

## Summary of the report

**'The Challenging Behaviour inspection instrument explored further. Experiences and intention to comply within psychogeriatrics'. (*Het toezichtinstrument Onbegrepen Gedrag nader onderzocht. Ervaringen en nalevingbereidheid binnen de psychogeriatricie*).**

**Verkaik R., Friele R. and Francke A.L., 2016. Utrecht: NIVEL, 2016**

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The Challenging Behaviour inspection instrument has been well received by psychogeriatric nursing-home organizations. Directors, managers and care professionals (physicians, psychologists and nursing professionals) are enthusiastic about the new inspection instrument and the different elements in it, including the Short Observational Framework for Inspection (SOFI). They also have the intention to comply with the recommendations resulting from inspections using the instrument. Improvements can be made in the way the inspections are conducted and by creating the right expectations within the psychogeriatric nursing-home organizations.

### **Background**

In 2015-2016, the Dutch Healthcare Inspectorate focused on nursing-home care for people with dementia. They paid special attention to the way caregivers are caring for people with dementia who suffer from changes in behaviour and mood, such as agitation, depression and apathy (also called 'challenging behaviour'). The Dutch Healthcare Inspectorate developed the Challenging Behaviour inspection instrument for this purpose. In 2015, the Netherlands Institute for Health Services Research (NIVEL) conducted a first study of the Short Observational Framework for Inspection (SOFI), which forms the essential part of the Challenging Behaviour instrument. This first study gave indications that the inspection instrument could have a positive influence on the intention of directors, managers and caregivers to comply with recommendations resulting from inspections that use it. The research question in the current study is therefore: How do directors, managers and care professional experience the Challenging Behaviour inspection instrument and the various elements in it, and how does it affect their intention to comply with recommendations following from the inspection?

### **Concrete recommendations offer opportunities for better compliance**

Interviews took place with directors, managers and care professionals from twelve selected nursing-home organizations. The directors, managers and care professionals find that inspections using the Challenging Behaviour instrument give them the opportunity to have a dialogue with the inspectors about the actual care provided. They also find that they receive concrete recommendations for improvements when the Challenging Behaviour instrument is used. According to them, this is helped by the combination of checklist elements and descriptions of observed care. This combination makes clear to them what improvements the inspector wants, and this enhances their ability to comply with the recommendations.

Care organizations feel that this advisory role, as they experience it, of the inspectorate can go together well with their role as a supervisory body. Some of the directors would also appreciate the opportunity to contact the Healthcare Inspectorate about other dilemmas they are facing, for example about the balancing act they experience between the safety and wellbeing of their residents. They would also welcome the opportunity to contact the Healthcare Inspectorate for 'best practices' on these matters. The question is whether the Dutch Healthcare Inspectorate wants this advisory role.

### **Observations and discussions can improve the intention to comply**

The results show that the Challenging Behaviour inspection instrument was well received. Care organizations appreciate the fact that the Healthcare Inspectorate is paying attention to changing behaviour and mood in people with dementia. They agree with the eight elements of good care that form the core of the inspection instrument. Directors as well as managers and care professionals are enthusiastic about the inspectors' observations of daily care and the conversations about this with caregivers. According to the interviewees, both elements could positively influence the intention of caregivers to comply with recommendations resulting from the inspections. To have this effect, it is however essential that inspectors conduct the observations and conversations without any preconceptions and are open to what caregivers have to say. If inspectors appear to have prejudged the situation this causes fear and anger in care professionals, which negatively influences their intrinsic motivation to comply with any improvements that the inspectors suggest. According to the managers and care professionals, inspectors' preconceptions also mean that they do not always triangulate findings in observations with other information. Another related study result is that the interviewees often consider the inspection reports to be more objective and have better underpinning than the closing talk with the inspectors at the end of an inspection day.

### **Indications for actual compliance**

The organizations that were involved in the study already had a policy on care for dealing with behaviour and mood changes in people with dementia. The persons who were interviewed said that the inspection visit with the Challenging Behaviour instrument worked as a catalyst and sped up innovations. The organizations developed improvement plans based on the inspections using the Challenging Behaviour instrument. The plans of organizations that did not receive a formal judgement (visited in 2014) did not differ from the plans of organizations that did receive a formal judgement (visited in 2015). Organizations that were visited in 2015 and were obliged to make a plan found the period of three months that they were given to do this too short. According to the interviewees, this had a negative effect on the intrinsic motivation of caregivers in the long run.

The following topics featured in most plans:

- \*Training for the lower level caregivers
- \*Improvements in reporting
- \*Improvements in multidisciplinary collaboration
- \*Analysing the life-cycle of residents
- \*Family involvement
- \*Reduction in psychotropics

Internal audits were usually used to ensure improvements were made.

### **How was the study conducted?**

For this qualitative study, twelve group interviews were conducted with managers and care professionals (physicians, psychologists and nursing professionals) and twelve individual interviews with directors. In addition, the improvement plans of the twelve selected organizations were studied. The study had an explorative nature. It therefore offers insight into the breadth of experiences, mechanisms and important themes around the Challenging Behaviour instrument but it does not give information on the actual effects or their size. The study found place in the Netherlands from February to June 2016.