Use in supervisions

- Assistive technology
- Consistent & stable staffing
- Personalised care plan
- Communication skills

- Individual or group psycho education
- Peer-support groups
- Dementia-care problem solving

NICE pathways – Dementia Overview updated May 2016

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Providers

• Reputation
  - CQC Ratings
  - Management & Leadership
  - Quality of Care
  - Consistency of staffing

• Cost Management
  - Occupancy
  - Staff costs 2014-15 62% (NLW)
  - Staff turnover
  - Agency staff

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Knight Frank 2015
Staff turnover 2010-2012

Indicative rates of care staff turnover

Annual staff turnover rates
- Low: <=10%
- Medium: 11-30%
- High: >30%

Skills for Care Research
Source: NMDC-SC 2013
What staff value…

• Improving communications with managers
• Delivering high-level of autonomy over workloads: including opportunities to share ideas and good practice
• Improving how work is organised: avoiding last minute changes in shifts; not leaving staff alone at night
• Providing opportunities for training: over and above mandatory training, directly relevant to staff roles; career progression opportunities

Some training providers have reduced staff turnover by addressing the above

Pay?
Pay & conditions are not sited as significant

Skills for Care Research
Source: NMDC-SC 2013
Why it’s important for Social Care to go digital

• Only 2% of population transact digitally with NHS
  • 59% UK citizens have a SMART phone
  • 683,000 people living with dementia now, due to double by 2030

Using tech: an opportunity to improve standards and quality
How can technology help?

**MANAGERS VIEW**
- Improve efficiency
- Improve quality of care
- Enhance service user experience

**STAFF VIEW**
- Use to record/manage daily tasks
- Use with their service users

Capabilities of Social Care Workforce

Ability to use tech
- 90% of staff have confidence in their own abilities
Compared to
- 52% of managers with confidence in their staff’s abilities

Use of SMART phones
- 74% staff have a SMART phone
- Only 20% use it for work

Attitudes to Digital tech
- Staff are keen
- Only 60% managers encourage staff

Current learning opportunities identified for digital:
- Coaching/help from peers 78%
- Formal IT training 78%
- Self guided learning 69%
- Accredited qualifications 30%
- External guidance 47%

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From Skills for Care/Research 2014
Innovations in Care

Ideas!

New solutions!

Sharing experiences!

Emotional support, when the going gets tough!
What next?

Find three providers to run 3-month pilots

• Three care providers
  ❖ Residential, domiciliary or community care
  ❖ 3 months from Jan 2017
  ❖ Champions

• Demonstrate value:
  ❖ Improve training/ service delivery
  ❖ Reflections leading to new solutions
  ❖ (Reduce staff turnover)

• Update App & get user feedback

• Produce case studies/ Scale project
ANY QUESTIONS?
Lydia’s Research in 2 Dementia Homes
London Borough of Westminster, 2015

Step 1
Launch of project – both homes

Step 2
4 weeks at Carlton Dene: 
IPad & Control 
groups

Step 3
4 weeks at Westmead: 
IPad & Control groups

Step 4
Analysis, dissertation, 
feedback

Step 5
Next Steps: pilot 3-6 projects; 
develop App for SMART phones

Lydia built on work accomplished in the Mirror Project
Collaborating with Dr Michael Prilla, University of Clausthal, Germany

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