

Care homes and quality of dementia care: Why is it so hard to change and sustain improvements?

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The provision of longstay dementia care in England during the 1980s: a snapshot

31,000 specialist dementia care beds

- NHS provided - 79%
- Local authorities provided – 12%
- Private and voluntary sectors provided – 8%

At least 70% of this provision was in traditional psychiatric hospitals

“Private proprietors are as yet providing specialist care on a fairly limited scale.”

Alison Norman (1987)

The present contribution of care homes to dementia care (England)

- **560,000** people with dementia in England
- Total number of care home places - 442,720
- Around **201,000** people with dementia live in care homes for whom there are at most **124,000** registered specialist dementia places.

The future contribution of care homes to dementia care

- As community care is less able to provide safe and adequate inputs to people with dementia as they progressively deteriorate, care homes will increasingly meet the needs of those who have complex health and behavioural profiles
- The outcome will be over forthcoming decades an increasingly more dependent and challenging population of residents with dementia.

**The New Culture of Dementia Care – Tom
Kitwood and Sue Benson, 1995**

Barriers to change and sustaining gains (i)

- Traditional perceptions of old age → a time of disempowerment, passivity and compliance
- Ill - focused care → dementia care profiling
- Change is stressful – in particular changing to a person-centred care culture
 - ⇒ who are/can be the change agents?
- Do we develop the skills of a potential critical mass?
- Managers lack leadership skills
- Staff burnout – the new culture is demanding of staff
- Staff churning
- To what degree do care homes receive on-going external support to maintain change?
- What benefit is there for staff ? → who wanted the change in the first instance?

Barriers to change and sustaining gains (ii)

- Institutional maintenance → ensuring the smooth running of the home?
- What aspects of care are measurable and what care data are collected? → will SOFI enable change?
- Mixed care messages → When messages are unclear care practice reverts to conservative ways
- Funding – the impact on staffing and what is possible