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For Quality of Life of Older People in Care

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This project was ably led by the Steering Group including: Judy Downey (Chair), Janice Gardner, Trevor Greenidge and Emma Williams, from the Relatives & Residents Association; Richard Hawes from The Orders of St John Care Trust; Helen Ramage and Adelina Tanner from The Extra Mile Care Company and Jennifer West from The Royal Hospital Chelsea. The Association for Dementia Studies project team was particularly appreciative of their enthusiasm and thoughtful guidance throughout the project.

The Relatives & Residents Association and the Association for Dementia Studies would like to extend our thanks to the care staff and managers at The Extra Mile Care Company, The Royal Hospital Chelsea and The Orders of St John Care Trust for taking part in this study and offering their time in responding to the survey and interviews.

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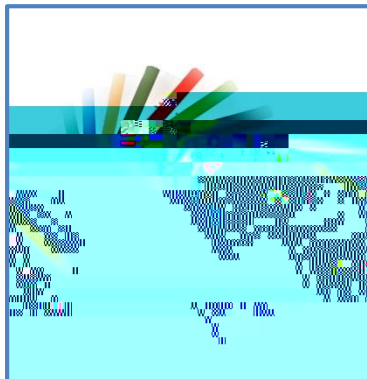
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# Introduction and Background

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The Keys to Care resource was produced by the Relatives & Residents Association (R&RA)



corresponding Keynote which provides more information, good practice guidance and case examples to support the information on the Key. The Keynotes are PDF documents, freely downloadable from the R&RA website. They are referenced on each Key but are separate from the Keys themselves.

The Keys to Care resource received a positive response from care workers, provider organisations, relatives and residents and has received endorsement from Skills for Care and recognition from the Department of Health. Since the launch of Keys to Care approximately 9000 copies have been purchased by different individuals and organisations including local authorities and health providers.

In response to the enthusiasm surrounding the physical Keys to Care resource, the R&RA sought funding from the Civil Service Insurance Society (CSIS) charity to create an electronic version of Keys to Care in the form of a mobile application (app). The app was developed collaboratively by the R&RA, software developer Ron Thorp, registered with iOS and Android app stores, and digital media production and training specialist Bob Walters. All partners in the development were committed to the charitable purpose of Keys to Care.

The app is free to download, and available from iOS and Android app stores. In downloading the app, users have access to the Keys, Keynotes, a live 'news' link and other relevant websites.



In early 2015 the R&RA successfully applied to Comic Relief's Care Home Challenge Fund to support a formal evaluation of the Keys to Care resource. The R&RA also engaged with three care providers already using Keys to Care to participate in the evaluation: The Orders of St John Care Trust (OSJCT), Extra Mile Care Company (EMCC) and The Royal

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Hospital Chelsea (RHC). In June 2015 the R&RA approached the Association for Dementia Studies (ADS) at the University of Worcester to carry out an independent evaluation.



# Evaluation Method

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Due to the short timescale and the fact that Keys to Care was already in use in different ways by all three participating care providers, it was not possible to formulate a pre/post style of evaluation or a simple comparison between the physical resource and the app. The project was therefore designed using mixed-methods to capture the experiences and opinions of a range of users of Keys to Care, with the aim of answering the research questions set out below.

A Steering Group comprising the ADS project lead, representatives from the R&RA (including resource developers) and representatives from each of the three care provider organisations met throughout the project to agree the intended outcome of the project, an appropriate project design and to provide feedback to the project team regarding key aspects of the data collection such as survey focus and questions and interview questions. The Steering Group also viewed and commented on the first draft of this final report.

The purpose of this evaluation was to establish the use, experience and impact of the Keys to Care resource (both the physical resource and the electronic app). In order to achieve this aim, the project addressed the following three broad research questions:

In what ways has the Keys to Care resource been used by care provider organisations and individual care workers?

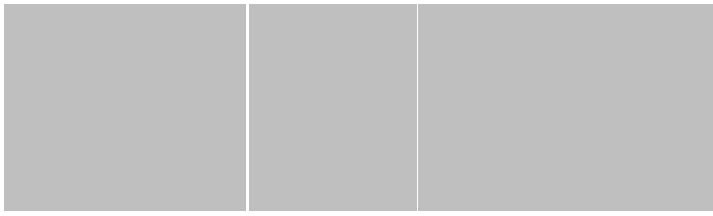
What impact has the Keys to Care resource had on the experiences and practice of care staff who have used it?

What impact has use of the Keys to Care resource had on the delivery of care/experiences of care provided by care provider organisations?

The details of why and how the three care providers chose to use Keys to Care are discussed in the findings section below. However a brief overview of the format and volume for each care provider are detailed in the table below as this outlines the population of users that was available to the research:

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This literature review was deliberately designed to capture 'grey literature'. Overall, using the searches detailed in Appendix 1, 90 sources were found. These sources were then manually examined to check for duplication (15) and for direct targeting to care homes, care home workers or domiciliary workers. This left a total of 56 sources included in the literature review. The results are summarised later in this report.

Data collection took place in three main stages, and aimed to capture the perspectives of two main groups of staff within the three care provider organisations who were using the Keys to Care resources (both the physical resource and the electronic app) during the period of evaluation. These two groups were as follows:

Main Informants – Senior or operational staff who had been responsible for initially accessing, distributing and using Keys to Care within their organisations;

Care Staff who accessed Keys to Care within the participating organisations.

This was done through use of an online survey and interviews.

#### **Online survey:**

An online survey was designed in discussion with the Steering Group to capture quantitative and brief qualitative data on care workers' use and experiences of the Keys to Care resource, and its impact (both personal and practice). The survey was hosted on a well-known and user-friendly website, Survey Monkey, and also available as a paper copy with return envelope upon request.

The main informant from each of the three care providers consulted the staff who had been given access to the Keys to Care resource and invited them to provide their e-mail contact and/or preference for a paper copy of the survey. This list was then forwarded to the research team at ADS. The survey was subsequently distributed to each member of staff in their preferred format by the ADS team, together with an information sheet outlining the details of the research. Upon accessing the survey participants were reminded that participation was voluntary.

The survey was open for a three-month period from late September to early December 2015 and a number of reminders were sent by ADS throughout this time. In addition, the main informants for each care provider were encouraged to remind staff about the survey. Online and paper copy data returns from the survey were received by the ADS team only. Paper copy responses were manually entered into the online survey.

Response rates were as follows:

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### Keys to Care user interviews:

It was originally intended to conduct 8-10 telephone interviews with Keys to Care users. To recruit participants, survey respondents were asked to provide their contact details if they were willing to take part in an interview. Seven respondents offered their details at



present any unusual ethical issues as participants were all voluntary and able to provide informed consent to take part, and data was anonymised.



# Literature Review

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As part of this evaluation ADS undertook a comprehensive literature review to identify similar resources to Keys to Care (in scope, target audience and intention), any systematic evaluations of such resources and any cross-learning that may help with further development or use of the Keys to Care resource. Appendix 1 includes a list of the final resources reviewed within this section.

The literature review was explicitly intended to draw on 'grey' literature; that which is relevant to the topic and easily accessible, but not necessarily peer-reviewed and contained in academic journal. This was so that this literature review mirrored what a care worker (Keys to Care's intended audience) would encounter through a simple internet search or through sources available in their workplace. Initial searches identified a wide range of potential resources that could have been included in this review (90); the volume demonstrating that easily navigating this field is a challenge. Search returns were then manually selected to ensure relevance and direct comparability to Keys to Care as follows:

1. Specifically developed for care homes or care home workers;
- 2.



Specifically designed for frontline workers (as opposed to management, or generic use)

Scope for portability and in-action use

Provides short, practical tips

Coverage of several, key areas as opposed to a specific topic

Cost

The literature and its comparison with Keys to Care was addressed according to each of these dimensions. Where individual resources were mentioned, the name is included as





13 were identified, making documents the most common type of resource found. This is notable, because these documents often claimed to be 'toolkits', 'resources' or 'interactive' when actually they were simply Word or PDF documents that could be downloaded. As such, they are probably the least comparable to Keys to Care itself. However, the Keynotes for each Key provide additional information about each topic, referencing legal requirements, existing standards and links to useful documents. The Keynotes therefore represent a good, ongoing way for both versions of Keys to Care to remain relevant and condense or signpost the significant information from these sources. The news feed from the app is also a useful way to signpost to new releases and research of relevance to the audience.

Three of these documents related to specific dementia care issues such as medication or sexuality (Dementia Toolkit; Communication and Mealtimes Toolkit & The Last Taboo).

Three were concehron or 2 Td(sexu)7 (oore)-3 0(e)6 ( )-SA9j rion olifd-3 (as (re)-3 (t5a)8 (n)-4 )-2 (s)11

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England); Voluntary/Statutory Partnerships (Coventry & Warwickshire Dementia Portal); or Clinical Commissioning Groups (Toolkit for Care Homes).

Finally, three were found that related to this literature review, where the apps or tools they referred to were not identified elsewhere. This would suggest that development or piloting work was undertaken but has not (yet) been translated into a resource accessible by practitioners. In addition, a number of journal articles were found that identified The Carer App which was discussed earlier in this literature review, (Pitts et al, 2015; Zachos et al, 2013).

Two journal articles addressed the development of "toolkits" that, on examination, only existed as documents with suggestions for electronic development in the future, (Potter et al, 2013; Marsden et al, 2003). This highlights that electronic apps and resources are often considered an appropriate way to transfer knowledge and improve practice but only as 'next steps' or as a way to share content, rather than the app being an integral component of the resource. This may suggest that, if use of technological solutions is to , r14 (s1867 (Q (t)5c)13 ad (a)9 i)6 (n)-4 (rs)nte echest (-)3 (l)-5 (at)45 (a(d)5 (ed)3 (-) (c)37(t)54 (at)4 (

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reflective tool, in the aftermath of an issue or when writing up care notes. They also often spontaneously explained that they would not use such a tool whilst in direct interaction with residents or clients. This would suggest that the nature of care interactions directs away from any resource that may distract from the relationship; whether physical or electronic. This is important information for those developing carer resources to acknowledge.



Only three of the 13 documents addressed this group, (Dementia Toolkit; Prevention





with frontline workers, relatives, residents and a range of professional expertise; addressing a wide range of typical daily issues in an realistic way by using short, practical tips intended to be used in-situ of the day-to-day practice of care workers.

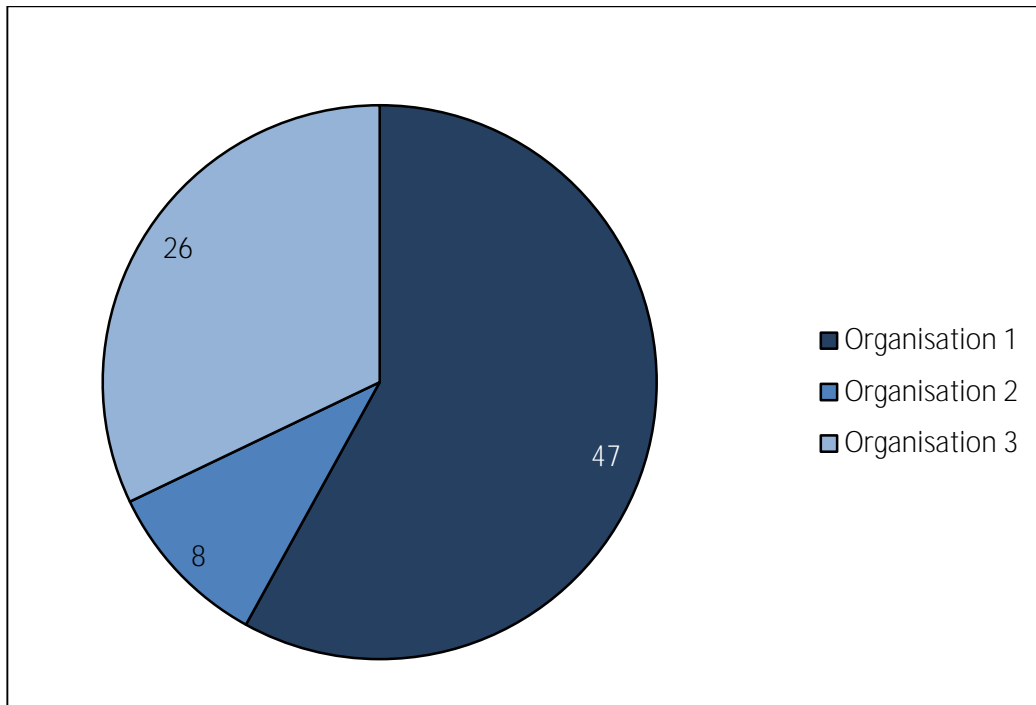
Therefore the use and evaluation of this resource, in both its physical and electronic form will provide important future learning for this sector and resource developers as well as for further development of Keys to Care itself. The broad findings from the literature review are addressed again in combination with this evaluation's findings in the discussion and conclusion section of this report.





Activities co-ordinator  
Head of Care  
Care in the community  
Nurse

58% of respondents who specified an organisation were from Organisation 1, although this is not surprising as they had the largest group of potential contacts.



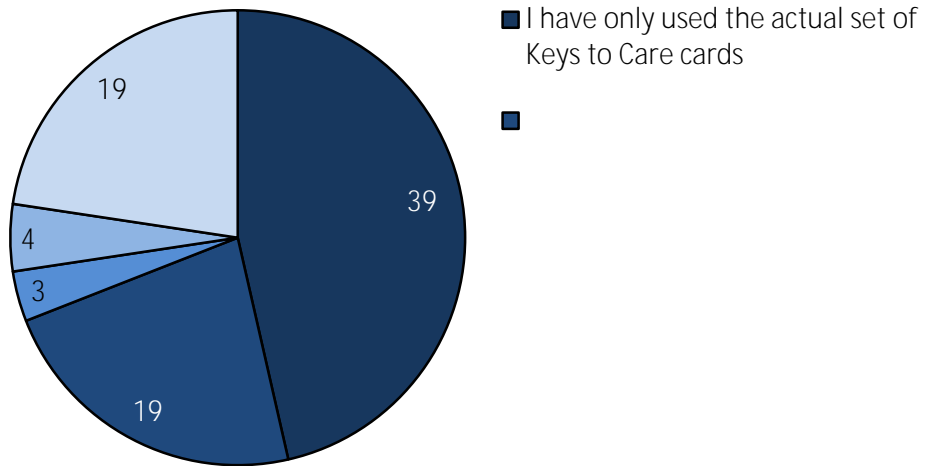
Respondents were asked to say in what county or London borough they do most of their work. These are detailed below, please note some respondents specified multiple London boroughs.

Gloucestershire	3
Lincolnshire	8
Oxfordshire	2
Wiltshire	11



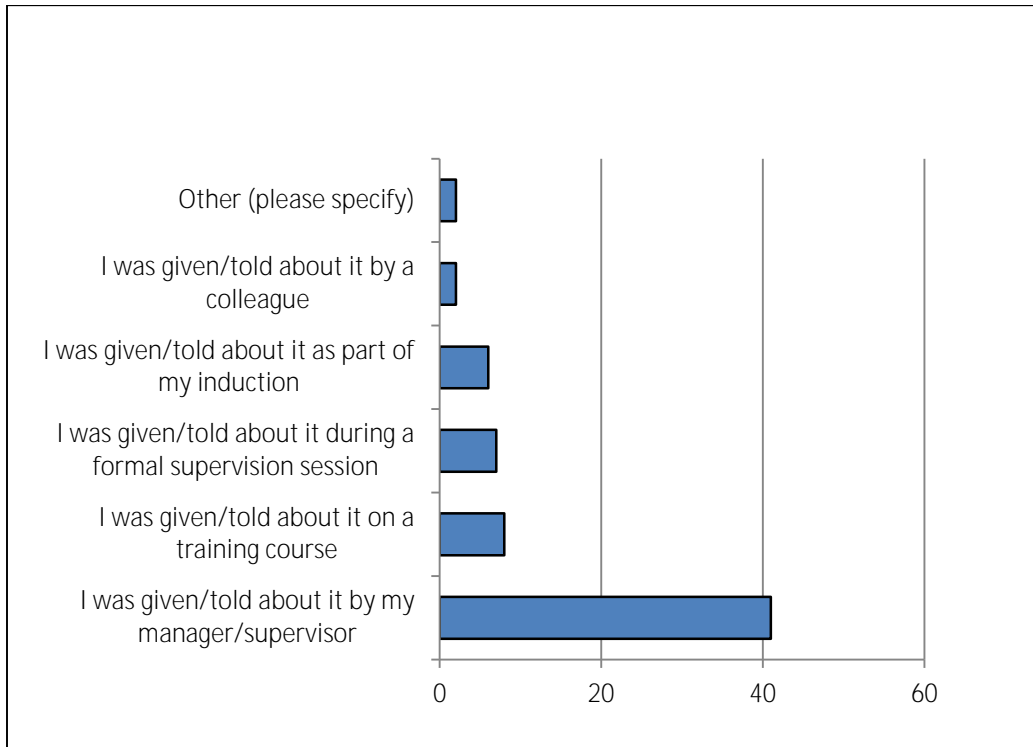
London	60
Other	4

Almost half of the respondents (46%) had only used the physical Keys to Care, with 22% exclusively using the electronic app. Only three respondents had used both the physical and electronic versions, limiting the possibility of comparing the two versions through their perspective.





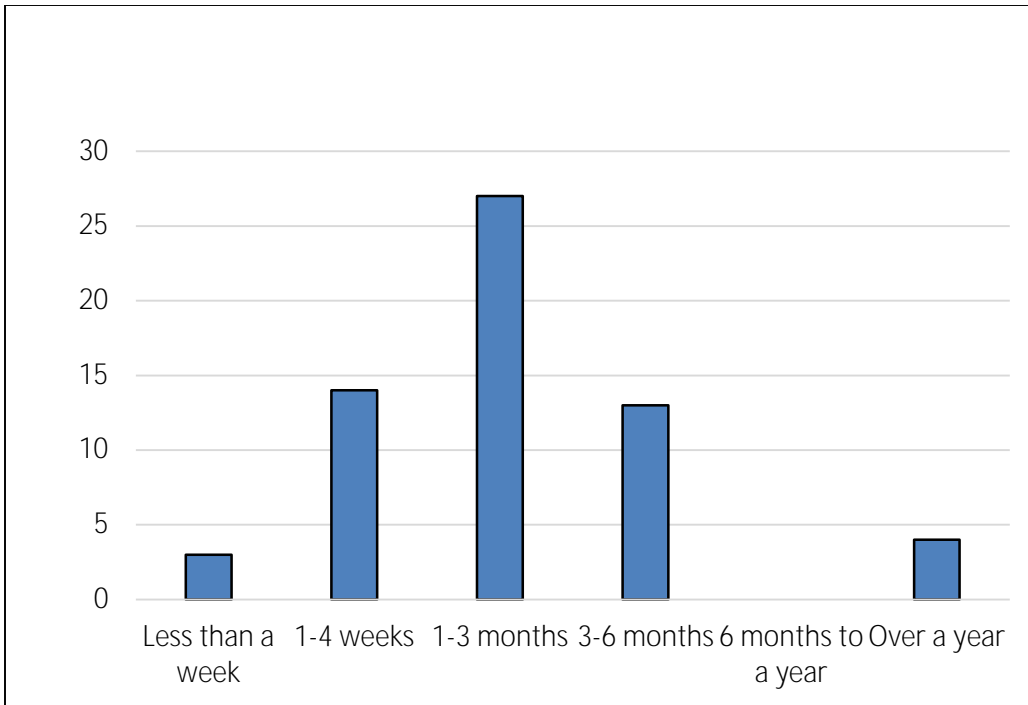
This is unsurprising, given that within this evaluation care organisations undertook to use Keys to Care and this was promoted by someone in a management role. However, considering this together with later responses and interviews, it would suggest that actively using the Keys, rather than simply distributing them, is an important component of making them useful.



### Length of Use

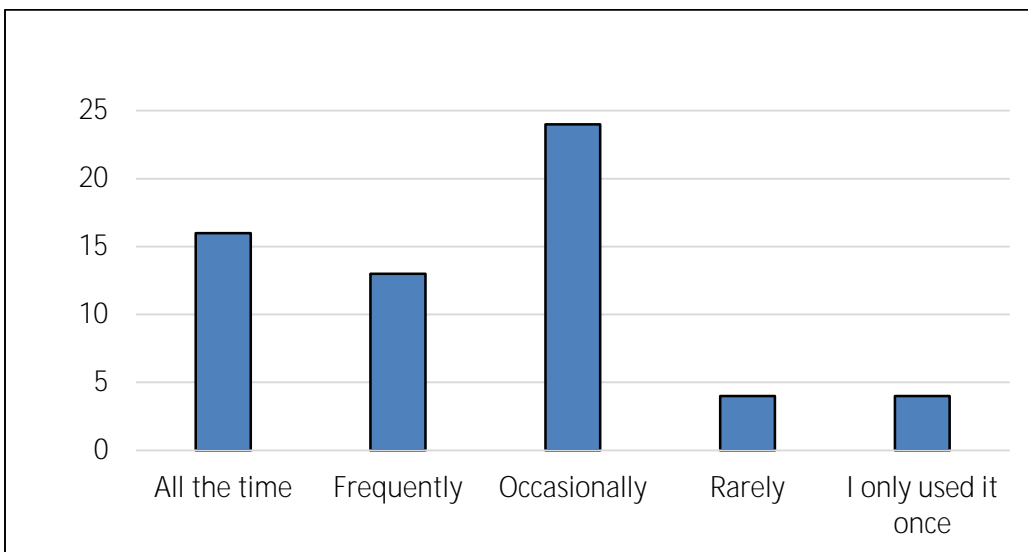
Most respondents were fairly new to Keys to Care, with 72% having only used it for three months or less.



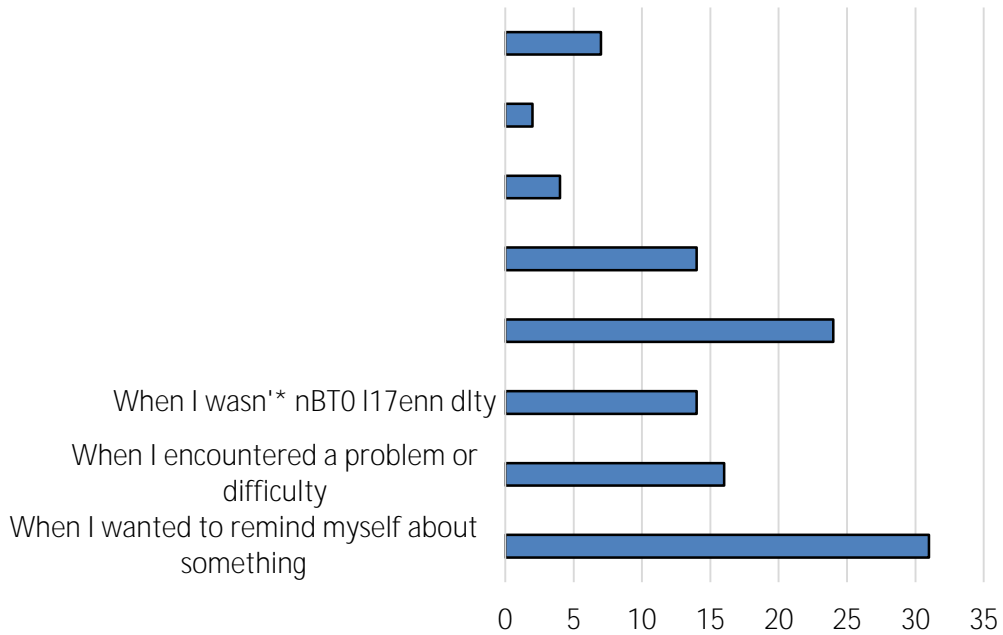


### Frequency of Use

Generally the respondents used Keys to Care fairly often. Five of the eight respondents who had used Keys to Care rarely or once had been using it for four weeks or less and so this is not surprising.



Respondents have often used Keys to Care for more than one reason or in more than one way. It is most likely to be used as a reminder for staff or as a means of checking their knowledge.



This suggests that Keys to Care is a flexible resource that can be used by individuals in ways to suit them, rather than being overly directive. This is an important feature when applied to a role that is as varied and ever-changing as that of a care worker.

A few respondents gave additional comments. One care worker described the way they used to Keys to Care,

Another respondent highlighted that they felt it provided only general knowledge that, in their opinion, care workers should already have. The Keys to Care resource is, indeed, intended to cover the basics of care, and so it is likely that for someone with extensive



experience it would be less useful. This would suggest that organisations should be mindful of who and how they use such a resource.

In examining the use of the different Keys, the spread of use is fairly even across the different topics, suggesting that use depends on the interests and choice of the individual care worker. Again this would point towards a strength of Keys to Care<sup>10.82s</sup>, sug, suenen(o)



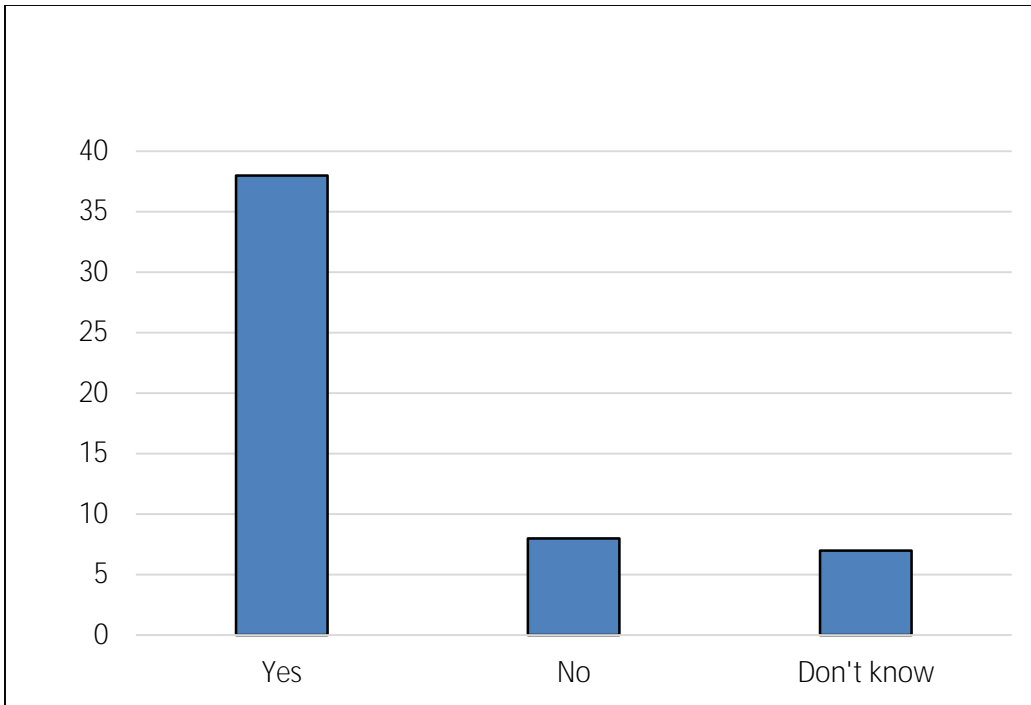
Figure 9 demonstrates that users are more likely to use the Key than the Keynotes, and this is not surprising. Each Key references the relevant Keynote, but the Keynotes are separate from the Key itself. The Keynotes are intended to provide additional information if the Key prompts questions or issues for the carer or they wish to find out more. Given that the majority of respondents are referring to their use of the physical Keys to Care in their responses, it is likely that Keynotes are stored separately. However, when comparing the responses from users of the physical Keys to Care and the (t)-4 (2-4 (er)-2)5 (el)tae



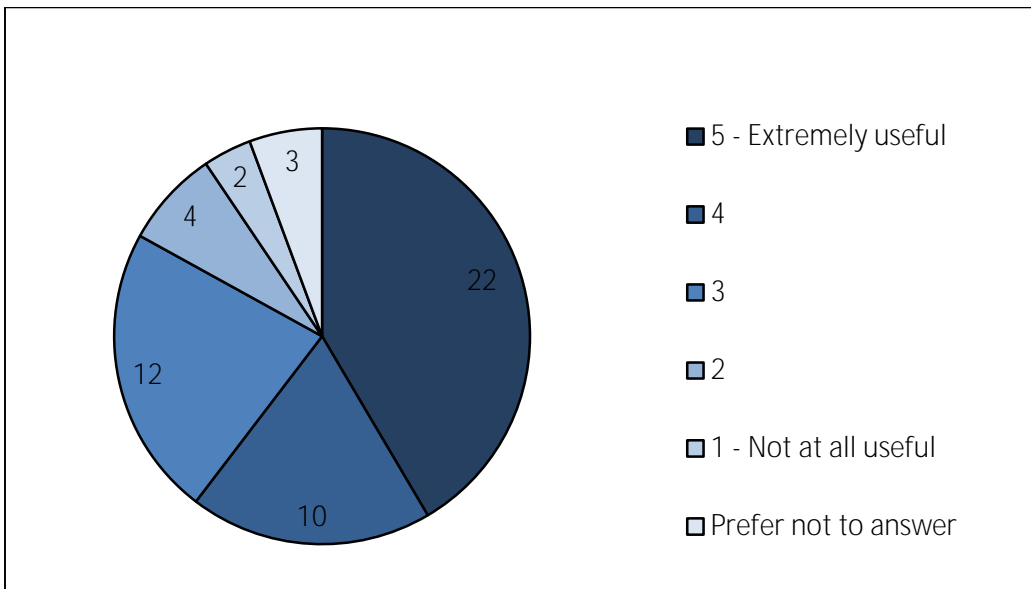
Figure 10 indicates that while users are finding the information in the Keys useful and helping to improve care provision, the numbers are significantly lower than those actually using the Keys. This implies that using a Key does not automatically mean that there will be a direct impact on practice. However, this is perhaps to be expected because respondents used the Keys to remind themselves of something, to check

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Nearly half of the respondents (42%) felt that Keys to Care had been extremely useful, while 83% rated it 3 out of 5 or higher.



Respondents were also asked to explain how Keys to Care has influenced their daily work. They were generally very positive about this about nine (9) of the 10 (10) respondents (90%) (or).





Respondents were given the opportunity to give overall feedback on Keys to Care and/or any ways it could be approved. The comments summarised below are consistent with those identified in the interviews; suggesting a good basis for ways forward in using and developing Keys to Care. Comments were mostly positive and included reference to the clarity, content and ease of use. Five respondents who chose to comment highlighted that the Keys were good for new members of staff, but less so those with more experience. Again, this would be consistent with the 'back to basics' intention of Keys to Care and highlights that organisations should be thoughtful about how and when to use such a resource.

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Thirdly, in the majority of cases, the 'back to basics' approach was identified as useful because it enabled the flexibility and adaptability of the resource to different settings, circumstances and individuals. The ways in which Keys to Care highlights main points and prompts related to the important areas of care was seen as an ideal jumping off point for the different main informants and individual users.

However, it is important to note that some reflected that for a few individuals the 'back to basics' nature had been experienced as patronising and thus not useful. This related particularly to experienced or long-term staff. This sentiment was echoed within a minority of survey responses as well.



The app was highlighted as particularly innovative and different in this regard, and seemed to appeal, unsurprisingly, to technologically savvy users. The 'live' news feed and link was often singled out as useful and unique by users and so this is an area that may be ripe for further work to enhance its effectiveness.

Keys to Care was identified as having a range of positive impacts across both organisations and individual staff users. These are detailed below in relation to organisations and then individuals. These impacts are identified from a small sample



Secondly, it appeared to impact positively on care planning in organisations as it provided a structure and reminder for senior staff when writing and assessing. This may have been particularly strong because a number of care homes in Organisation 3 had engaged in other work in this area at the same time as Keys to Care and had explicitly linked Keys to Care to it.



Finally, in a few instances a direct impact was identified in relation to clients or family members and their experiences of care. However, it is important to note that these were reported second hand rather than by individuals themselves.

### Individual user impacts

The impacts of Keys to Care identified by individual users or on individual staff members by main informants, correlated with those identified for organisations more widely. No examples of Keys to Care's impact on specific care incidents or modes of practice were identified. However, subtler impacts were identified, and often in situations once-removed from client-care worker interactions themselves. This suggests that Keys to Care has an indirect, but nonetheless important, impact on care quality through the following areas.

Most commonly, Keys to Care was used as a reflective resource by individual staff after a particular incident or more routinely after a shift or in a break from work. It was identified as being a good prompt or 'double check' for what had occurred or to reaffirm

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greatest impact from Keys to Care there needs to be a thoughtfulness about when and how they are rolled out.





portability inferred that they be used 'in the moment' with residents. However, in practice this was not how they were used and respondents felt that the resource – or anything similar – should not be used when face-to-face with a resident and engaged in care. A number of respondents identified that they would not consider this to be good practice;



less care home specific. An advantage of the electronic app in this regard is that alterations and additions are cheaper and easier to instigate.







this approach by using it to emphasise training, to refer to following an unsuccessful situation or to shape supervision and quality assurance. This is an important impact of









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General Google searches	<ul style="list-style-type: none"> <li>o skills for care resources</li> <li>o care app</li> <li>o dementia care app</li> <li>o dementia resources</li> </ul>	<ul style="list-style-type: none"> <li>o dementia toolkit</li> <li>o care home toolkit</li> <li>o care home app</li> <li>o care home resource</li> </ul>
PsychInfo searches (academic journal database)	<ul style="list-style-type: none"> <li>o dementia, toolkit</li> <li>o dementia, app (exc. amyloid)</li> <li>o care workers, app (exc. amyloid)</li> <li>o care workers, toolkit</li> <li>o care homes or residential care or )nursing homes, app</li> </ul>	



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	Information and best practice guidance for running care homes		homes									<a href="#">home-management-for-older-people/</a>
	Diagnosis, awareness, response	Free	Care homes	No	No	Yes	Yes	No	No	Sensory Loss	2015	<a href="http://www.careengland.org.uk/sensory-loss-care-homes-diagnosis-awareness-response">http://www.careengland.org.uk/sensory-loss-care-homes-diagnosis-awareness-response</a>

Free All Yes No Yes Yes Yes

Dementia toolkit for effective communication

section





Helping people with dementia to eat, drink and communicate	Free	All	No	No	No	No	Yes	Yes	Communication/ Eating & Drinking	2013	<a href="http://www.nhsdg.scot.nhs.uk/Departments_and_Services/Speech_and_Language_Therapy/Adult_SLT/Documents/Communication_Mealtimes_Toolkit_for_Dementia_2013.pdf">http://www.nhsdg.scot.nhs.uk/Departments_and_Services/Speech_and_Language_Therapy/Adult_SLT/Documents/Communication_Mealtimes_Toolkit_for_Dementia_2013.pdf</a>
	Free	Care homes	No	No	Yes	Yes	No	No	End of life	2015	<a href="http://www.southampton.ac.uk/assets/imported/transforms/content-block/UsefulDownloads_Download/7D8C9310A4C5441E99D7C6B39CB26E88/EoLC-care-home-toolkit.pdf">http://www.southampton.ac.uk/assets/imported/transforms/content-block/UsefulDownloads_Download/7D8C9310A4C5441E99D7C6B39CB26E88/EoLC-care-home-toolkit.pdf</a>

resource

[fractures&catid=328&Itemid=594](#)



		Free	37Care Health Care	some Yes - some	No	me		me	me			
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# Appendix 2: Project Governance

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This project is a partnership between ADS, the R&RA and three care providers who are using Keys to Care within their own organisations. The success of this project is due to this collaboration.

The ADS project lead, together with internal administration and research support, was responsible for the practical development and conduct of the data collection and analysis activities, and provide support to care provider organisations where appropriate. She drew on internal administration and research assistant resources. She was supported by a senior staff member in ADS to provide internal project oversight.

Judy Downey, Chair of the R&RA, was responsible for liaison between Comic Relief and the ADS team and providing the care providers with access to Keys to Care. In addition R&RA staff supported the administrative aspects of the project and will play a key role in disseminating this final evaluation report.

Each care provider organisation provided a link person who participated in the Steering Group and liaised with the ADS project lead throughout the project to carry out tasks listed in the project plan, such as disseminating Keys to Care and raising awareness of the evaluation.

