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# Supporting dementia workers

A case study-based manager's guide to good practice in learning and development for social care workers supporting people with dementia

Spring 2012

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“we help create  
a trained and  
qualified workforce”

# Preface

**Welcome to *Supporting dementia workers*, a case study-based manager's guide to good practice in learning and development for social care workers supporting people with dementia.**

I am very pleased to introduce the latest of Skills for Care's products which focus on developing the skills of the social care workforce who support people with dementia.

This learning and development good practice guide has been commissioned by the Department of Health. It is aimed at leaders and managers working in services for people with dementia, particularly to help them implement the *Common Core Principles to Support People with Dementia* that we published jointly with Skills for Health in 2011. It supports leaders and managers in developing their workforces to enable them to provide the highest quality of care for people with dementia.

The good practice guide has been compiled by Skills for Care working closely with social care employers, key partners and training providers across England. The guide is developed for our sector, by our sector so we are confident that the information, advice and guidance contained within it will support the development of your team.

The guide considers how workforce planning and development can best improve outcomes for people with dementia. It supports managers to work in the most effective way with training providers to deliver the service and business outcomes you need. It also supports the implementation of Qualifications and Credit Framework qualifications in your organisation, as well as supporting the continuing professional development of new and existing staff.

Throughout the guide there are a number of case studies and examples, as well as links to further resources to support you and your organisation.

We very much hope the guide is effective in supporting you in your role. We welcome your feedback and comments on this guide so please feel free to get in touch with Skills for Care staff or contact us via email at [info@skillsforcare.org.uk](mailto:info@skillsforcare.org.uk).



Sharon Allen  
Chief Executive, Skills for Care

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- Sussex Dementia Workforce Development Group
- Cornwall Adult Social Care Learning Partnership
- Sussex Health Care

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# Workforce planning

## Improving service quality and outcomes for people with dementia

Workforce planning to support and drive the development of the social care workforce in any social care is critically important as there are clear links between a well-trained and developed workforce and improving service quality.

### **Quantum Care, a large social care employer in Hertfordshire share their experience, advice and top tips relating to workforce planning and improving service outcomes.**

Five top tips for managers from Quantum Care:

1. Ensure that your organisation's values are relevant and deliverable.
2. Ensure your organisation's business plan is robust, clear and communicated to all staff. It should give them a clear idea of what the values of the organisation are and where it intends to go.
3. Listen to your service users and staff. Provide them with opportunities to be innovative and give them a convenient and workable platform for communication and feedback.
4. Make training relevant to both the individual and the workplace.
5. Say thank you. Identify and thank those members of staff who are committed to excellence and best practice.

## Introduction

Workforce development impacts directly on quality and on the outcomes achieved for people living with dementia. However, that does not mean that sending your staff on a training course will automatically see an improvement in quality. Workforce development has to be intrinsic to an organisation for it to make a measurable difference. It must pervade every aspect of your day-to-day operation and must be present at every level.

The field of dementia is very dynamic. There are some exciting medical advances, an increased government focus, and a heightened public awareness of the disease. This means that any organisation within the sector needs to be both reactive and flexible in order to maximise business opportunities.



### Organisational qualities

In addition to the usual running of the business, the organisation needs to be dynamic, responsive, willing to change, clearly led from the top, a clear communicator, honest, and transparent. It also needs to be able to acknowledge and positively respond to barriers and challenges. By embracing these qualities, a culture of continuous aspiration is created within the organisation.

### Strategy

The organisation needs to have clearly identified values, a robust and workable business plan and a workforce development strategy.

### Values

These need to be relevant, deliverable, and accessible for all staff within the organisation.

Quantum Care has six values, namely:

1. Our residents are at the heart of all we do.
2. We will work continuously to provide the highest quality care.
3. Each and every employee is important.
4. We are a not-for-profit company.
5. We welcome and encourage innovation.
6. We are committed to equality and non-discrimination.

The values need to clearly link into the organisation's business plan for them to be realised.

### Business plan

The business plan is the key to identifying how an organisation can turn its vision and values into reality. It should be robust and clear and needs to be communicated to all staff to give clarity and direction.

One of Quantum Care's key strategic aims is "to continually improve the consistency and quality of our care services". This clearly sets out the organisation's commitment to investment in quality training and ongoing learning, alongside working hard to listen to and learn from the experience of people using the service and their families.

Another strategic aim is "to drive innovation in care services". Services are continually evaluated and developed to best meet the changing needs of the people in our care. This aim also drives Quantum Care to nurture a culture which encourages and supports service innovation, embraces technological developments and works alongside its local communities.

### Workforce development

Workforce development is what underpins the corporate values and business plan. At Quantum Care, there is a workforce development plan in place for each value and strategic aim. For example, Quantum Care has a workforce development plan which supports its overall dementia strategy. Within the plan, the organisation has developed its own dementia standards which outline, among other areas, the type of dementia training for each staff grade. This is then supported by a key performance indicator which sets down the percentage of staff at each level who are expected to attain the qualification. For example, 100% of all Quantum Care staff are to achieve Introduction to Dementia Care training on commencement of employment.

### **Auditing**

Auditing is the systematic review of performance based on data gathered from monitoring and from independent audits. It is the key to determining the effectiveness of the organisation. Quantum Care has clearly defined systems and processes in place to measure progress against standards, expectations and experience. These systems and processes are also key to evaluating innovations for potential adoption and implementation across the whole organisation.

### **Good practice: Making training matter**

Quantum Care has the advantage of being able to offer internally, through its own training department, the BTEC Award in Dementia Awareness, the BTEC Certificate in Dementia Care and the Level 3 Leadership in Dementia. The organisation's trainers have also achieved the Alzheimer's Society Gold Standard Accreditation.

As an open-minded, responsive and flexible organisation, Quantum Care actively promotes innovation and creativity through its training. Staff are encouraged to develop new ideas that will improve people's quality of experience and invited to pilot them in the workplace.

An example of this is the Best Friends Café, which was an idea developed by a care worker on the BTEC Dementia Awareness course. These dedicated in-home areas are styled, furnished and equipped to provide residents with a cafe environment in which to sit and chat with friends and family over tea, coffee and cakes. For residents living with dementia, these Best Friend Cafés complement existing care initiatives by helping to bring more of the outside world into their daily lives. The areas are also used 'out of hours' by visitors and residents as a space where they can make their own refreshments.

Following on from this initiative, 'Bistro Nights'

have also been developed by another care worker on the dementia course. On 'Bistro Nights' the cafés are converted into restaurants with menus, full table settings and waiters and waitresses to give an individualised table service. Both the Best Friends Café and Bistro concepts have now been adopted throughout the organisation and are just two of many examples that have been initiated and developed through the workforce development strategy.

### **Auditing quality outcomes for people with dementia**

Measuring quality outcomes for people living with dementia can pose some challenges. Staying with the theme of food, nutrition is vital to a person's wellbeing and the mealtime experience can greatly impact upon an individual's nutritional intake. Developing a tool to measure the 'mealtime experience' was another initiative from a member of staff, this time from the Leadership in Dementia course. This member of staff developed an observational tool which encompassed environment, staff conduct, atmosphere, involvement, choice and level of support given. The tool was so successful that it is now used by the whole organisation and has recently been expanded to include other nutritional aspects. It is also used by the Quality Team as part of the annual audit of the home.

### **Recognition**

One of Quantum Care's five top tips listed above relates to the recognition of staff who are committed to excellence and best practice. By doing this, staff feel valued and are more likely to make a positive contribution to the development of the organisation. Quantum Care recognises this through its annual Care Awards event – similar to the Oscars – with nominations received for different categories, including Dementia Care Team of the year, and an Innovation award. It also holds a twice-yearly training awards event for all achievers, and produces a company magazine called Focus,

which publicly congratulates staff on their successes.

This approach has been adopted by many other contributors to this guide too, including the Sussex Dementia Workforce Development Consortium who advise putting your service forward for a national award. These activities have a very positive impact on staff self-esteem.

### **Summary**

In summary, workforce development is key to improving the quality of outcomes experienced by people living with dementia. To reiterate, it is the 'golden thread' that runs through every aspect of an organisation, regardless of its size.

Quantum Care has clear values which are communicated to all in conjunction with a robust business plan.

It encourages everyone within the organisation to share ideas and initiatives and welcomes innovation and creativity. By having the right qualities, strategy and auditing processes in place, the organisation has seen small ideas grow and develop into dynamic ways of working that have demonstrable effects on individual outcomes .



# Developing and supporting new staff who will be working with people with dementia

## Links to Common Induction Standards and Management Induction Standards

To support new staff entering the sector, including those working with dementia Skills for Care has developed the Common Induction Standards (CIS) and the Management Induction Standards (MIS), both now in ‘refreshed’ editions. To support further development of the dementia workforce, Skills for Care has also developed dementia units and qualifications.

### Common Induction Standards (CIS)

The CIS are a key resource for employers to use to support and induct staff entering the social care sector. The standards are for people entering social care and those changing roles or employers within social care.

The effective implementation of the CIS is seen as a significant step towards the delivery of high quality care and support. *CQC’s Essential Standards of Quality and Safety* ([www.cqc.org.uk/standards](http://www.cqc.org.uk/standards)) highlight the importance and value of strong and comprehensive induction, and the following rules have been agreed with Skills for Care:

- Workers in social care should complete the Common Induction Standards within 12 weeks of starting their job.
- Induction training needs to happen in ways and places that are relevant to the job—so although induction is knowledge-based, it is not something that can be all done in theory in a classroom, for example.
- Induction is not only a learning process, but an assessment one too. So the manager has to assess the areas of work in which that worker is competent, and record that assessment, before induction can be said to be complete.

- Care workers should not be left to work alone until the Common Induction Standards are completed or until competence has been assessed and a manager ‘signs off’ that a practitioner is ‘safe to leave’ to work alone.
- Some parts of induction can be carried over by a worker as they move from an old care job to a new one. But the manager at the new workplace must be satisfied that the worker is safe to work unsupervised. This should be based on recorded evidence such as references, certificates and skills audits, and on observing the work being done. In addition, it is strongly advised that some induction in the new workplace is still necessary, to ensure workers are properly introduced to the new work environment and to the requirements of the people using that particular service.

The CIS also refer directly to new staff being able to recognise the signs of dementia. The growing prevalence of dementia across all types of social care and the fact that it is not only people in older age that develop dementia-like symptoms needs to be addressed across the whole sector. Evidence shows that early diagnosis and subsequent response is really important in dementia and therefore it is vital that all who work in social care should be able to recognise early signs and symptoms and know how to respond.

## Skills for Care Common Induction Standards books

In addition to the free web edition of the CIS, Skills for Care has published two workbooks to help workers being inducted, and their managers:

### 1. Starting Out Workbook for learners

- Assists learners in completion
- Sample questions and guidance
- Enables recording and gathering of learning
- Range of templates to assist learning (these are also free on the web)
- Opportunity to store learning records
- Demonstrates links to other Skills for Care products.

### 2. Supporting Starters Guide for managers signing off Common Induction Standards

- Guidance on how to assess
- Sample questions and tasks to adopt with new staff
- Suggested answers to guide assessment of appropriate evidence
- Mapping to Health and Social Care diplomas
- Guidance on how to incorporate in induction process
- Demonstrates links to other Skills for Care products.
- References and links to other Skills for Care products.

These priced workbooks can be ordered through the publications section of [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk) (which will link you to our retailer) or on 0870 770 2469.

## Management Induction Standards (MIS)

The Skills for Care adult social care Manager Induction Standards (MIS) were initially launched in 2008 and were refreshed in 2012.

### Who are standards for?

The MIS set out clearly what a new manager needs to know and understand.

They are aimed at those new to management as well as those new in post who have previously managed other care services. They are also intended for aspiring or potential managers to help support their development, although evidence of having met some of the standards will require actual management experience.

The standards can be used in a wide range of settings, including people who manage their own services and micro-employers, as well as small, medium and large organisations across the public, private and voluntary sectors.

Although the MIS are not mandatory in the same way as the Common Induction Standards, they are a measure of good practice and Skills for Care highly recommends that new managers should normally have demonstrated all the knowledge requirements of the recommended core standards within six months of taking up a management role.

MIS standard 4.1.4 requires understanding of how compliance with policy helps to implement person-centred and outcomes-based practice. 'Policy' would widely be expected to include the *Common Core Principles for Supporting People with Dementia (SfC/SfH 2011)*.

## Core and optional standards

During the MIS 'refresh' process it became apparent that the range of manager roles in social care is very diverse, with managers performing a great variety of functions.

As a result the MIS have been developed to include some core and recommended standards which Skills for Care sees as valid for all those operating in a manager role. In addition, the MIS include a small bank of optional standards which can be adopted by managers who have those particular aspects to their role or who have a particular interest in them.

The refreshed MIS are highlighted in the resources section of this guide.

## Skills for Care Management Induction Standards book

In addition to the free web edition of the MIS, *Becoming the new manager* is the workbook for those undertaking the MIS, and for those supervising them. This gives additional guidance for each knowledge requirement in the standards. Set out as a workbook with help for an induction learning plan, it also shows how to organise a new manager's induction, recognising that at this level the inductee will have some responsibility for planning their own induction, and gives extensive references to sources of information and a glossary of social care and workforce development terms. Purchasing information is as for the CIS books, noted above.

## The Qualifications and Credit Framework – dementia units and qualifications)

The principal qualifications of competence for those working in social care are the level 2 and level 3 Health and Social Care (HSC) diplomas. The diplomas are made up of nine mandatory units and a bank of optional units from which learners can choose to relate to their job role or interests.

Within the diplomas it is possible to take a specialist dementia pathway which will allow learners to further tailor their learning where they are asked to demonstrate both knowledge and competence of working with individuals with dementia.

There are also four specific dementia QCF qualifications available for learners:

### ■ Level 2 Award in Awareness of Dementia

A knowledge-only qualification consisting of four level 2 units on awareness, person-centred support, communication and equality and diversity.

### ■ Level 2 Certificate in Dementia Care

A competence qualification requiring learners to build on the learning from the award to demonstrate their skills in working with individuals with dementia (though learners do not necessarily have to take the level 2 award before embarking upon the certificate).

### ■ Level 3 Award in Awareness of Dementia

A higher level knowledge-only qualification covering the experience of dementia, administration of medication, communication and the importance of equality and inclusion .

### ■ Level 3 Certificate in Dementia Care

A higher level competence qualification for learners who have a more advanced specialist role in working with individuals with dementia.

The certificates provide the opportunity for contextualised continuing professional development (CPD) for workers with experience in social care to develop knowledge and skills around supporting individuals with dementia so that they can provide high quality person centred support. It is not intended that the certificates confirm competence in the social care role as this can only be truly achieved through the Health and Social Care diplomas.

The smaller awards offer the opportunity of accredited learning in small chunks and as they are 'knowledge only' they can be taken by learners working in other areas of social care who may be interested in moving into dementia care work. They could also be used by workers who have already achieved a competence qualification (either an NVQ or a HSC diploma) but want to demonstrate their understanding of dementia care.

### Apprenticeships

An apprenticeship is a combination of on and off the job training and learning. Apprenticeships are not just for young people but for all ages. They are an excellent way of supporting new people into the sector who will be working with people with dementia.

As employees, apprentices work alongside experienced staff to gain job-specific skills. Skills for Care has designed the framework for those working in social care and the Skills Funding Agency supports the training with funding when certain criteria are met. Apprenticeships have the scope for any specialist employer requirements to be met, including supporting people with dementia.

The programme enables apprentices to gain relevant care skills that can include anything from supporting people to get dressed to transporting them to and from a care setting. Apprentices might work directly with people who use services as a care worker, or team leader. Alternatively they may work in a non-direct social care role in catering or administration.

At the end of the apprenticeship, the employee will have gained both experience and related and recognised qualifications, including a Diploma in Health and Social Care (where the specific dementia pathway highlighted above can be taken).



# Developing and supporting existing staff who will be working with people with dementia

This chapter focuses on the importance of developing and supporting existing staff. A group of care providers in Yorkshire and the Humber and the North East share their thoughts.

Five top tips for managers:

1. Lead by example.
2. Invest time in your staff.
3. Listen and be available.
4. Do something new every month.
5. Inspire each other.

## Introduction

Within health and social care there are a number of factors we know to be true:

- Developing and supporting existing staff is crucial to providing good quality care to people who use services and their families.
- People with dementia are far more likely to receive a better standard of care from staff who know them well and from staff who have the opportunities to develop positive relationships.
- There is a relationship between the retention of staff and opportunities for learning and development and achieving qualifications as illustrated in *The adult social care workforce recruitment and retention strategy* (SfC 2011a).

However, we also know that existing staff are not always able support people with dementia in a person-centred way, so this section highlights some of the learning and development and support issues that affect staff supporting people with dementia.

## Assumptions that may be made by managers regarding existing staff

- That staff who may have worked in an organisation for some time have completed the Common Induction Standards and therefore are aware of the possible signs of dementia.
- That existing staff have undergone some 'dementia awareness' training
- That experienced staff 'just know' how to support a person with dementia.

- That if managers have provided their staff with opportunities for learning more about supporting people with dementia that is the end of their responsibility.

It is therefore important that managers ask the following questions about their staff team:

1. What training have your staff undertaken?
2. When was it delivered?
3. What was the content?
4. Were the people who delivered the training competent to do so?

Managers can support their staff by making them aware of the *Common Core Principles for Supporting People with Dementia* (SfC/SfH 2011).

### What do existing staff need from managers?

- Leadership.
- Up-to-date practice and knowledge.
- To feel valued.
- Regular opportunities for supervision.
- A culture that is risk enabled rather than risk averse.
- A culture to feel empowered to deliver person centred care where staff are encouraged to be creative in the support and activities they offer to people who use services.

Managers should also consider opportunities to complete appropriate qualifications such as the Qualifications and Credit Framework dementia pathway at levels 2 or 3 and/or specialist dementia qualifications, e.g. awards and certificates.

## Recommendations

### Share the learning experience

If learning and development has been positive, staff will return to the workplace determined to implement some of the aspects learned. However, if not all staff have undergone the same learning experience then change is unlikely to happen. Managers also need to be aware of training content to enable staff to make changes. For this reason staff should share learning and ensure the transfer of this to the workplace. If training can not take place for the entire staff at one time, use a team meeting to discuss the learning experienced and how change can be implemented. To support the implementation of change, discuss and agree collectively aspects of the service that needs to change and how the changes will be implemented.

Sussex Dementia Workforce Development Group (Sussex DWDG) highlights the importance of individual learning styles, and ensuring that staff are involved in discussions about their own learning needs—this supports staff to feel empowered.

Sussex DWDG also suggests staff support one another's development by the proactive use of a question and answer approach on the care plans of people with dementia. For example, if one staff member is unsure about an aspect of care, to raise a question on the care plan and another staff member can offer a suggested approach. This also encourages a more person-centred approach to care.

Continuing on this theme, it is also important to engage people who use services and their carers with learning and development opportunities—this is also the approach suggested by Sussex DWDG. This supports the development of knowledge, and relationships are enhanced.

Most importantly, social care employers in Yorkshire and the Humber have found that if the steps above are implemented staff teams become more creative and are more likely to implement positive change, a view also supported by Sussex DWDG. An example of this is developing Dementia Care Mappings in Hull.

Dementia Care Mapping is a person-centred tool which aims to improve the quality of life for people with dementia. The process includes observations of people's mood, engagement and behaviours. The information gathered in a Dementia Care Map can inform a one page profile of an individual, and this can have a significant impact on the quality of life for an individual, and improve their longer term outcomes. Crucially, Dementia Care Mapping shows social care teams what really matters to the person with dementia and how best to support them.

In Hull, the city council in collaboration with 14 organisations including the NHS, voluntary and private sectors, carers, Humberside Fire and Rescue Service, Humberside Police and the Yorkshire Ambulance Service have developed a 'Dementia Academy'. This is a single point of access for people living and working with people with dementia to receive information, advice and guidance about learning and development.

It was developed because it was identified that learning and development available was patchy and disjointed. People who use services, and carers, had consistently requested that professionals from all disciplines should be able to help them and that they should have the appropriate skills and knowledge to do so. A key component of the Hull Dementia Academy is supporting social care staff to use of Dementia Care Mapping skills.

### **Learning is an on-going process**

Sometimes there can be a belief that once a member of staff has completed their Common Induction Standards, have achieved a level 2 or 3 diploma, or undertaken regular mandatory update training, that their training and learning requirements have been achieved. But this will generally not be so.

Rotherham Metropolitan Borough Council has developed a clear pathway known as the 'Bronze to Platinum Training Programme' for staff to follow; this offers choice but also accommodates different learning styles and abilities.

#### **Bronze level**

Core basic awareness for all staff to include Common Induction Standards, e-learning, workbooks and DVDs.

#### **Silver level**

More specialist training linked directly to QCF dementia units focusing on staff providing direct care to people with dementia. The content includes Bradford University School of Health Studies three-day Cornerstones of Person-Centred Dementia Care, QCF Specialist Dementia Pathway Units at level 2 and/or level 2 Certificate in Dementia Care, Distance Learning and Person-Centred Thinking.

#### **Gold level**

Specialist training for dementia workers with the emphasis on leadership, CPD and innovation in service delivery. The content includes Bradford University School of Health Studies Dementia Care Mapping, QCF Specialist Dementia Pathway Units at level 3 and/or level 3 Certificate in Dementia Care, Risk Management and Support Planning.

**Platinum level**

Advanced training for Rotherham dementia care mappers and champions who will lead improvements in dementia care across Rotherham.

It is also important to recognise that learning can take place in many different settings, rather than only in a classroom situation. Examples of activities and opportunities that can support learning are:

- Conversations with people who use services and carers.
- Staff meetings.
- Supervision.
- e-learning.

- Coaching and mentoring.
- Discussions with other professionals involved in an individuals care.
- Further reading.
- Life story work produced by relatives of people with dementia (see House of Memories case study in chapter 8).

Information on the benefits of implementing continuing professional development in the adult social care workforce can be found in *Keeping Up the Good Work* (SfC 2010a).

PSS, a health and social care provider in the North West, has adopted a similar approach, called ‘Supporting the Dementia Journey’. They outline several different types of learning and development in the table below and summarise advantages and disadvantages.

Type of training	Advantages	Disadvantages
<p><b>Online dementia training</b></p> <ul style="list-style-type: none"> <li>■ Usually consists of multi-choice questions, video clips and questions</li> </ul>	<ul style="list-style-type: none"> <li>■ It is quick to complete</li> <li>■ Can be done in the workplace</li> <li>■ Does not need a trainer present</li> <li>■ Covers a lot of factual information</li> <li>■ Certificates can be printed off</li> </ul>	<ul style="list-style-type: none"> <li>■ Not everyone is computer literate</li> <li>■ Not everyone has access to a computer</li> <li>■ Does not necessarily reflect staff behaviour in the workplace</li> <li>■ Answers can be changed to give a higher score</li> </ul>
<p><b>Distance learning</b></p> <ul style="list-style-type: none"> <li>■ Usually in a workbook format</li> <li>■ Uses case studies, questions etc</li> <li>■ Sometimes delivered to small groups with facilitator present</li> <li>■ Sometimes completed alone</li> </ul>	<ul style="list-style-type: none"> <li>■ Can be completed in a short session in or away from the workplace</li> <li>■ Usually some sort of moderation takes place before certificates are issued</li> </ul>	<ul style="list-style-type: none"> <li>■ Relies on written answers, (verbal responses can be recorded or transcribed)</li> <li>■ Literacy issues can be problematic, e.g. dyslexia or English not the first language</li> <li>■ Sometimes group answers are given therefore it does not reflect the individual’s opinions, knowledge or values</li> </ul>
<p><b>Short training courses</b></p> <ul style="list-style-type: none"> <li>■ Usually half or full day</li> </ul>	<ul style="list-style-type: none"> <li>■ Gives a general overview of dementia</li> <li>■ Useful for those who want to know more but do not directly support someone with dementia</li> <li>■ Used as an introduction to the condition</li> </ul>	<ul style="list-style-type: none"> <li>■ Sometimes they do not go into enough detail for care staff working primarily to support people with dementia</li> </ul>



### Summary

This section concludes that the development and support for existing staff is an ongoing process. If services to people with dementia are to improve then services and managers can never 'sit on their laurels'.

And managers should always be looking to increase their teams knowledge and develop the options for supporting individuals in ways that enable them to stay healthy and to promote their sense of well being for as long as possible.

### Top Tips from Rotherham's programme

- Establish the most representative reference group possible to ensure all views are considered and all sectors represented.
- It is essential someone is allocated the role of facilitator to bring the group together (in Rotherham's case the Learning and Development Officer) to ensure the right learning and development activity is commissioned.
- There also needs to be sufficient support from strategic managers to ensure resources are allocated as appropriate and no one is excluded.
- Finally, developing positive working relationships with training providers can add real value in terms of them also offering continued support and advice to improve the care we provide and enhance the lives of people with dementia.



# Developing and supporting highly experienced & specialist staff and leaders & managers who will be working with people with dementia

In this chapter Jewish Care gives their experiences of developing leadership, followed by advice from Care Base.

Five top tips for managers from Jewish Care. A leader should:

1. Live person centred and relationship focused approaches.
2. Give of yourself when working with people with dementia.
3. Think outside the box, be creative and flexible.
4. Use several methods and styles for training and educating.
5. Create and support opportunities for staff to engage in reflective practice.

Jewish Care's experience and challenges in developing strong leadership in services for people living with dementia are outlined below. The suggestions put forward have been tested by the leaders in their services, including residential and nursing homes, home care, day centres and community support.

## **Developing an organisational strategy for leadership in dementia care**

Jewish Care found that, in spite of offering training courses on dementia, staff members were often not putting learning into practice. In order to address this a dementia development team was established in 2002 consisting of two full-time and one part-time post with the aim of helping the care culture move from task-focused to person-centred approaches. Managers are placed alongside frontline staff

in education programmes within their places of work (residential homes, day centres or community teams). The advantage of this has been that front line staff and leaders have been able to share experiences together and reflect on real life situations from their workplaces. There is also an ongoing central programme to complement this.

In the past Jewish Care did not have a reliable method of monitoring dementia care practice and was unable to provide evidence of the

effectiveness of training for ensuring people with dementia receive good person-centred care. For this reason, since 2004 all managers of resources for people living with dementia undergo training to become qualified in Dementia Care Mapping (DCM). Managers report that DCM helps them keep in touch with the people who use their services and with the support that staff members need. More information on DCM can be found in chapters 3 and 5 of this guide.

To ensure that the development of leaders is closely linked to everyday situations, Jewish Care has integrated their dementia development team into the management structures of the organisation. The manager of the team operates at service manager level and takes part in most senior manager forums and policy making groups. It is very important that there are opportunities to discuss everyday practice issues for working with people with dementia when managers get together for meetings and forums. Having representation from the Dementia Development Team at these meetings has ensured that they have time to reflect on their practice and get input and guidance on an ongoing basis. It also ensures that the Dementia Development Team is informed of managers' and leaders' agendas and priorities and this enables bespoke staff development programmes.

### **Strategy for generic leadership**

All managers are encouraged to consider themselves as leaders regardless of their level in the organisation. Senior managers and directors have a set of competences and organisational values which form part of the performance review process and are offered learning and development from a variety of recognised outside providers as well as an internal coaching and mentoring scheme.

The internal leadership programme consists of a four-and-a-half days' training. The scheme consists of sessions on personal leadership,

people leadership and organisational leadership, with senior managers put into cross-department action learning sets and encouraged to maintain these once the programme is finished. This has received very positive feedback.

The two-day 'Front Line Leaders' interactive programme is aimed at anyone who has management responsibilities and is designed to help team leaders and managers perform one-to-one supervisions and performance reviews and have courageous conversations with their colleagues.

All members of the organisation are invited to apply for coaching with an internal coach to address any organisational development need. Similarly, any colleague can apply for a place on the 'Rising Stars' development programme for individuals with leadership potential.

### **Support and networking structures for managers and leaders**

Good leaders need to have access to peer support. To enable this, Jewish Care's registered managers of care and nursing homes set aside a day every month to come together. These meetings give leaders a chance to network and exchange ideas and to reflect on care practice within their resources. The managers of day centres for people living with dementia set time aside every month to have one-to-one meetings with social workers specialising in dementia and they use this time for reflective practice.

### **Specialist dementia leaders and mentoring roles**

Jewish Care has developed two posts for senior staff to work in mentoring roles within care homes. One of these is a permanent position within a particular home and the second post works on a rotation basis spending up to six months in a home to help develop dementia care practice.

These mentors work closely with leaders in the homes (team leaders, nurses, care managers and registered managers) to review dementia care practice and to set person-centred and relationship-focused approaches in place. They work with leaders is to help them develop skills to lead staff teams in reflective practice discussions.

### Developing and supporting champions

Dementia Care Champions in Jewish Care are supported by the care manager in each home. The champions usually work at team leader level and they attend bi-monthly workshops. The care managers get input from the dementia development team to help them support the champions translate their learning into practice. Champions use Dawn Brooker's 'VIPS' framework, as outlined in her book *Person Centred Dementia Care* (Brooker 2006). The VIPS definition of person-centred care encompasses four major elements:

- V** A value base that asserts the absolute value of all human lives regardless of age or cognitive ability
- I** An individualised approach, recognising uniqueness
- P** Understanding the world from the perspective of the person using the service
- S** Providing a social environment that supports psychological needs.

### Developing partnerships with arts organisations

Excellent leaders thrive on inspiration. It is important to state the significance of Jewish Care's long standing relationship with *Music for Life* as one of its change agents. *Music for Life* is a project pioneering and developing interactive music workshops for people living with dementia. The project creates a space in which moments happen, where people with dementia, carers and musicians can connect,

communicate and express themselves with respect and dignity as equal members in a musical circle. Participation in *Music for Life* projects has given leaders in Jewish Care motivation and drive. They find renewed commitment and inspiration through them.

For another example of a culture-based approach to dementia, please see the House of Memories case study in section 8

### Leadership for a culture of dementia care

Another care provider, Carebase, believes that leadership may be considered an organisational role which involves:

- establishing clear vision
- sharing that vision with others
- providing the information, knowledge and methods to realise that vision
- coordinating and balancing the interests of all stakeholders to deliver the vision

This is especially true in dementia care settings where the leaders may be managers, highly experienced staff and specialists including nurses and other care professionals. Carebase believes that the Level 5 Diploma in Leadership for Health and Social Care Services lends itself to embracing the existing knowledge and skills of leaders and enhancing their skills and knowledge, while developing sustainable systems and processes for best practice in dementia care.

### Five top tips for managers from Carebase:

1. Identify your leaders effectively.
2. Build your culture for dementia care into your induction at all levels using the QCF level 5 competences.
3. Reinforce practice through organisational systems and processes.
4. Recognise the specialist nature of dementia care and nurture your teams?
5. Build leadership CPD into your culture of dementia care, evidencing this as outcomes for inspection.

#### Identify your leaders effectively

Creating a sustainable person-centred dementia care environment takes vision, which sometimes can require a change of culture. Exploring organisational values with leaders and managers in the organisation enables a vision for dementia care to be created. Taking time out to meet individually with the managers and specialists who are the leaders gives them the opportunity to explore and share their own personal values. Most importantly, if the leader cannot visualise how the vision will look and feel then it will not become a reality.

#### Build your culture for dementia care into your induction at all levels using the QCF level 5 competences

The new level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Services provides opportunities for progression from senior practitioner roles to management roles without duplication. Learners can choose one of six pathways allowing them to tailor the qualification to their job role. Units for those specialising in dementia are being developed.

Each organisation has its own unique vision for dementia care. Carebase's vision for dementia care focuses on Kitwood's (1997) principles of

personhood and wellbeing while embedding both inclusion and personalisation. The application of an organisation's vision will vary according to the setting—supporting a person with dementia in their own home is different from care homes or hospitals. However, the fundamental principles of dignity, compassion, knowledge and skills embedded into induction for all staff at all levels helps to achieve this.

The QCF level 5 units support leaders to explore existing practice, build on best practice and embed a comprehensive programme that supports the development and implantation of vision and values for people in dementia care settings.

#### Reinforce practice through organisational systems and processes

Recruitment and selection through to induction and probation is the time to ensure you are employing people who share the organisation's vision and values. Take time to revisit organisational practice for the dementia service including recruitment and selection criteria and practice, organisational policies and procedures. Methods of managing performance through workforce development, supervision and appraisal are essential and will almost certainly need changing to ensure all staff engage in improving service quality.

Skills for Care has published *Finders, Keepers* (SfC 2010b), a recruitment and retention.

#### Recognise the specialist nature of dementia care and nurture your teams

Managers and specialists working in dementia settings have often undertaken significant training surrounding the nature of the disease process and models of care and support. Those dementia care settings exhibiting high quality care have invested widely in knowledge and skills training for the workforce and create a culture of ongoing learning and skills development.

A leader in a dementia care setting needs to understand the challenges for staff teams in supporting person-focused dementia care by ensuring time is given for both effective supervision and team meetings.

### **Build leadership CPD into your culture of dementia care, evidencing this as outcomes for inspection**

Using a system of organisational self assessment like the Care Quality Commission (CQC) Provider Compliance Assessment tool helps to guide and inform leaders and is an excellent source of evidence for the level 5 QCF qualification. Building this into the culture of dementia care meetings with professionals to discuss issues surrounding behaviours, sexuality and end of life care will provide a focus and support ongoing learning and development, evidence, actions and outcomes—and then provide evidence to the CQC of ongoing organisational development and best practice.

### **Summary**

The case studies above from Jewish Care and Carebase highlight the importance of the role of leaders in dementia care settings, and some of the things that can be done to recruit, develop and retain leadership capacity within an organisation. In addition the case studies highlight a number of things that leaders and managers need to do in order to ensure the delivery of person-centred care. As well as QCF level 5 qualifications, it is also important to note that some higher education institutions have developed Foundation Degrees to support leaders and managers in dementia settings.

# Supporting the transfer of learning and good practice into the workplace using dementia care mapping

Five top tips for managers from Cornwall Adult Social Care Learning Partnership:

1. Role model good practice.
2. Support the transfer of learning into practice, through supervision, coaching, and mentoring.
3. Be prepared to do things differently.
4. Build the right skill mix in staff teams.
5. Spend time and talk to people who use services.

## Introduction

This chapter illustrates dementia care mapping as an effective method of addressing ongoing workforce development within residential or nursing homes that has also been used effectively in hospital settings. It has been developed by the Learning Training and Development Unit (LTDU) of Cornwall's Adult Care and Support Directorate and embraces a whole system approach to identifying and supporting the learning needs of staff and volunteers working with people who have dementia.

Although there are various tools to assess the quality of care and support received by people with dementia, few focus on observing life through the eyes of that person. Dementia care mapping evaluates the lived experiences of people with dementia and dementia care mappers use this tool to measure the effectiveness of the transfer of learning into

practice and also to support managers to lead a positive culture within their organisations.

## The process

Two qualified dementia care mappers from the LTDU conduct an initial review of an organisation which acts as a baseline and represents an objective overview of the lived experience of people with dementia in that setting. In addition to this, the review also establishes the culture of the organisation and identifies immediate learning needs, particularly with regard to person-centred support.

Once the review has been completed the results are compiled in a confidential report and fed back to all staff. Leaders and managers can be involved in the delivery of feedback to ensure it is taken positively and focused on the improvement of the service. In addition, leaders and managers can also be involved in identifying any additional workforce development needs of staff teams.

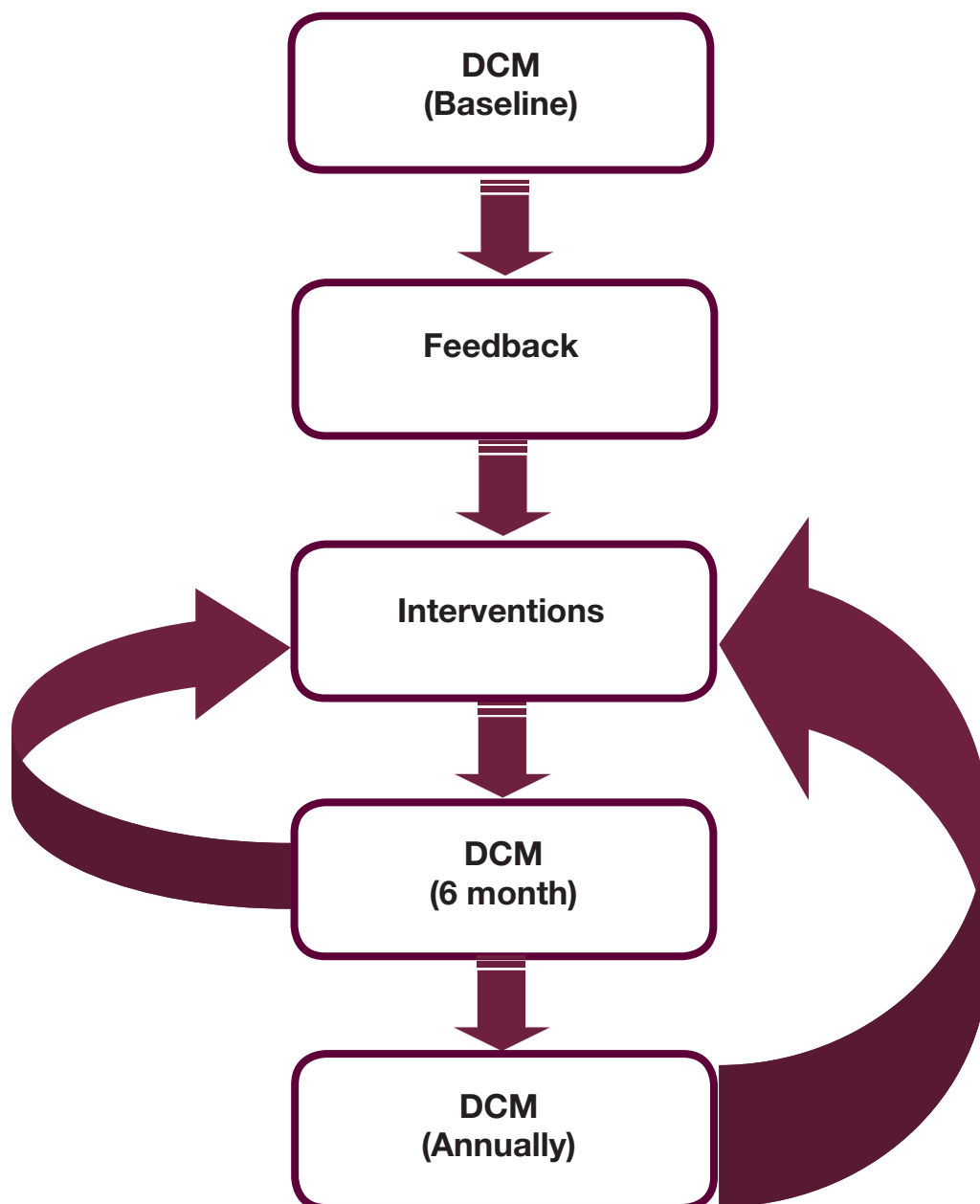
This approach is also supported by the Sussex Dementia Workforce Development Consortium. Leaders and managers may also have learning and development needs of their own so may need additional support. To support the transfer of learning to the workplace, during learning activity staff can be supported to think through the challenges identified by the review and to consider potential solutions.

To date, the evidence from comparing the baseline mapping review and the six month review indicates that there is an improvement in the quality of the service provided to people with dementia. In some cases the impact has been dramatic highlighting the impact of the process across a range of organisations.

Six months later a further mapping review is carried out so the process is cyclical, as demonstrated in Fig. 1 below:

Skills for Care has published *Using the 'Principles of Workforce Redesign'* (SfC 2011b) as a practical guide to reshaping services.

**Fig.1**





## Benoni Nursing Home

In Cornwall, Benoni Nursing Home recently underwent the Dementia Care Mapping process. The baseline review highlighted various areas for improvement which were worked on collaboratively by the staff team and the managers. The staff group explored a number of ideas on how to improve the experiences of the residents. Specific development sessions were delivered around communication, English for speakers of other languages and some coaching. Staff were also signposted to relevant funded formal learning opportunities. The service showed improvement following the mapping process, this was down to the positive work of the staff team, and the leadership of the manager. The mapping process also shows the transfer and implementation of learning and development into the workplace, and most importantly improving the quality of care received by people with dementia.

## Summary

It has been found that the cycle of dementia care mapping (or other appropriate tools) gives the organisations the opportunity to:

- Provide objective evidence which baselines a service (reviewed six-monthly and annually thereafter) from the point of view of the people who are receiving supports.
- Build a relationship with organisations based on mutual trust and understanding
- Allocate time to explore real issues.
- Contextualise any learning opportunities.
- Allocate time to explore real issues.
- Contextualise any learning opportunities.
- Celebrate and share good practice and support the transfer of learning and good practice into the workplace.
- Improve the experience of care and support for the people with dementia.



# Implementing accredited training and qualifications

## Five top tips for managers from Sussex Health Care:

1. Develop a workforce strategy with clearly defined desired outcomes and expectations in order to provide objective criteria when identifying employees, training programmes, training providers and when evaluating and measuring success.
2. Know and understand your employees by considering the current skill mix and choosing employees with credibility, a positive attitude, commitment and enthusiasm to influence a change initiative.
3. Anticipate challenges to existing practice and view these as a positive by listening and being open to suggested practice changes. Monitor and review.
4. Support those implementing change and ensure systems and structures are in place to maintain the momentum of change.
5. Share good practice, acknowledge and celebrate success. Don't underestimate the value of these motivating factors and their ability to stimulate the pace and direction of change.

## Introduction

Sussex Health Care (SHC) is an independent care provider with 16 residential and nursing homes mainly in Sussex, five of which provide specialist dementia care. The company's aim is to provide the highest standards of individualised care and the importance of developing staff is recognised as being a crucial element to this. In collaboration with Revolutions Training, they advise here on how to improve dementia care provision using accredited training and qualifications.

### Accredited training: influencing factors and anticipated outcomes

External and internal factors influenced the decision to use accredited training and qualifications to develop employee knowledge, understanding and dementia care skills.

External factors included gaining national recognition, providing evidence to meet CQC standards and quality indicators required by commissioners and purchasers. Internally this approach furthered SHC's aim of developing career pathways including specialist and lead roles as a mechanism for improving dementia care practice. Accredited qualifications and training provide the right framework for learning and developing employee competence and confidence. SHC also hoped this would also motivate and empower employees to lead and influence the culture change needed to further embed person-centred approaches into all aspects of support and to create environments that nurture the wellbeing of individuals with dementia.

Important factors in choosing training programmes and providers were the quality of teaching and support, programme timescales, proven success rates, reputation, flexibility

and the ability to tailor the programme to organisational requirements. In identifying three programmes a 'one-size fits all' approach was avoided, recognising the value of tailoring training to SHC's strategic aims and exposing employees to different perspectives and a more holistic view.

SHC is part of the Sussex Dementia Workforce Development Consortium, which recommends:

- Involve staff in the design of training.
- Ask care staff what they are struggling with and focus training on those areas of practice.
- Use coaching, mentoring and feedback from observations of care practice.
- Use feedback from relatives and friends to improve practice.
- Use different learning strategies including online courses, 'lunch and learn' sessions, case discussions, role plays, coaching and mentoring, as well as modelling and demonstrating skills including relationship building with people with dementia.
- Provide care workers with additional responsibility so that they take a lead in an area, and develop particular expertise that they then share with peers.
- Think of financially rewarding care workers for achieving additional competences and taking on responsibility.

Two programmes were identified as appropriate for managers to develop specialist knowledge and skills. These were 'Leading and Managing a Dementia Care Service' and 'Person-Centred Dementia Care'. Both programmes include workshops and work-based assignments and the opportunity to achieve credits on the Qualifications and Credit Framework.

The third programme was the QCF Level 3 Certificate in Dementia Care and was appropriate for senior workers taking

a dementia lead role and working with managers to implement change. The six one-day workshops and workplace observation of practice provided tangible evidence of competence and employees achieved the qualification in 10 weeks. This boosted their confidence and the changes in practice they initiated acted as further motivation.

The training provider worked in partnership with SHC at all levels across the organisation. SHC received regular progress reports and were consulted when issues arose which were quickly resolved through further tailoring workshops to meet group needs. Managers were involved in workplace assessment to confirm consistency of competence and approach across the organisation. This three-way partnership ensured managers fully recognised employees' development and strengthened their commitment to work together in initiating workplace changes.

The strategy for changing dementia care practice involved identifying at least three employees in each service to act as the core group to undertake an accredited qualification, initiate change then use a cascade model to begin training other employees.

### Outcomes

Implementing accredited training and qualifications has proved to be effective in assisting Sussex Health Care to achieve its workforce development aims. It has exposed employees to a wide range of ideas enabling them to achieve a better understanding of person-centred dementia care practice, provided a framework for analysing service provision and identifying areas for improvement.

Employees who undertook the Level 3 Certificate in Dementia Care gained a greater insight into dementia, in particular how an individual's history is essential to understanding behaviour, expressed feelings and providing truly person-centred support. They have

become more reflective practitioners. Achieving the qualification not only gave employees recognition for their knowledge and skills but, more importantly when influencing change, provided them with a sense of credibility. This led to a sense of having ‘permission’ to challenge existing practices and make often apparently small changes, but which have made a demonstrable and significant improvement to the quality life for people using the service.

### Examples of changes implemented

A greater understanding of person-centred support in practice has led to the following changes in services:

- Care staff sharing mealtimes with residents, making eating a more social activity.
- Furniture rearranged in lounges creating small group settings, enabling residents to interact with one another.
- Improving environments with visual prompts which support residents to retain a measure of independence, e.g. pictures on doors to indicate rooms’ use.
- Personalising people’s bedroom doors to reflect their individuality. This helps each person to locate their own room, stimulates discussion and is a visual reminder of their uniqueness.
- Involving residents in meaningful activities they can relate to, e.g. setting the table for meals, helping with the laundry, polishing and other well-remembered and simple household tasks.
- An internal network to share good practice ideas that have demonstrated improvements to the quality of people’s life experience.

### Learning

Implementing accredited training and qualifications as a route to workforce development is a financial and human resource investment. For this to be effective it is important to have a clear strategy linked to organisational objectives and to carefully consider who undertakes the training.

For employees to be effective change agents they need credibility with others and a commitment and enthusiasm for improving the lives of individuals with dementia. Employees with these characteristics implemented the most effective changes. Identifying the right employees relied upon managers knowing their workers’ motivations, existing knowledge, skills and skills gaps.

Managers learnt to anticipate and welcome challenges to practice, viewing these as positive and refreshing, listening to new ideas and taking an objective view.

Employees achievement of the Level 3 Certificate in Dementia Care was celebrated through a presentation attended by senior managers. SHC was surprised by how much this formal recognition, and the badges provided which recognise and acknowledge qualifications and lead roles, motivated employees and instilled pride in their achievement, fuelling the desire to carry their learning forward and make a difference.

Recognising and celebrating success is also a valuable marketing and recruitment tool as they are visible signs of commitment to a quality service, which attract employees and build customer confidence.

Managers felt that further improvements could include providing dementia care leads with more frequent supervision to discuss progress. One issue was the differing levels of understanding about dementia care within a team. For example, frustration can result when

changes made to make the environment more nurturing are misunderstood with employees reverting to old practices to avoid being seen as not doing their job properly. To limit this all employees will be involved in awareness training and dementia care practice will become a standing team meeting agenda item to develop understanding, reinforce management support, and to involve and motivate the whole team.

In this context, it is worth noting that *Providing Effective Supervision* (SfC/CWDC 2007) includes examples of supervision policies and guidance on frequency of supervision.

### Summary

Choosing accredited training and qualifications has enabled Sussex Health Care to align its strategic objectives for workforce development with a recognised framework, thus providing objective criteria for evaluating and measuring the effectiveness of investment.

Identifying a range of programmes and providers has supported the development of dementia care specialists to lead and support improvements and culture change.

Identifying the right employees has been an important factor in the success of the strategy and this relies on managers knowing and understanding their teams' strengths and motivations.

Small changes can have a significant impact and this was found to be true both in terms of the way achievement is recognised and rewarded and in the changes implemented within services.



# Choosing a training provider and ensuring they deliver what your organisation requires

## Five top tips for managers from St Andrews Care Home

1. Research the market.
2. Develop good relationships with training providers.
3. Organise a variety of training methods.
4. Develop a learning champion.
5. Undertake pre- and post-training evaluation to assess the learning and the impact on the company and the people using the service.

## Introduction

While in-house training is very valuable for the workforce it needs to be balanced by external knowledge and expertise, and staff need a form of accreditation in order to professionalise their learning. However, external trainers and experts coming into the organisation together with formalised styles of learning can be intimidating for staff and requires careful thought.

This section considers the experience of the 'learning champion' at St Andrews Care Home in Welwyn Garden City in choosing appropriate training providers and has been developed with the help of the training manager and training provider.

## Context

St Andrews Residential Home in Welwyn Garden City is part of the B&M Care Group which has homes across Hertfordshire, Bedfordshire and Buckinghamshire. It is accredited by Hertfordshire Adult Care Services to provide dementia services.

Over the last 10 years the in-house training at St Andrews has evolved greatly from early beginnings of using tools that happened to be to hand, and working with training providers who happened to telephone the home, to what is now a robust induction, reflecting the core values of social care as set out in the Common Induction Standards and the social care Codes of Practice. This was achieved after the company appointed an overall training manager.

In-house training was always felt to be very valuable, but needed to be balanced by external knowledge and expertise, and the staff also needed some form of accreditation in order to professionalise and validate their learning. There were also staff who wanted to develop and progress in their chosen line of work, who could potentially make good seniors, team leaders or managers in the future; some wanted to go on to become future trainers or nurses. The qualifications of the St Andrews learning champions enabled teaching and training to certain standards, but did not include the delivery of major qualifications or apprenticeships.

Many staff had been working without formal training and had learnt their skills 'on the job'. The in-house learning began to help them feel valued and gave them much more confidence in their roles. However, while the workforce were comfortable with the in-house style of teaching and training, the thought of more formalised styles of learning filled some of them with fear.

The staff were diverse in age, knowledge, skills, experience, education and many other ways. It was important that any external training provider would be able to take this into account, so all short course provision was personally attended by the learning champion, with time taken afterwards to discuss any issues arising to ensure that fears and reluctance were addressed appropriately.

### Researching the market

Experience has shown St Andrews over the years how important it is to research the market adequately, as is advised by the *Skills for Care Care Training Code* (SfC 2008). This was undertaken by maintaining and using the contact details of those providers found to be most obliging, those who took the

time to work with what was required, rather than just supplying their services. Previously, inexperience and lack of information may have caused confusion and wasted much time for prospective learners, confirming the importance of the initial research and the development of good relationships with training providers.

The internet was found to be a good source of information, Skills for Care another. While it cannot actually recommend particular providers, Skills for Care can point providers to the *Care Training Code* which contains information on how best to select good provision. For St Andrews, the Hertfordshire Care Providers Association is also a valuable resource and holds a list of appropriate training providers and the networking at meetings provides an opportunity to check out others' experience of particular providers.

### Ensuring appropriate provision

It is important to ensure that prospective training providers will be able to provide different styles of delivery for the different styles and learning needs of a diverse group of staff, in order to achieve good outcomes.

**As with Skills for Care's induction materials, many service providers including the Sussex Dementia Workforce Development Consortium advise organisations to ensure each care worker has a personal learning and development plan with goals and timescales. These plans, feeding in to an organisational plan, then link to use of the Care Training Code, designed by Skills for Care to help with purchasing workers' training and development. At the time of publishing this guide in 2012 the Care Training Code was in the process of being updated.**

The training and development of staff is fundamental for the implementation of the National Dementia Strategy and staff must be equipped with the correct skills to help and support the ever-growing numbers of people with dementia. It is therefore critical that a good provider should support learners to adapt their knowledge and skills according to the client group in their care. This can only be achieved by the development of good working relationships.

St Andrews found that it is important not just to accept what is offered but to ensure delivery of training is tailored to requirements and takes account of latest developments in supporting people with dementia. For example, there is a dementia pathway available through the level 2 and 3 apprenticeship framework using the new qualifications on the Qualifications and Credit Framework and this has been designed to directly address the needs of those with dementia. The units on this pathway are a valuable source of learning and development for staff groups and individuals caring for those with dementia. A good training provider will discuss all the options and units available, will be aware of the *Common Core Principles for Supporting People with Dementia* (SfC/SfH 2011), as well as the other set of common core principles developed by Skills for Care and Skills for Health, and will help learners tailor their own qualification to fit their specialism and needs.

In addition, Skills for Care has published an apprenticeship employer guide and online information to help employers create apprenticeship programmes (see [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk) > Training & qualifications > Apprenticeships).

Standards of delivery and outcomes of the training are huge factors in choosing a training provider, as are value for money and the time involved in the training, both on and off the job. St Andrews found that expensive provision does not necessarily equate to high standards

and, equally, cheap does not always mean the training is of a poor standard or ineffective. A short session on a subject delivered at an appropriate time can be as effective as longer term learning.

### Ensuring value

A big issue for care organisations is how the value for money and effectiveness of training provided can be assessed. Again this comes down to the development of the relationship and having conversations and seeking feedback on achievement rates, drop out rates and timely identification of issues that have arisen. Experiences of using pre-learning forms and post training evaluation sheets give good insight to in-house learning and the same principles should be applied to external provision by the training providers, coupled with user-friendly analysis.

The B&M Group uses a quality assurance system to assess the satisfaction levels of people using their services, families, health care professionals and staff, and it can also highlight effectiveness of training and development within each home. Inspections from both the Care Quality Commission and Hertfordshire Adult Care Services also endorse the effectiveness and standards of training and staff competence.

Other topics to be discussed and negotiated with potential training providers include how and when the delivery will take place. St Andrews is fortunate enough to have a training room but this is not necessarily the only place training happens. Learning can take place in many formats, including workbook-based and distance learning—this can be either paper-based or electronic but this must be learner-specific as not all staff will have access to a computer and many staff are not computer literate. It is worth remembering that fees are much more negotiable if training facilities are available in-house.



Access to e-learning for health, which contains modules especially designed for social care staff, is available free to all social care professionals whose employers are registered with Skills for Care's National Minimum Data Set for Social Care (NMDS-SC).

### **Appointing a 'learning champion'**

Encouragement and praise are imperative to sustain staff morale day-to-day and even more so when individuals or groups of staff are investing their time to develop their skills further. An enthusiastic and enabling learning champion should support all staff all the time and particularly in regular supervision appraisals— this personal touch is valued and appreciated by all staff. The learning champion can work closely with all trainers who come into the home and with each individual learner.

### **Summary**

St Andrews found both prior research and the development of relationships to be important elements of selecting a training provider who is up-to-date with recent developments in dementia care. It is also crucial that a partnership is developed between the social care provider, the purchaser of services, the training provider and the learners. The experience of St Andrews is that the personal responsibility felt by the learning champion for nurturing these partnerships is essential. Finally, the evaluation of the experience from all aspects is important to assess the impact of the training on the staff and ultimately to ensure that the people using services, and their carers, are supported by knowledgeable, confident and competent workers.



# Good practice examples and case studies

## The House of Memories, National Museums, Liverpool

Top Tips for managers from the House of Memories:

- **Be proactive:** identify the needs of the individual, their family and carers. Find out what is available in your area at your local museum, library, arts centre and theatre.
- **Get involved:** locate dementia-friendly cultural programmes and experiences that you can take your residents to.
- **Value partnership:** make contact and explore the opportunity for collaboration that will support your workforce to introduce new resources, training and activity into your workplace.
- **Be resourceful:** identify the cultural assets (e.g. your local museum or library) which are close to your location and ask for their support.
- **Be creative:** make time available for your staff to place ‘memory activity’ as a regular event within your working day.
- **Keep it simple:** for example, you could create memory groups to explore your residents’ histories, ask for memory resources from families (objects and photographs) or research your local history to stimulate a conversation that offers a personal connection.

### Introduction

The House of Memories is changing the professional lives of social care workers in the North West and creating a positive quality of life experience for people living with dementia.

The programme demonstrates how a museum (or by association, a library, arts centre, or theatre) can provide the social care sector with practical skills and knowledge to facilitate access to an untapped cultural resource which is often within their locality.

The programme recognises that museums are expert at recording and caring for people’s memories—whether they are thousands of years old or within ‘living memory’. Great museums enable people to explore and connect their histories, and engage in relevant and meaningful cultural activity.

The Museum of Liverpool has extensive experience of working with active and vulnerable older people; and through this they have grown to understand how participation in museum projects has a meaningful impact on people who are most vulnerable in our communities.

### Context

The House of Memories is an innovative museum training programme for the North West social care sector. It is centred on the objects, archives and stories at the Museum of Liverpool and is delivered in partnership with a training provider. The programme provides social care staff (in domiciliary and residential settings) with the skills and resources they need to inform their practice and support for people living with dementia.

## Overview

The National Dementia Strategy encourages the sector to explore new ways of early intervention that will deliver personalised experiences for the person living with dementia and will positively contribute to their wellbeing and quality of life—and that may reduce the need for antipsychotic medication.

From the outset, the House of Memories was developed in consultation with social care partners, to create a ‘grass roots’ training package that connects the sector with existing cultural resources which are local and readily available. It is important to note that, in most cities across the UK, there are museum and library services with ‘living history’ resources and activities that the social care sector has not accessed or is unaware of.

The realisation that the House of Memories was actively looking to establish partnerships, high quality training and practical resources resulted in a positive response. The training programme is designed to be easy to use and informative, acknowledging the central role social care staff can play to unlock the memory that is waiting to be shared, and to provide a stimulating and rewarding experience for the person living with dementia.

The programme provides participants (care workers, dementia champions, home care workers, agency support workers) with a variety of accessible practical experiences to introduce basic knowledge about the various forms of dementia; represent the challenge faced by families of people with early stage and progressive dementia; and to introduce memory activity resources linked to the museum experience (which can also be used within care settings).

The programme encourages participants to:

- Connect with a local cultural service (e.g. museum) to access resources to support people living with dementia.
- Embrace a wide range of practical skills and knowledge to develop ‘memory activity’ within their settings.
- Develop new resources and templates to create individual and group House of Memories experiences.
- Prioritise the individual at the centre of their care plan.
- Measure their professional learning and development against the Skills for Care training standards.

Participants can measure their achievement through:

- Greater understanding of how information about a person’s history and life experience can be used to support an individual to live well with dementia.
- Improved communication with an individual using a range of cultural and arts-based methods to stimulate positive interactions.
- Supporting individuals living with dementia to enjoy life and make a positive contribution towards re-building self-esteem and confidence.
- Providing a safe and secure environment for older people living with dementia to experience, whether in a cultural or a care setting.
- Involve extended family to support individuals living with dementia to rediscover and redefine valuable relationships through shared creative activity.

## Impact

The House of Memories is about joining the dots that link us through our life experiences, our dreams and our shared histories. The programme is totally accessible and achievable for carers and workers, and has delivered a profound impact on all who have engaged so far.

The House of Memories encourages the social care sector to be ambitious for a high quality workforce that is dynamic and outward looking, seeking the best quality of life for people living with dementia. The approach is transferable to a wide variety of cultural experiences across the UK, and can operate on any scale—in a museum or within a living room!

## The Nottinghamshire Dementia Workforce Plan

### Background

The Workforce Planning Team at Nottinghamshire County Council analysed the provision of dementia care within the county. This resulted in a workforce plan to deliver learning to develop the social care dementia workforce. The workforce plan was written using the Integrated Local Area Workforce (InLAWS) model and was shared with our regional colleagues from neighbouring authorities.

The key priorities for the Nottinghamshire Dementia Workforce plan were taken from the objectives in the Nottinghamshire Dementia Strategy 2010–12:

- Good quality early diagnosis and early intervention for all.
- Improved quality of care in general hospitals.
- Living well with dementia in care homes.
- Reduced use of antipsychotic medication.

### Key points to describe the good practice activity

A blended training programme was agreed upon so that care providers could adapt the learning to suit the learners in their care settings. The first part of the training programme was a dementia awareness course that would encompass the *Common Core Principles for Supporting People with Dementia* (SfC/SfH 2011). An e-learning tool was identified and made available to public sector care workplaces, private sector contracted care settings and voluntary carers.

The second part of the training which complemented the e-learning was a one-day face-to-face training course for dementia leads officers in care settings. They were given a workbook, worksheets, video clips, etc., on a USB stick to use and adapt to the needs of people in their workplaces. As a result of this learning the dementia leads were able to cascade dementia best practice within their establishments.

The third part of this training programme was to develop a challenging behaviour and risk taking course to help reduce the use of antipsychotic drugs. The training programme was supported by a dedicated webpage.

### Surrey Care Association approach to dementia care training

The Surrey Care Association (SCA) approach to training and development for social care providers in Surrey is underpinned by the National Dementia Strategy and recognises the needs of managers and staff. There are two main objectives:

- Support for managers and proprietors to understand the National Dementia Strategy and its implications for social care in relation to both the way care is delivered and the environment in which it is delivered.
- Support for staff who deliver the service.

### Progress to date

The work to date has focused on three areas:

- Ensuring that all staff have awareness and understanding to the needs of clients with dementia ('core awareness training).
- Proprietors and managers are aware of and deliver services that conform to national policy and evidence-based practice (specialist workshops and conferences).
- Improving the quality of care by developing dementia champions and supporting the staff who deliver care (best practice programmes).

Following the programme, full evaluation highlighted positive developments. It also informed both strategic direction and future training programmes.



# Further products and resources that can help your organisation

## **Skills for Care resources for employers and managers**

**All these resources are available from [www.skillsforcare.org.uk/publications](http://www.skillsforcare.org.uk/publications)**

Adult social care workforce, recruitment and retention strategy (2011).

Care Training Code – A guide for purchasers (NB. this is being refreshed in 2012).

Common Induction Standards (2010 refreshed edition).

Common Core Principles for Supporting People with Dementia - A guide to training the social care and health workforce (jointly published with Skills for Health, 2011).

Becoming the new manager. The Manager Induction Standards ('refreshed' 2012) workbook, for new managers and those inducting them (2012).

Taking Steps: a detailed guide to workforce planning for providers of adult social care (being refreshed at the time the production of this guide).

Further information regarding QCF and Apprenticeships is available at [www.skillsforcare.org.uk/qualifications\\_and\\_training/qualifications\\_and\\_training.aspx](http://www.skillsforcare.org.uk/qualifications_and_training/qualifications_and_training.aspx).

## **Resources from other sources**

Department of Health.(2009). *Living Well with Dementia: A National Dementia Strategy*.

Department of Health Dementia Information Portal [www.dementia.dh.gov.uk](http://www.dementia.dh.gov.uk) : a DH website which follows the implementation of the National Dementia Strategy and offers information and support to anyone with an interest in improving services for people with dementia.

SCIE e-learning: The Open Dementia Programme [www.scie.org.uk/publications/elearning/dementia/index.asp](http://www.scie.org.uk/publications/elearning/dementia/index.asp) The Open Dementia e-learning programme is aimed at anyone who comes into contact with someone with dementia and provides a general introduction to the disease and the experience of living with dementia.

The Alzheimer's Society publishes a series of factsheets: [www.alzheimers.org.uk/site/scripts/documents.php?categoryID=200137](http://www.alzheimers.org.uk/site/scripts/documents.php?categoryID=200137).

## Resources used by organisations contributing to this guide

Keeping Mum, Caring for someone with dementia –Talbot, Marianne. (2011).

Dementia Reconsidered: The Person Comes First (Rethinking Ageing) – Kitwood, Tom. (1997).

Person Centred Dementia Care: Making Services Better – Brooker, Dawn. (2006).

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- Brooker 2006      Brooker D, *Person Centred Dementia Care: Making Services Better* (Bradford Dementia Group Good Practice Guides) (Jessica Kingsley Publishers 2006) ISBN-10: 1843103370 ISBN-13: 978-1843103370.
- Kitwood 1997      Kitwood T, *Dementia reconsidered: the person comes first* (Open University Press, Buckingham, 1997).
- SfC 2008           Skills for Care, *Care Training Code* (Leeds 2008), [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk).
- SfC 2010a          Skills for Care, *Keeping Up The Good Work – a practical guide to implementing continuing professional development in the adult social care workforce*, (Leeds, 2010) [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk).
- SfC 2010b          Skills for Care, *Finders, Keepers: the adult social care sector recruitment and retention toolkit* (Leeds, 2010) [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk).
- SfC 2011a          Skills for Care, *Adult social care - recruitment and retention strategy*, (Leeds, 2011) [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk).
- SfC 2011b          Skills for Care, *Using the 'Principles of Workforce Redesign'. Practical steps to service transformation through involving people in workplace change* (Leeds, 2011) [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk).
- SfC/CWDC 2007    Skills for Care & Children's Workforce Development Council, *Providing effective supervision: A workforce development tool, including a unit of competence and supporting guidance* (Leeds 2007) [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk).
- SfC/SfH 2011      Skills for Care & Skills for Health, *Common Core Principles for Supporting People with Dementia*, (Leeds, 2011) [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk) & [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

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