

Plain English Summaries of report on WP2.1: Professional views of existing services and the perceived value, content and delivery of a new intervention for fall-related injuries in dementia

Quick read:

People with dementia fall more often and have more difficulty recovering than other older people. We talked to healthcare professionals to explore their ideas for improving patient care.

Their suggestions included:

- 1) ensuring that care is tailored to the individual;
- 2) treating people with dementia at home;
- 3) improving links between existing services;
- 4) training staff on how best to help people with dementia;
- 5) advising carers on how best to help a person with dementia after a fall.

We are now observing existing services and talking to people with dementia and carers to identify other ways of improving things. We will then use these ideas to develop a new way of caring for people with dementia who have had a fall.

Longer summary:

The population is getting older and this means that the number of people with dementia is getting higher. Studies have found that people with dementia fall more often and have more difficulty recovering than other older people.

We want to find a way of caring for people with dementia after a fall that will give them a better chance of making a good recovery. We are using a range of methods to help us develop this new approach. One of the methods was interviews with healthcare professionals who work with people with dementia with fall-related injuries. The interviews helped us to understand existing services and to explore professionals' ideas for improving patient care. This report describes what we found out.

Suggested ways of improving services included:

- 1) **ensuring that care is tailored to the individual.** People with dementia have different needs, likes and dislikes, and not every person with dementia will prefer the same kind of treatment. It is important for care to meet the individual needs of each person. This might

mean choosing activities that the person has always had as part of their daily lives. For example, a person who always enjoyed football might benefit more from exercises which involve kicking or throwing a ball.

- 2) **treating people with dementia at home whenever possible.** People with dementia find it less stressful to get treatment in a place they know well. If hospital admission is needed, then people with dementia should be discharged as soon as possible.
- 3) **improving links between existing services.** Staff working in one service do not always know about other useful services. This means that people with dementia do not always benefit from the full range of help available. There can be long waiting times when people move from one service to another which can delay their recovery. People with dementia are also sometimes deliberately left out of certain services because the people in charge think they cannot follow instructions.
- 4) **training staff on how best to help people with dementia.** Working with people with dementia requires special skills, but staff are not always given enough training. Knowing how to talk to people with dementia and how to understand non-verbal signs of pain can ensure that people with dementia get the care they need. Staff also need to find ways of embedding exercises into day-to-day routines so that people with dementia will automatically practice them, rather than having to remember to do specific exercises.
- 5) **advising carers on how best to support the person with dementia.** Carers often have a key role in helping people with dementia to recover after a fall but may find this difficult. Carers are often under a lot of stress and may be worried that the person will fall again. In this situation it can be easier to encourage the person with dementia to stay sitting rather than helping them to be more active. Carers may be able to give better care if they are supported, either by providing services such as a 'buddy service' to allow carers to have time to themselves or by providing training on how they can best help the person with dementia to recover.

For the next stage of our project, we are observing existing services and talking to people with dementia and carers to identify other ways of improving things. We will then use the information we have gathered to help us develop a new way of caring for people with dementia who have had a fall.

This research is funded by the National Institute for Health Research Health Technology Assessment Programme (Project number 13/78/02). Further information is available at: <http://research.ncl.ac.uk/difrid/>

This report presents independent research commissioned by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, MRC, CCF, NETSCC, the Health Technology Assessment Programme or the Department of Health.