

Training academy: Care staff interventions

Intervention	NICE/MODEM	Outcomes and evidence quality	Cost-effectiveness	Brief training available for general healthcare professionals	Translated / adapted for China	Signpost to existing training
Staff Training in Assisted Living Residences (STAR)	MODEM: Yes NICE: NO	<ul style="list-style-type: none"> ✓ depression in people with dementia living in care homes ✓ behavioural difficulties in people with dementia living in care homes Low quality evidence (MODEM)	No evidence of cost-effectiveness identified	Not widely available	No	No
Staff training in multisensory stimulation for people with moderate to severe	MODEM: NO NICE: Yes	<ul style="list-style-type: none"> ✓ Verbal communication ✓ Increases in the duration of morning care for people living with dementia in residential care Moderate quality evidence (NICE)	No evidence of cost-effectiveness identified	Not widely available	No	No
Dementia Care Mapping	NICE: Yes	<ul style="list-style-type: none"> ✓ agitation ✓ number of falls in people living with dementia in residential care Moderate- to high-quality evidence (NICE)	No evidence of cost-effectiveness identified	Yes	No	Yes University of Bradford: https://www.bradford.ac.uk/dementia/training-consultancy/dcm/
Person Centred Care	NICE: Yes	<ul style="list-style-type: none"> ✓ quality of life ✓ levels of agitation in people living with dementia in residential care Moderate- to high-quality evidence (NICE)	No evidence of cost-effectiveness identified	Yes	Yes	Yes University of Bradford: https://www.bradford.ac.uk/dementia/training-consultancy/face-to-face-cascade/
Managing Agitation and Raising Quality of life in dementia (MARQUE)	MODEM and NICE: No Aligned with NICE recommendation 1.13.1 and 1.13.2	Not efficacious for agitation <ul style="list-style-type: none"> ✓ feasible and cost-effective in terms of quality of life (Livingston, 2019) 	Cost effective (£14,064 per QALY)	Not widely available	No	No
Improving Wellbeing and Health for People with Dementia (WHELD)	MODEM and NICE: No Aligned with NICE recommendation 1.13.1*	<ul style="list-style-type: none"> ✓ quality of life for residents ✓ reduced agitation and aggression ✓ use of harmful medication for residents reduced (Ballard, 2020)	Cost effective (-£137,978 per QALY)	Yes	No	Yes

ICER, Incremental cost-effectiveness ratio; MODEM, Modelling outcome and cost impacts of interventions for dementia; NICE, National Institute for Health and Care Excellence; QALY, Quality-adjusted life year,

Training academy: Care staff interventions

***Supplementary information: Extracted from NICE Guidance**

- 1.13.1 Care and support providers should provide all staff with training in person-centred and outcome-focused care for people living with dementia, which should include:
- understanding the signs and symptoms of dementia, and the changes to expect as the condition progresses
 - understanding the person as an individual, and their life story
 - respecting the person's individual identity, sexuality and culture
 - understanding the needs of the person and their family members or carers
 - the principles of the [Mental Capacity Act 2005](#) and the [Care Act 2014](#).
- 1.13.2 Care providers should provide additional face-to-face training and mentoring to staff who deliver care and support to people living with dementia. This should include:
- understanding the organisation's model of dementia care and how it provides care
 - how to monitor and respond to the lived experience of people living with dementia, including adapting communication styles
 - initial training on understanding, reacting to and helping people living with dementia who experience agitation, aggression, pain, or other behaviours indicating distress
 - follow-up sessions where staff can receive additional feedback and discuss particular situations
 - advice on interventions that reduce the need for antipsychotics and allow doses to be safely reduced
 - promoting freedom of movement and minimising the use of restraint
 - if relevant to staff, the specific needs of younger people living with dementia and people who are working or looking for work.
- 1.13.3 Consider giving carers and/or family members the opportunity to attend and take part in staff dementia training sessions.
- 1.13.4 Consider training staff to provide multi-sensory stimulation for people with moderate to severe dementia and communication difficulties.
- 1.13.5 Ensure that all health and social care staff are aware of:
- the extent of their responsibility to protect confidentiality under data protection legislation and
 - any rights that family members, carers and others have to information about the person's care (see recommendation 1.3.5 on information sharing between different care settings).
- 1.13.6 Health and social care professionals advising people living with dementia (including professionals involved in diagnosis) should be trained in starting and holding difficult and emotionally challenging conversations.

References

Ballard, C., Orrell, M., Moniz-Cook, E., Woods, R., Whitaker, R., Corbett, A., ... & Fossey, J. (2020). Improving mental health and reducing antipsychotic use in people with dementia in care homes: the WHELD research programme including two RCTs.

Livingston, G., Barber, J., Marston, L., Stringer, A., Panca, M., Hunter, R., ... & Rapaport, P. (2019). Clinical and cost-effectiveness of the managing agitation and raising quality of life (MARQUE) intervention for agitation in people with dementia in care homes: a single-blind, cluster-randomised controlled trial. *The Lancet Psychiatry*, 6(4), 293-304.

Training academy: Care staff interventions

Modelling Outcome and Cost Impacts of Interventions for Dementia (MODEM) (31 January, 2022) *The Dementia Evidence Toolkit* <https://toolkit.modem-dementia.org.uk/>

National Institute for Health and Care Excellence. (2018). Overview | Dementia: Assessment, management and support for people living with dementia and their carers | Guidance | NICE. NICE. <https://www.nice.org.uk/guidance/ng97>

Romeo, R., Zala, D., Knapp, M., Orrell, M., Fossey, J., & Ballard, C. (2019). Improving the quality of life of care home residents with dementia: Cost-effectiveness of an optimized intervention for residents with clinically significant agitation in dementia. *Alzheimer's & Dementia*, 15(2), 282-291.