FITS into Practice

Focused Intervention Training and Support
Acknowledgements

The FITS into Practice programme was a research project led by the Association for Dementia Studies, University of Worcester and funded by the Alzheimer’s Society. It followed on from an original randomised controlled trial of the FITS programme which produced significant results in terms of antipsychotic reduction (Fossey et al, 2006. FITS into Practice is based on this original research conducted at King’s College London, in association with Oxford University, University of Newcastle and Oxford Health NHS Trust. Copyright of the original FITS manual is held by Dr Jane Fossey (Oxford Health NHS Trust) and Dr Ian James (University of Newcastle).

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• All the Dementia Care Coaches & care homes who took part for the many examples of good practice, dedication, creative thinking, compassion and hard work implementing learning in their homes and making a difference to the lives of people with dementia in their care.
The Original FITS Project

Objective: to reduce the use of antipsychotic medication in residents with dementia in a care home through the use of person centred care and supportive interventions in 12 care homes.

Results

Figure 1: Fossey et al 2006 BMJ 12 NH n=347

- Proportion on neuroleptics (%)
- Dates: July 03 to July 04
- Lines: control (solid blue), Study homes (dashed red)

Note: The figure compares the proportion of individuals on neuroleptics in control and Study homes over time.
Alzheimer’s Society First Dissemination Grant (2008)

Publication to provide a set of usable tools to improve the quality of care in care homes and to reduce the need for antipsychotics.
Further collaboration based on FITS principles (2011)

Optimising treatment and care for people with behavioural and psychological symptoms of dementia

A best practice guide for health and social care professionals
Getting FITS into Practice

The original FITS programme was a high cost and intensive intervention, using an in-house ‘FITS therapist’ to support person-centred care and medication review in each care home.

The real challenge was how to translate the model into an approach that could be effective across a large number of care homes.

The Association for Dementia Studies (ADS) and the Alzheimer’s Society worked together to design, implement and evaluate a programme to implement FITS into Practice across 100 care homes.
The FITS into Practice model

- Two **Dementia Practice Development Coaches** were employed and supported by ADS

- They delivered FITS training and supervision to **Dementia Care Coaches** – nominated staff from participating care homes

- Dementia Care Coaches implemented their learning from FITS in one or two **care homes**, supported by the Dementia Practice Development Coaches
Structure of the FITS into Practice Project

• Over 106 homes were initially recruited. Care homes ranged in size, owning organisation and geographical location. 67 completed the programme.

• Dementia Care Coaches were nominated by their organisation to work across 1 or 2 homes.

• 10 Cohorts of dementia care coaches attended a 10 day training programme over 3 months (meeting fortnightly in 2-day blocks).

• Following training, Dementia Care Coaches attended monthly supervision sessions for 6 months, whilst they implemented FITS in their home.
Results

• DCCs evaluated the intervention (training & supervision) highly; pre-post questionnaires demonstrated increased knowledge of dementia, increased confidence and improved attitude to dementia.
Results

• For care homes residents, 20.1% of residents were prescribed antipsychotics at baseline which had reduced to 13.9% the end of the intervention (30.5% reduction) with dose reductions being reported for additional residents.

• Reported less PRN administration

• Negligible adverse reactions and many many positive stories of improved quality of life
Results

• Crucial for FITS into Practice to succeed was the allocation and protection of time for the DCC to attend training and carry out implementation tasks in addition to their existing job role. Evaluation data showed that this was a substantial barrier to implementation in a number of homes.
The Role of the Dementia Practice Development Coach

Teaching & Support

www.worcester.ac.uk
Teaching Topics

• Person-centred approach (Enriched model and VIPS)
• Dementia and the brain
• Anti-psychotics, side effects and risk factors: using the best practice guide
• Positive language and communication skills
• Life story work
• Supportive environments
• Measuring quality of care: assessing current practice
• Meaningful activity: Cohen-Mansfield toolbox approach
• Person-centred care planning
• Behaviour as a communication of need: Newcastle model
• Working with families
• Train the trainer model – learning styles and developing training
Supervision

Different models of supervision
- Themed or Open
- Varying location

Key elements in each model
- Supportive and non-judgemental
- Provides motivation and accountability
- Reflective time and space
- Individual aims between sessions
- Peer advice and support
Role of DPDC: who should this be?

• Professional qualification could be variable
• Needs direct experience working with people with dementia including within care homes
• In-depth understanding of dementia care and person-centred approach
• Teaching experience and ability to inspire others
• Confidence in meeting challenges
• Skills in supervision, mentorship and support
Role of the Dementia Care Coach

- Minimum attendance expectation at taught and supervision sessions
- Assess strengths in their home and areas for development
- Role model person-centred care
- Implement learning from teaching topics
- Liaise with GPs to review and reduce anti-psychotic prescribing
- Deliver training sessions for colleagues
Role of DCC: who should this be?

• Aptitude and attitude more important than qualifications
• Need to be able to influence peers
• DCC needs time allocated for this role separate from usual duties
• Structured management/organisational support essential for success
Conclusions and looking to the future...

- FITS provides a viable model for training and supporting care staff to implement a person-centred approach and reduce anti-psychotics in care homes.

- Positive changes can be made for care home residents, family members, staff teams and the care home environment more generally.

- Success depends on the buy-in of the whole organisation, not just the training of staff.

- Possibilities for a wider roll out are being discussed...
Thank you
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Association for Dementia Studies

For more information contact:  dementia@worc.ac.uk

Report available on our website
http://www.worc.ac.uk/discover/association-for-dementia-studies.html