

Does a dementia workshop, delivered to residential care home staff, improve the wellbeing of residents with dementia?

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Registration date 21/06/2017	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 24/01/2023	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Currently it is thought that there will be 850,000 people with dementia in the UK, of these 320,000 live in care homes. The care sector has one of the highest turn overs of staff and which necessitates the recruitment of staff with little experience of working with residents with dementia, however, staff training rarely focuses on how to engage with, and enhance, the lives of residents with dementia. A brief dementia training workshop called PERSONABLE has been developed that helps staff to reflect on their caring role and to self-determine improvements they might make to better understand the people they care for and enable them as autonomous individuals living within a residential community. It is not known if it is possible to test the workshop formally in care homes so this study aims to see whether such a workshop is possible. The aim of this study is to understand whether a newly designed dementia workshop is practical and effective.

Who can participate?

Residential care house staff and residents who have dementia

What does the study involve?

Each care home is randomly allocated to one of two groups. Those in the first group receive the dementia workshop. This is a one hour workshop for staff that helps them explore concepts of personhood and citizenship in relation to dementia care. Those in the second group receive no additional training other than the training routinely provided within the care home. Participants are followed up ten weeks after randomisation in order to assess the care home resident's well-being and staff understanding of people with dementia.

What are the possible benefits and risks of participating?

There are no notable risks and benefits with participating.

Where is the study run from?

This study is being run by University of East Anglia (UK) and takes place in Norfolk and Suffolk (UK)

When is the study starting and how long is it expected to run for?
October 2015 to April 2018

Who is funding the study?
National Institute for Health Research (UK)

Who is the main contact?
Mr Jason Corner
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Contact information

Type(s)
Scientific

Contact name
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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
N/A

Study information

Scientific Title
Does a personhood and citizenship brief dementia workshop, delivered to residential care home staff, improve the wellbeing of residents with dementia? Testing the feasibility of a randomised controlled trial

Study objectives

The aim of this study is to test whether it is feasible to deliver and measure the effect of a reflective dementia workshop, delivered to residential staff, on the wellbeing of residents with dementia living in care homes in Norfolk and Suffolk, using a cluster RCT.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Granted by the Social Care Research Ethics Committee, 04/04/2017, ref: 17/IEC08/0008

Study design

Feasibility cluster randomised controlled trial

Primary study design

Interventional

Secondary study design

Cluster randomised trial

Study setting(s)

Care home, Workplace

Study type(s)

Quality of life

Participant information sheet

Not available in web format, please use the contact details below to request a participant information sheet

Health condition(s) or problem(s) studied

Dementia

Interventions

Each care home will be randomly allocated to their staff to one of two groups. Randomisation of care homes is done using block randomisation.

Group 1: Participants in this group receive the dementia workshop called PERSONABLE. It is intended as a reflective workshop to help participants to explore the concepts of personhood and citizenship in relation to dementia care. The PERSONABLE dementia workshop takes the form of a one hour workshop with groups of participating staff members and facilitated by a registered mental health nurse. The reflective workshop to help staff explore the concepts of personhood and citizenship in relation to dementia care. The workshop will consist of five elements:

1. From waking to work (15 minutes). The purpose of this exercise is to help staff explore the everyday choices they make between waking up and arriving at work, and how these might be replicated for the person with dementia living in residential care.
2. Understanding the person with dementia (15 minutes). An adapted version of the Kitwood personhood model, which in a structured way asks participants to consider what makes them a person.

3. Exercise two will then be repeated but this time the participants will be asked to think of a resident with dementia, and using the same adapted Kitwood model to consider the components that make them a person.
4. From the outside to the inside (15 minutes). A reflective exercise to help participants consider the community outside of the care home on their last day off, and how this might be replicated within the care home.
5. The pledge (10 minutes). Participants will be asked to consider all the concepts they have explored in the previous four exercises and to pledge to change one thing about their work within the next thirty days.

Group 2: Participants in this group receive training as usual will involve no additional training other than the training routinely provided within the care home.

For care homes allocated to the PERSONABLE dementia workshop, the workshop will be delivered within three weeks of randomisation and all outcomes are measured at ten weeks after randomisation.

Intervention Type

Other

Primary outcome measure

Care home resident well-being is measured as change in the mean Dementia Care Mapping Well /Ill being value (WIB), calculated as a mean score from up to six care home residents observed at baseline prior to randomisation and at ten weeks after randomisation

Secondary outcome measures

1. Care home staff understanding of personhood is measured as change in Personhood in Dementia Questionnaire Score of care home staff between baseline recorded prior to randomisation and follow-up ten weeks after randomisation.
2. Care home staff competence of dealing with residents with dementia is measured as change in visual analogue scale observed at baseline recorded prior to randomisation and follow-up ten weeks after randomisation.
3. Resident recruitment (feasibility outcome) calculated as the total number of residents who participate in the dementia care mapping at baseline
4. Care home staff recruitment (feasibility outcome) calculated as the total number of care home staff members who complete baseline measures
5. Resident attrition (feasibility outcome) calculated as the total number of residents who participate in the dementia care mapping at follow-up
6. Care home staff attrition (feasibility outcome) calculated as the total number of care home staff members who complete follow-up outcomes

Overall study start date

01/10/2015

Completion date

30/04/2018

Eligibility

Key inclusion criteria

Residential care homes:

1. Residential care homes in Norfolk and Suffolk
2. Have residents with dementia.

Resident inclusion criteria:

1. Have dementia
2. Demonstrate capacity to consent to participate in the study or have a consultee who can inform a decision to include them in the study

Staff inclusion criteria:

1. Employed at residential care home and work on a full or part time basis and are employed in any role
2. Have a minimum of weekly face-to-face contact

Participant type(s)

Mixed

Age group

Mixed

Sex

Both

Target number of participants

Residential care homes (n=6). Residential care staff (n=60% of total staff within each care home, in a care home with 40 staff this will be approximately 24 staff). Residents with dementia (n=6).

Total final enrolment

158

Key exclusion criteria

Residential care home exclusion criteria:

1. Do not provide residential care for people with dementia
2. Only provide palliative care

Resident exclusion criteria:

Receiving palliative care.

Staff exclusion criteria:

1. Agency or bank staff
2. Work in a senior management position

Date of first enrolment

03/05/2017

Date of final enrolment

24/11/2017

Locations**Countries of recruitment**

England

United Kingdom

Study participating centre
University of East Anglia
The School of Health Sciences
Edith Cavell Building
Norwich
United Kingdom
NR4 7TJ

Sponsor information

Organisation
University of East Anglia

Sponsor details
Research and Enterprise Services
University of East Anglia
Norwich Research Park
Norwich
England
United Kingdom
NR4 7TJ

Sponsor type
University/education

Website
<http://www.uea.ac.uk>

ROR
<https://ror.org/026k5mg93>

Funder(s)

Funder type
Government

Funder Name
National Institute for Health Research

Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Publication and dissemination plan

Publication of results within a Doctoral thesis and scientific journals. Presentations at conferences and directly within care home forums.

Intention to publish date

30/09/2021

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study is not expected to be made available due to the small number of homes involved in this feasibility study (n=6) we do not expect to make individual participant level data available due to the risk of identifying homes, staff members and residents. Those interested in access to participant level data should contact the chief investigator (Jason Corner) in the first instance and each request will be considered on a case by case basis.

IPD sharing plan summary

Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		09/01/2023	10/01/2023	Yes	No
HRA research summary			26/07/2023	No	No