



Qualitative and quantitative data was gathered from multiple stakeholders with a view to ascertain the impact of the intervention on residents, staff and care homes, and also the barriers and facilitators of implementing the FITS into Practice programme overall.

Data included:

Resident anti-psychotic prescriptions and goal attainment

DCC knowledge, attitudes and confidence questionnaires

DCC training evaluations

DPDC reflective diaries and interviews

Case studies of 9 participating care homes including interviews with DCCs, home managers and care home staff.

To achieve maximum benefit care home organisations and management needed to provide role clarity and protected time for the DCCs to implement FITS in their care home. Where this did not occur, DCCs struggled and implementation was significantly reduced.

The level of practical support from management within the care home made a significant difference to implementation by DCCs.

Implementation was more successful when external factors, such as the approach of GPs and local community mental health teams was consistent with the FITS approach.

There was a 30.5% reduction in antipsychotic prescriptions for residents from baseline to the end of the intervention.

Residents whose medication was reviewed were more alert, communicative and active, with improvements in mobility, eating and sleeping.

Participating DCCs showed a statistically significant improvement in attitudes and knowledge about dementia

Very positive changes in care practice were seen in care homes whose DCC completed the programme. These included: improved physical environment, improved staff team engagement, increased activity and engagement between staff and residents, improved relationships with family and enhanced reputation with regulators and local commissioners.

Support provided by DPDCs through training and supervision was highly valued and influential.

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