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An Evaluation of the Keys to Care Resource

Commissioned by the Relatives & Residents Association

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For Quality of Life of Older People in Care

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Introduction and Background

The Keys to Care resource was produced by the Relatives & Residents Association (R&RA) with funding from a Comic Relief initiative aimed at improving practice in institutional care for older people. The R&RA worked in partnership with people working and living in care homes and their relatives and friends to produce the Keys to Care resource, which was formally launched in January 2013 and has since been available at cost price direct from the R&RA.

It was designed to act as an accessible, practical aide memoire to support care workers in their busy roles and to complement other training and development care workers receive. It covers many major topics relevant to the day-to-day work of care workers in care homes, providing simple, practical and thought-provoking tips.

The 12 topics for the Keys are:

- *The Care Plan*
- *Care at Night*
- *Continence Care*
- *Daily Life*
- *Dementia*
- *Eating & Drinking*
- *Emergencies*
- *End of Life Care*
- *Family & Friends*
- *Listening & Talking*
- *Mouth & Teeth Care*
- *Privacy & Choice*

The Keys to Care Resource

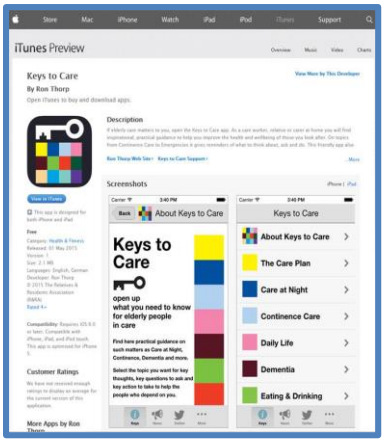
Keys to Care started life as a physical resource of 12 laminated and ring-bound cards, designed to be carried in care workers' pockets, or kept somewhere that is easy to access and to support their organisational training. In addition, each Key has a

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.



The Keys to Care Mobile App

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

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

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.

Overall aim and evaluation questions

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?

Use of the Keys to Care by care providers

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:

Table 1: Use of Keys to Care by providers

Care provider	Physical or app version	Estimated volume distributed at time of evaluation	Approx. length of time using Keys to Care prior to evaluation
Organisation 1 (domiciliary provider)	Both	90 staff (each given the physical resource and informed of the app)	3-6 months
Organisation 2 (care home provider)	Physical	22 staff (each given the physical resource)	3-6 months
Organisation 3; Care Home 1	Physical	12 staff (sharing 6 Keys to Care)	2 months
Organisation 3; Care Home 2	App	16 staff (given information about the app)	2 months
Organisation 3; Care Home 3	Both	36 staff (sharing 4 Keys to Care and 4 apps)	2 months
Organisation 3; Care Home 4	App	10 staff (each downloading the app)	2 months
Organisation 3; Care Home 5	Physical	20 staff (sharing 7 Keys to Care)	3-6 months

Method

This evaluation took place across three main stages: literature review, data collection and data analysis.

Stage 1: Literature review

An initial literature review was designed to establish the existence and/or evaluation of other similar resources to Keys to Care; those standalone resources focussed on improving care provision by care workers in care homes. This was to ensure that the findings could be situated within the existing evidence. Details of the literature searches and sources identified are included in Appendix 1.

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.

Stage 2: Data collection

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:

Table 2: Survey response rates

Organisation	Response rate	Surveys returned	Surveys distributed
Organisation 1	24%	47	194
Organisation 2	36%	8	22
Organisation 3	35%	26	74
Total	**29%** (*)	**84**	**290**

In addition, 12 external contacts representing various providers who had purchased 20 or more copies of Keys to Care were also invited by the R&RA and ADS to take part in the evaluation through the online survey. It was hoped that this would provide an additional data stream. However, only one contact participated and completed less than half of the survey. Their responses are therefore not part of this evaluation.

***Main informant interviews*:**

Each care provider had used Keys to Care in different ways. Therefore interviews were undertaken with the individuals within each organisation who had purchased and distributed the resource. The interviews focussed on:

- The ways in which Keys to Care has been used within their organisation
- The rationale for its use
- The impact and experiences of its use from an organisational perspective
- Examples of impact and experiences of staff or residents
- Plans for future use and/or possible improvements to the resource

In total, six people participated in main informant interviews, all of whom had taken responsibility for distributing Keys to Care. This included: two operations staff from Organisation 1; a graduate trainee from Organisation 2; and two home managers and a head of care from Organisation 3.

Interview questions were designed in discussion with the Steering Group to address the three research questions. In addition, in each of these interviews the main informants had collected anecdotal evidence in discussions with staff that they included in their answers.

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 this stage, but only two replied to follow up contacts, one of whom withdrew their participation. Only one interview was conducted via this method. Following this, the main informants were asked to contact their staff directly to ascertain whether any users were willing to participate. From this an additional three telephone interviews were conducted, resulting in a total of four, (one from Organisation 2 and three from Organisation 3).

The interviews focussed on:

- The ways in which they have accessed and used the Keys to Care resource;
- Their experiences and opinions of the resource;
- The impact the resource has had on them, their care practice and the care experiences of those they support;
- Their suggestions for changes or improvements to the resource.

Members of the ADS project team conducted the interviews via telephone and these were transcribed verbatim and anonymised prior to analysis. The interview questions were designed in discussion with the Steering Group to address the three research questions.

Stage 3: Data analysis

Quantitative survey data was analysed to provide descriptive statistics of use, experience and impact of the resource. Potential differences between data sets for type of worker (care home or home care) and type of resource (the physical resource or the electronic app) were also examined. Qualitative survey data was analysed to contextualise the survey questions and survey results. Interview data was analysed by hand by one researcher using inductive thematic analysis[1] with the aim of answering the three research questions.

Ethical approval and consent of participants

Ethical approval for this project was sought and granted from the University of Worcester Ethics Committee prior to the start of data collection. The project did not

[1] Braun, V. & Clarke, V. (2013) Successful Qualitative Research, (London, Sage).

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

Project timeline

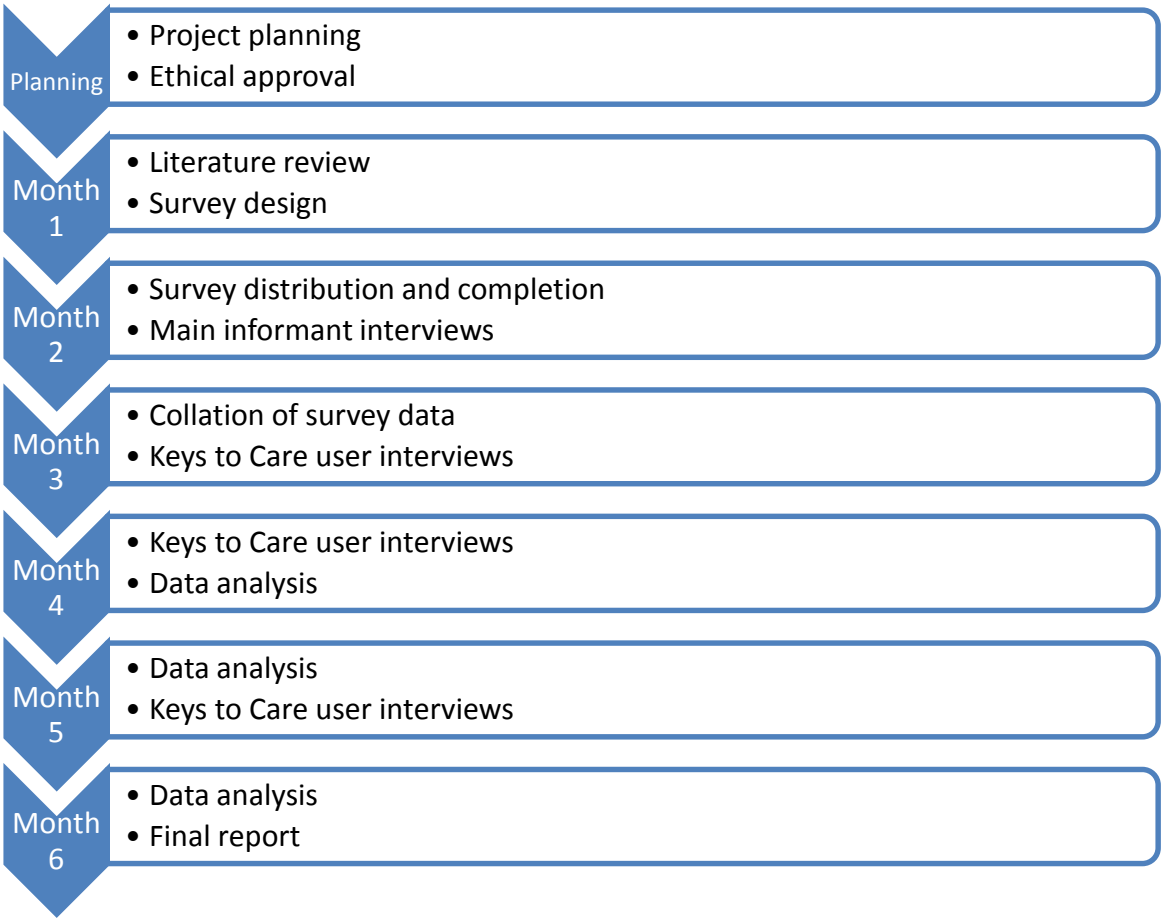


Figure 1: project timeline

Literature Review

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. Standalone resources that were not part of a training package or e-learning package, requiring additional input beyond accessing the specific resource.

These additional criteria were required to ensure that the literature review was manageable in a project of this size and because a large range of resources reference care homes or make claims to transferable learning in these settings (and thus appear in a literature search) without being specifically designed for that purpose. Exclusion of a resource on these criteria does not mean that it does not have relevance or the potential for transferable learning for care homes or workers simply that it was not directly comparable to Keys to Care.

Applying these criteria, removing duplicate references, and accounting for resource repositories (websites containing a range of downloadable documents and resources from a single source) left a final selection of 42 resources. Each resource was then examined according to the following seven dimensions recognised as being central to Keys to Care's identity and potential uniqueness and often referenced as the unique "selling point" of the product:

- Format
- Designed directly by or with care home staff

- 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 the reference, with full details available in Appendix 1.

Resource format

The resources identified within this literature review existed in five distinct formats: electronic apps, websites, downloadable documents, journal articles and resource repositories.

Eight **electronic apps** were identified, all of which were available from App Stores. Four of these related directly to existing frameworks of practice for social care workers, (Code of Practice for Social Care Workers; Social Care Induction Framework; Leadership Qualities Framework for Front-line Workers; Dementia Care) and as such are apps that translate an existing document into an electronic, searchable format. Two apps addressed specific areas of practice, providing a reference guide and prompts relating to infection control and medication (Preventing Infection in Care@Home; SafeMed).

The final two apps were the only ones to include an interactive element – beyond basic searching of a set document or linking to other sources – in which the user can input information into the app to prompt later recall or return of information of relevance from other sources/users. Both had a specific focus on dementia care. The first of these was a paid-for app (Recogneyes Choices) aimed at improving communication in which a user can upload existing preferences and modes of communication for an individual to be recalled and interacted with at a later point.

The second of these was a free app (The Carer App) designed to encourage creative responses in dementia care in which carers can input a scenario and receive a range of prompts for different responses, generated by other users and from other non-care domains and thus encourage reflective learning. This was also the only one to have been tested throughout its development (in two residential homes) and the results published in a peer-reviewed journal (Pitts et al, 2015). It therefore contains some important

learning for this evaluation, with particular regard to the electronic app version of Keys to Care.

The Carer App was designed to be used in-situ, on an iPad, with minimal training and costs, (Zachos et al, 2013). In summary, the research showed that apps/devices were carried and used by carers, with no significant problems identified. The Carer App also resulted in an increase in the volume, frequency and detail of recorded notes regarding residents suggesting that mobile technology is beneficial in changing practice, although the authors do note that this may have been due to the novelty of The Carer App and the research as opposed to the technology itself. However, despite this impact it was found that the it did not increase the level of reflective learning, which was its intended outcome, suggesting further work was needed, (Pitts et al, 2015).

This would suggest that the portability of the Keys to Care app as well as the physical Keys is novel in that it is designed in such a way that when and how it is used can be determined by the care worker themselves. Thus it may have the potential to affect practice. In addition, its wide-ranging nature and the focus on short tips rather than translation of existing standards and documents makes its stand out against other apps in this sector.

Ten **websites** were identified, each containing a range of different information, interactive elements and downloadable documents. The key defining feature of these resources was that a person had to be connected to the internet in order to access and use the resource and that they required some navigation and selection within the website for a person to identify helpful information. These resources, whilst useful and aimed (at least in part) at a care worker, are less portable and convenient than Keys to Care (both in electronic or physical form) and unlikely to be directly usable in-situ.

One website was specific to dementia care but wide-ranging in its coverage (Care Fit for VIPS). A further four websites were specifically aimed at the issue of dementia in relation to a particular issue or area of practice: sensory loss, (Sensory Loss in Care Homes; Stirling Design Centre); communication (Demtalk); and managing behaviour (Nursing Homes Toolkit). A further three websites were not dementia-related, but had a different focus; activity (Living well through Activity Toolkit); culturally competent care (Jewish Care); medication and prescribing issues (CareHomes Webkit). The final two websites contained generic care home information through a subscription-based guidance tool (Croner-i) or a free-to-access good practice sharing website (Learn from Others). This final one is most relevant to Keys to Care as it specifically encourages interactive and peer learning from other care workers.

13 **downloadable documents** 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 concerned with end of life care (Improving End of Life Care; Introductory Guide to End of Life Care & Building on firm foundations). One document focussed on dignity (Dignity in Residential Care) and the remaining six addressed a specific medical topic such as delirium, falls or diabetes management; (Water for Healthy Ageing; Let's Respect; Norovirus Toolkit; Prevention & Control of Infection; Managing Falls & Fractures; Good Clinical Practice guidelines for Care Home residents with Diabetes).

Eight **resource repositories** were identified as being relevant to the literature review. These first appeared in literature searches as multiple separate resources, mostly downloadable documents. However, as their source was common and frequently updated it seemed more appropriate to treat them as a single entity that contains a range of resources addressing a range of issues of relevance to care homes and care workers. The Keys to Care app already links to relevant websites, again serving a signposting function. This is helpful in order to ensure that users of the app are directed towards quality sources of information, particularly in a field where there is a proliferation of documents and sources. It will be important that the app remains up-to-date with regard to the sites it links to, and it has the facility for this to be done.

Five resource repositories are well-known and contain relevant information across a range of topics, much of which is particularly aimed at care homes or workers (Social Care Institute for Excellence; National Institute of Clinical Excellence; Skills for Care/Health; Royal College of Nursing Dementia Resources and Care Improvement Works). The remaining three were representative of resource repositories that are likely to be replicated in different localities, as they were developed by particular bodies around certain issues. For example: Local Authorities (Dementia Partnerships East of

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

Finally, three **journal articles** 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 be expanded in these settings, the technological component needs to be central to development rather than an after-the-fact consideration. Muller et al. (2012) identified that inserting existing technologies into care settings does not work, and therefore the focus should instead be on developing technologies within the dynamics of giving and receiving care.

Of the most relevance to Keys to Care, Quadri et al (2009) trialled the use of Personal Digital Assistants (PDAs) with nurses in residential care facilities, comparing it with the use of pocket cards. The intention was to support dementia care decision-making by providing nurses with information that could be accessed at the 'point of care'. Results demonstrated that both methods were found to be easily portable and saved time in accessing information, although PDAs took longer for nurses to learn to use. Most significantly, this study identified that whilst both methods were designed for use at point of care, the majority of users chose to use the resource 'after the fact' for reference or comparison, citing the difficulties of using a tool when engaging with residents as an explanation. In addition, both tools were highlighted to be effective at providing guidance, with the PDA encouraging access to additional information due to its increased functionality.

These issues were illuminated further within this evaluation. Keys to Care does not directly specify how or when it should be used by care workers, although its format encourages portability and ease of use. It therefore allows care workers to interpret and choose when it is most useful for them to use it. Those interviewed in this evaluation consistently reported that both physical and electronic versions were best used as a

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.

Direct involvement of care home staff in design and development

Of the 42 resources or sources identified in this search, 15 unambiguously stated that they had been developed and designed with the direct input of care home staff; this included the three journal articles cited, who had involved workers in the pilot studies, but for which no currently accessible tool existed. Of the remaining 12, only two of these were apps (Code of Practice for Social Care Workers; The Carer App). Seven were websites (Care Fit for VIPS; Stirling Design Centre; Sensory Loss in Care Homes; Demtalk; Living well through Activity; Jewish Care; Nursing home Toolkit) and the remainder were documents (Improving End of Life Care; Let's Respect; Managing Falls). Three of the resource repositories (SCIE; NICE and Skills for Care/health) also cited user-involvement in their development, although it was not clear if this related to specific resources or the website itself.

This suggests that Keys to Care is unusual in its in-depth consultation of those working in, visiting and living in residential care and as such it might be presumed that the benefits of this may be reflected in this evaluation's findings. Moreover, this dimension does highlight that a majority of resources aimed at the sector are not developed with the direct input of care home staff and frontline workers, which could be argued to be problematic. The increase in direct involvement in this regard should be considered in future work, and Keys to Care could be used as an exemplar in this respect.

Specifically designed for frontline workers

Resources were only included in this literature review if they directly addressed care homes, either in totality or through a specific version or section. Almost half (20) were designed specifically with frontline workers in mind, as opposed to generically targeting care homes or focussing on managers and senior staff. This included all of the apps and four websites (Care Fit for VIPS; Demtalk; Living Well through Activity; Nursing Home Toolkit) each of which had particular sections focussed on this group of staff. The resource repositories from SCIE, NICE and Skills for Care/Health also contained dedicated sections within their websites. One journal article (Potter et al, 2013) referenced a toolkit that was specifically aimed at frontline staff.

Only three of the 13 documents addressed this group, (Dementia Toolkit; Prevention and Control of Infection; Managing Falls). Taken together with the exclusively frontline focus of apps, this could suggest that resources aimed at managers and senior staff are more likely to be document-based, with frontline aimed resources app-based. There are a number of possible reasons for this, including that more technologically-savvy staff (and thus those more receptive to apps) are more likely to be younger and at earlier stages of their careers.

While targeting frontline care workers is not unusual, just over 50% of the resources identified were directed at managers or senior personnel in care home organisations. Consequently, a large number of resources that frontline workers are likely to encounter may well be irrelevant to their day-to-day work. Taken together with its involvement of care workers in its development, this would suggest that Keys to Care would be more likely to directly address the issues of concern to care workers in their everyday practice, and if so, this would be valued for its relative distinction.

Scope for portability and in-action use

Perhaps unsurprisingly, only the eight apps and one website – which contained apps with paid-for functionality (Croner-i) – could be identified as having true in-action functionality. That is, it appeared to be compact, light-weight and small enough to be carried with a worker and potentially used or referred to during day-to-day work. This excluded all websites which would require internet connection and large memory to function and all documents which would have to be printed, carried and searched through if to be used in-action.

Interestingly, only one of these apps also came as a physical 'pocket guide' (LQF for Frontline Workers) for those who did not use mobile devices. This suggests that Keys to Care is highly unusual in considering the practical usage of such a resource and what needs to occur to ensure it is accessible during work days. It may also indicate that an app is more suitable than physical resources (regardless of format) for this type of use. However, within this evaluation the physical Keys remained popular, and their portability was cited as one of those reasons.

Provision of short, practical tips

Just over half (22) of the resources included in this review provided short, practical tips such as memory aids, reflective questions or checklists as their main content, something that is likely to aid their relevance and use in frontline and daily practice. This included five of the apps (Dementia Care; Recogneyes; Preventing Infection in Care @ Home; LQF for Frontline Workers and SafeMed). Three journal articles referenced resources that

operated on this basis, although none were currently a tool easily available to practitioners, (Potter et al, 2013; Quadiri et al, 2009; Marsden et al, 2003).

Websites, documents and resource repositories often contained specific areas that used this method, but other more lengthy methods as well, which also accounted for the remaining 14 resources. Again, this would suggest that Keys to Care, whilst not unique in this regard, is using an approach that would particularly appeal to frontline workers and encourage use in-action.

Coverage of several main topic areas

The breadth of topics covered across the resources was extensive. However, only ten resources covered a wide range of topics relating to frontline care work within a single resource rather than focusing on something specific. These included: three apps (Code of Practice for SCW; Social Care Induction Framework; LQF for frontline workers), two websites (Croner-i; Learn from Others) and one journal article (Qadiri et al. 2009). Four resource repositories also covered a range of different topics (SCIE; NICE; Skills for Care/Health; Care Improvement Works). The remainder either focussed on dementia, (eight resources); a specific issue within dementia care, (nine resources); or other specific topics such as hydration, but not in relation to dementia care, (16 resources).

This again would suggest a strength of Keys to Care is that it covers 12 main topics related to frontline care work in care homes, rather than focusing on one topic in particular. Given the variation in resident needs and thus the diverse situations likely to be encountered by a care worker each day, it would appear that this breadth would be important.

Cost of resource

Finally, all except two of the resources in this review were free to access, use or download. Recogneyes (app) and Croner-i (website) were the only two paid resources identified, although both came with free trial options prior to purchase. However, all free resources would require sufficient and efficient internet access, and include hidden costs associated with downloading data onto personal devices or printing documents if required. Keys to Care is available to download for free and at production-cost price in its physical format.

Conclusions to literature review

Whilst a range of different resources can be comparable to Keys to Care on one or two dimensions, when taking into account all of the factors listed here, Keys to Care is unique in being available in different formats (app and physical); being aimed at and produced with frontline care workers in mind; being developed through consultation

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.

Survey and Interview Results

Survey findings

The following is a summary of the 84 responses to the online Keys to Care survey, as of 03/12/15. The findings are represented according to survey question, as these were identified as the main areas of learning regarding Keys to Care required by this evaluation. Where differences emerged between work role of user (care worker or home care) or by resource type (the physical resource or the electronic app), this is included.

The majority of respondents were care workers, with nearly half (44%) being home care workers.

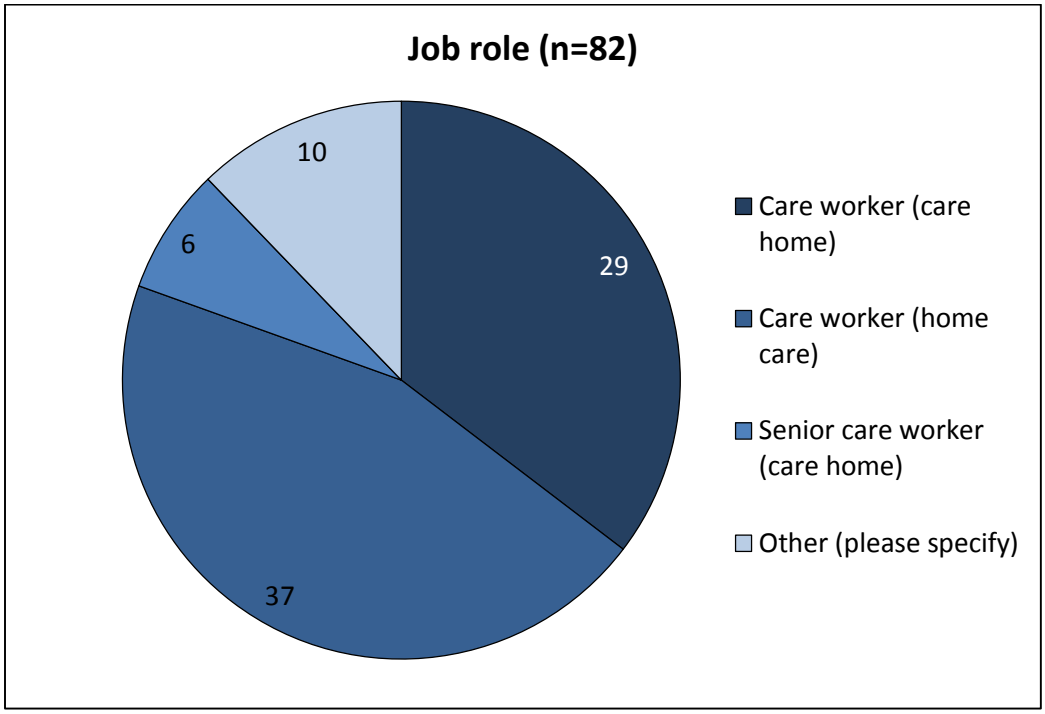


Figure 2: Job role of respondents

Other roles were specified as:

- Home Manager
- Manager
- Team leader/Manager
- Weekend Care Coordinator

- 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.

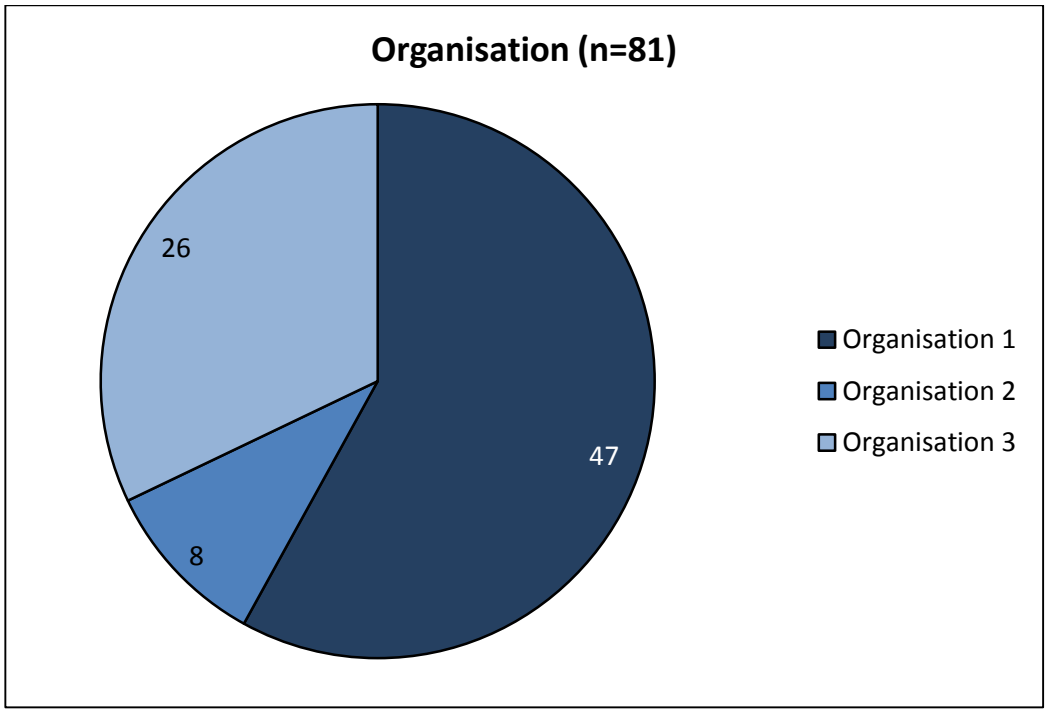


Figure 3: Organisations represented by respondents

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.

Table 3: Where respondents work

Location	Number
Gloucestershire	3
Lincolnshire	8
Oxfordshire	2
Wiltshire	11

London	60
Other	4

Use of the Keys to Care resource

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.

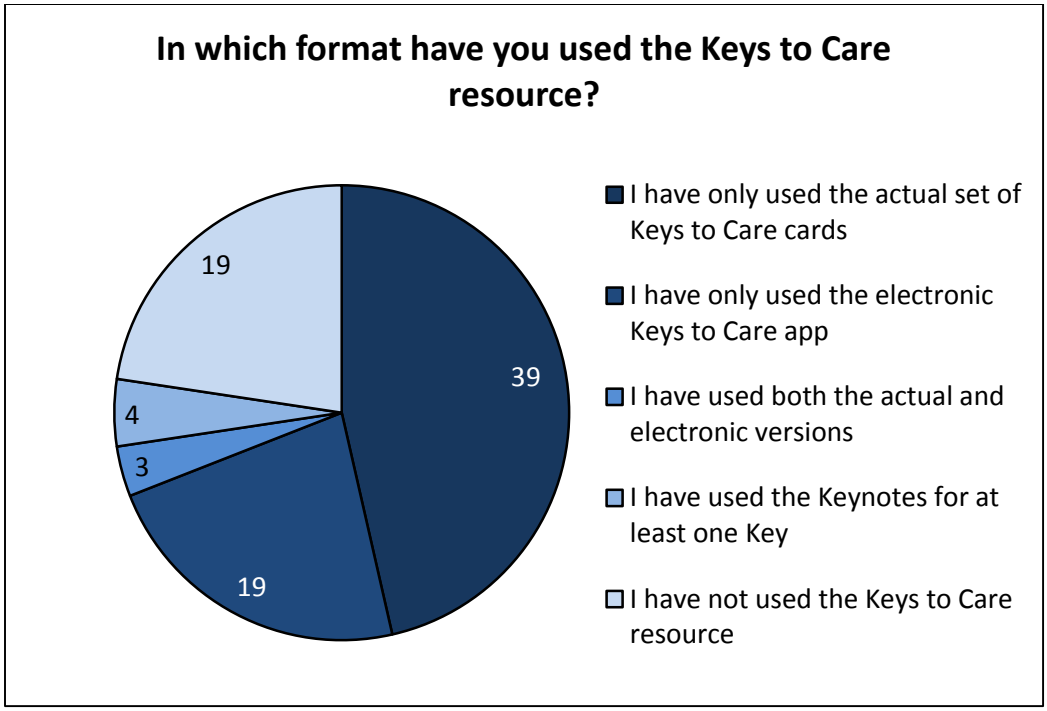


Figure 4: Keys to Care format used

For the 19 respondents who had not used the Keys to Care resource the remainder of the questions would not be relevant, so it is expected that up to 65 respondents will have answered the rest of the survey. Results below are based on these 65 respondents.

First contact with Keys to Care

The majority (63%) of respondents who have used Keys to Care found out about it via their manager or supervisor. It also appears to be being introduced through training, supervision and induction sessions, albeit to a much lesser extent.

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.

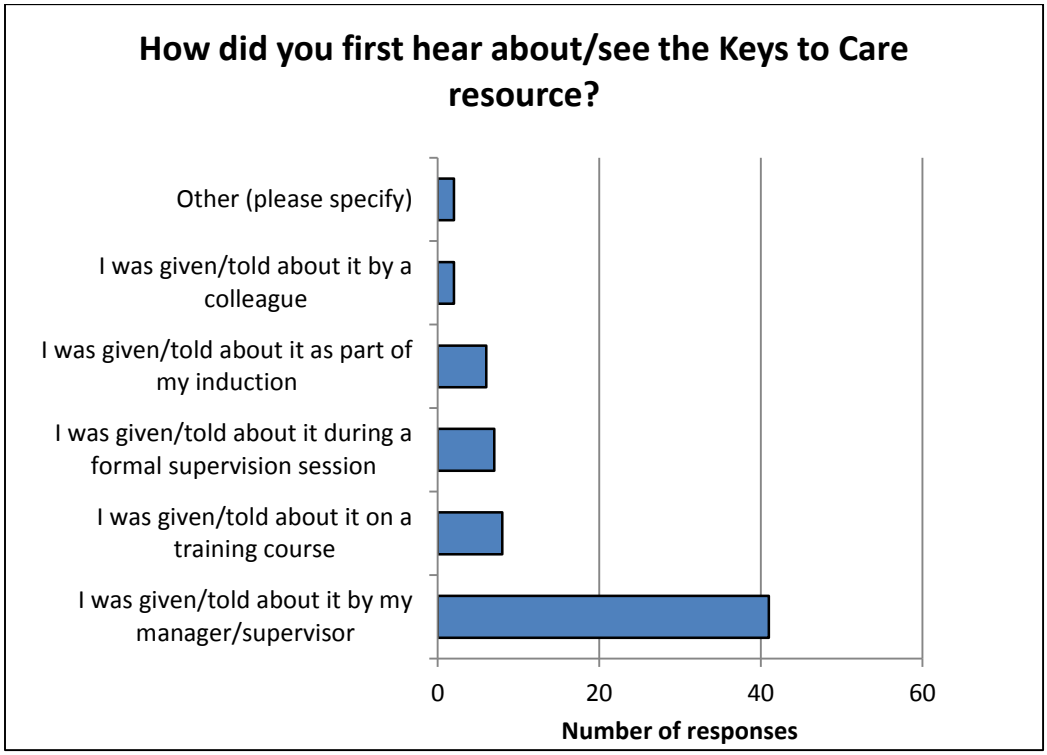


Figure 5: How respondents found out about Keys to Care

Length of Use

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

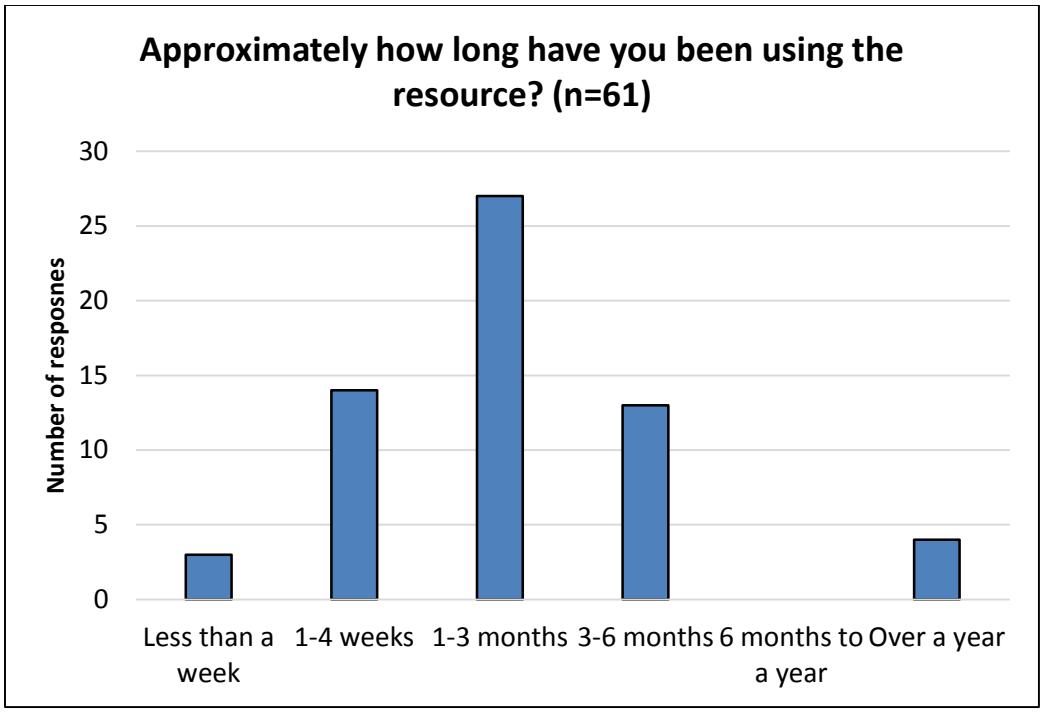


Figure 6: How long respondents have been using Keys to Care

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.

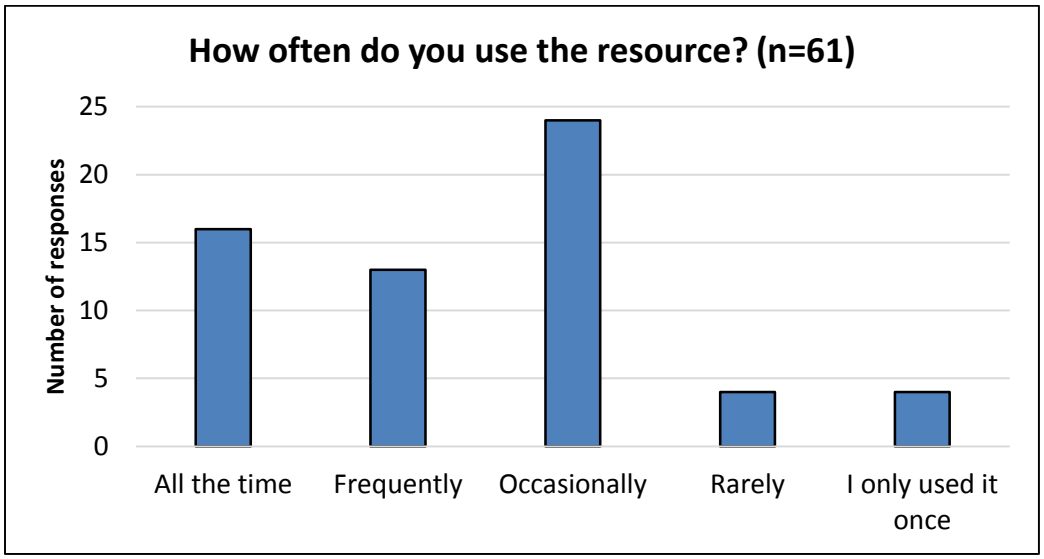


Figure 7: How often respondents use Keys to Care

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.

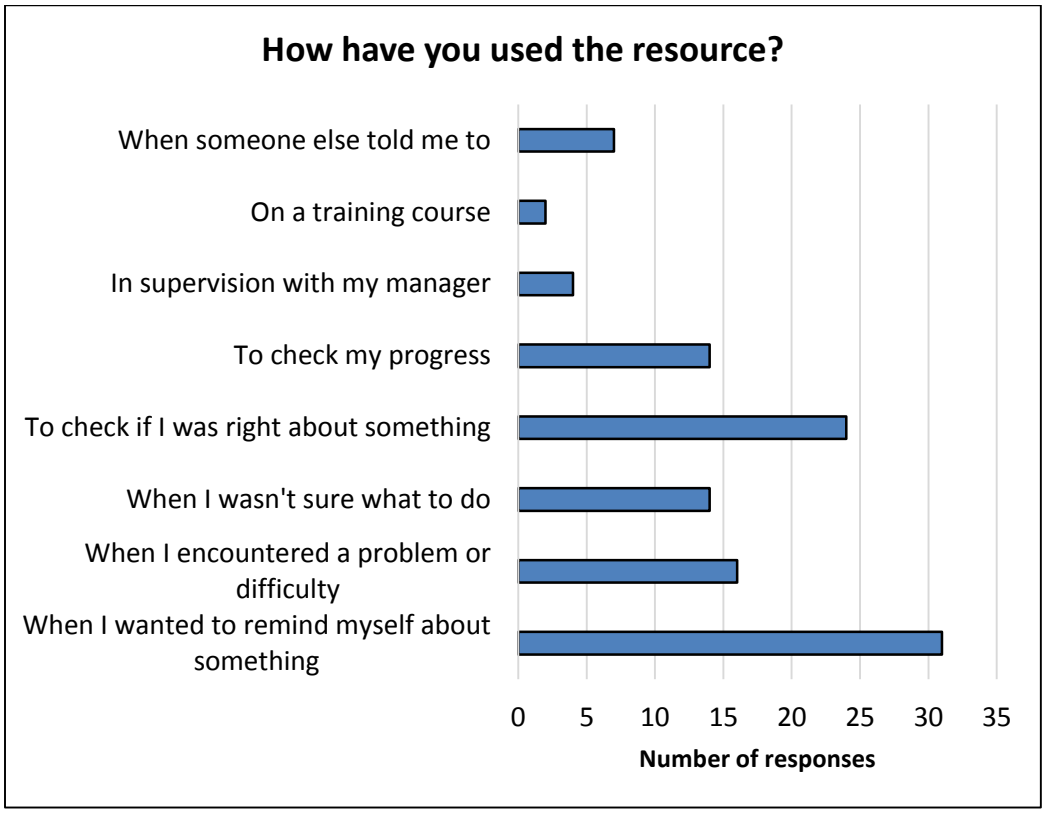


Figure 8: How respondents use Keys to Care

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,

> *"To see what ideas were given by Keys to Care in different areas to see if things could have been done differently."*

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: that it is flexible and adaptable to individual worker's needs and enables them to direct their own learning. The 'Care at Night' Key was the least likely to be used and least applicable, although this would be expected given that many respondents were home care workers - where night shifts would be very different than in residential care - the intended audience of Keys to Care. However, the fact that home care workers used most of the Keys would suggest this is a highly transferable resource.

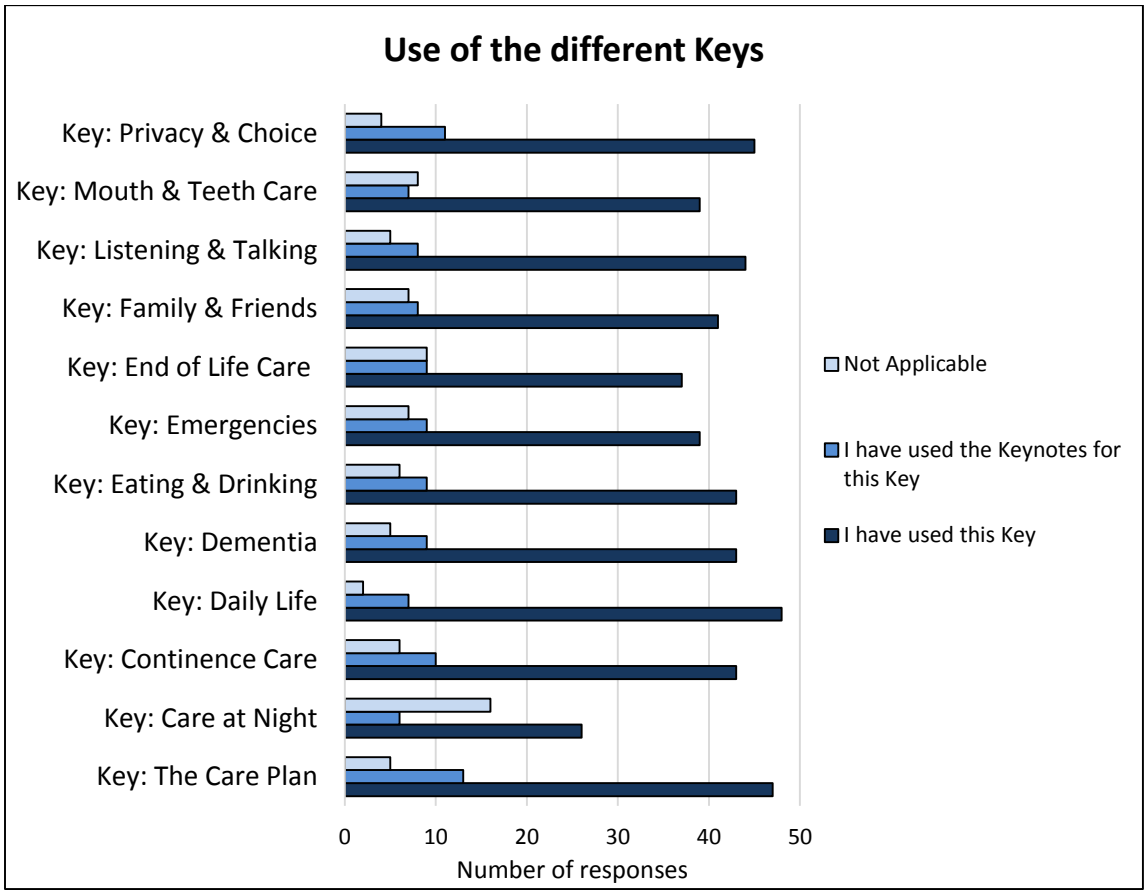


Figure 9: Which Keys respondents have used

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 app, the increased accessibility of the Keynotes when using the app does not appear to result in increased use of Keynotes. The Keynotes are an important part of the resource and are readily available when the Keys are purchased or the app downloaded. However, in order to encourage their use care providers should make sure the Keynotes are easily accessible and referenced when using the Keys.

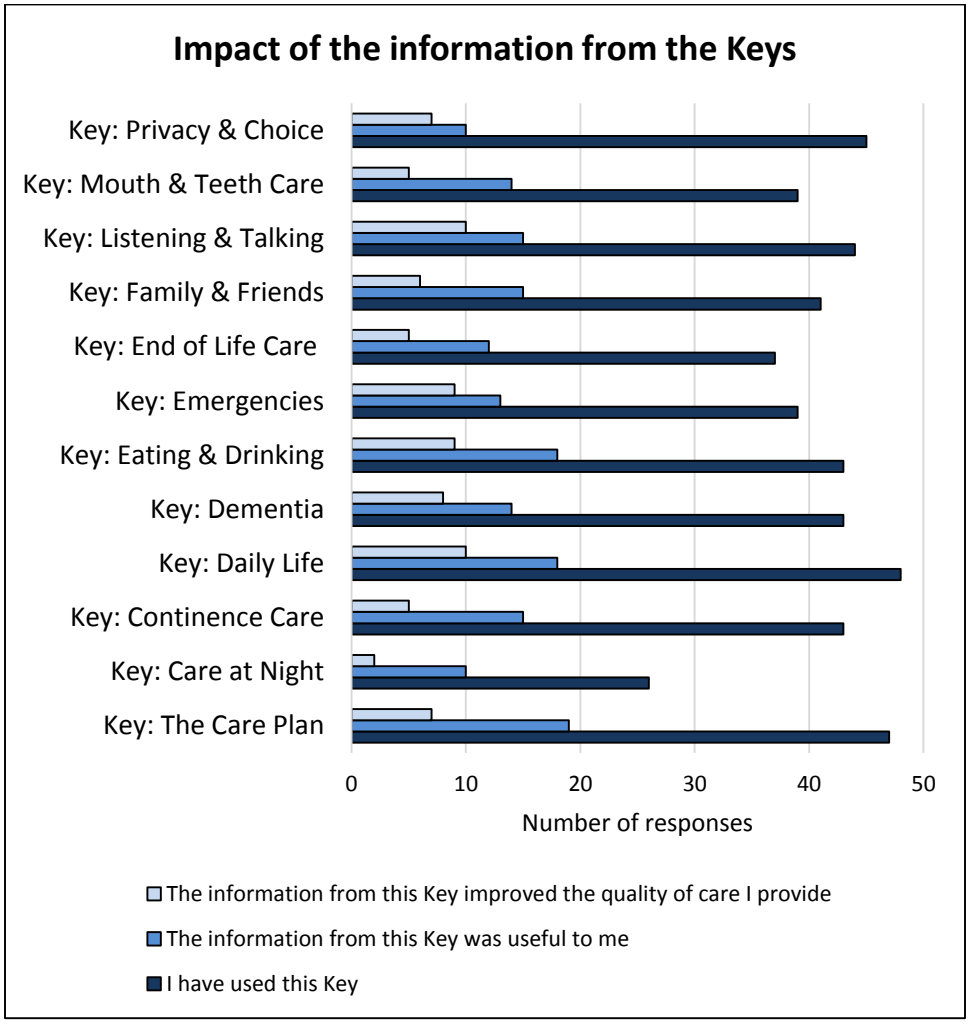


Figure 10: Potential impact of the information from the Keys

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 something or when they were unsure, (see Figure 8). This would suggest that Keys to Care may provide reassurance for care workers and are used as a 'double check', as well as directly providing learning and changing practice. The importance and usefulness of resources that support confidence and encourage reflective practice should not be underestimated.

Impact of Keys to Care resource

80% of respondents would recommend Keys to Care to a colleague, with only 7% saying 'no'.

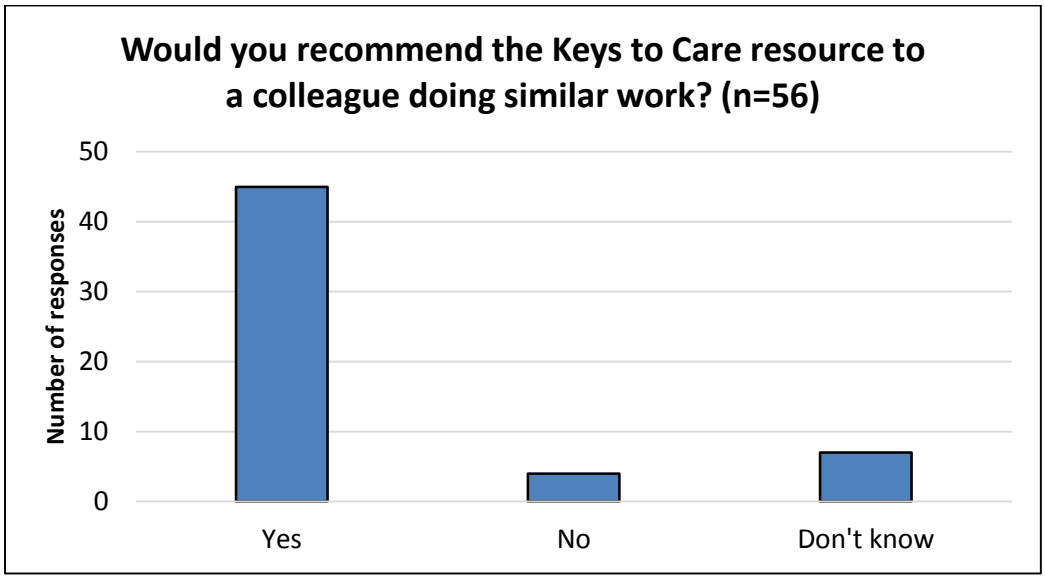


Figure 11: If respondents would recommend Keys to Care

72% of respondents said that they will continue to use Keys to Care, while 15% said that they will not.

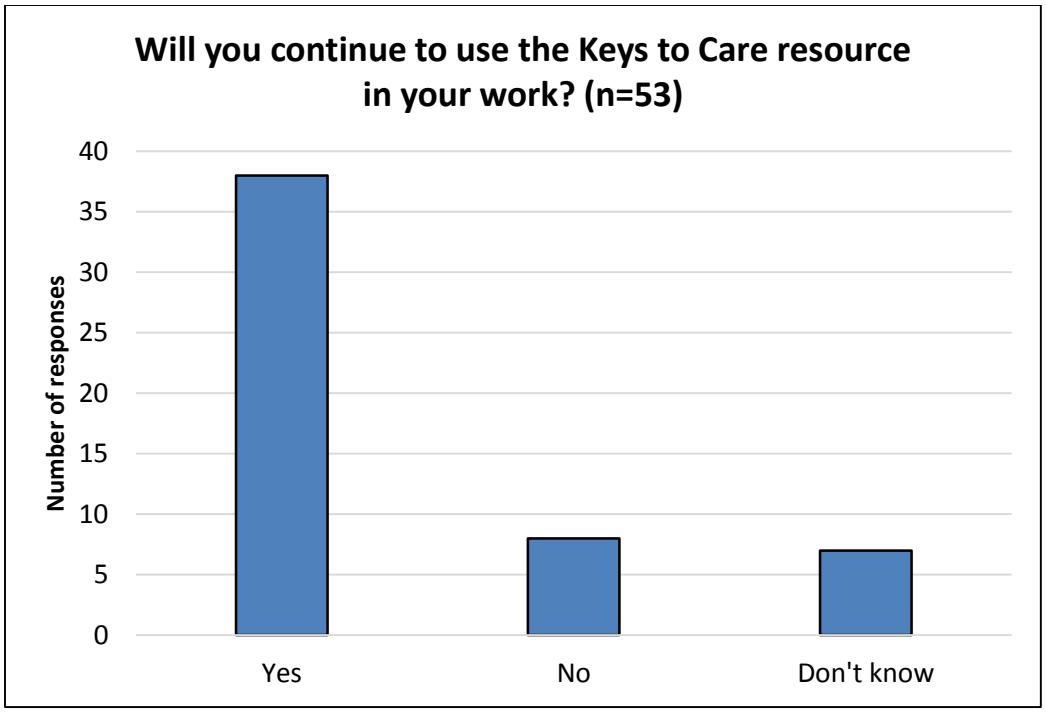


Figure 12: If respondents will continue to use Keys to Care

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.

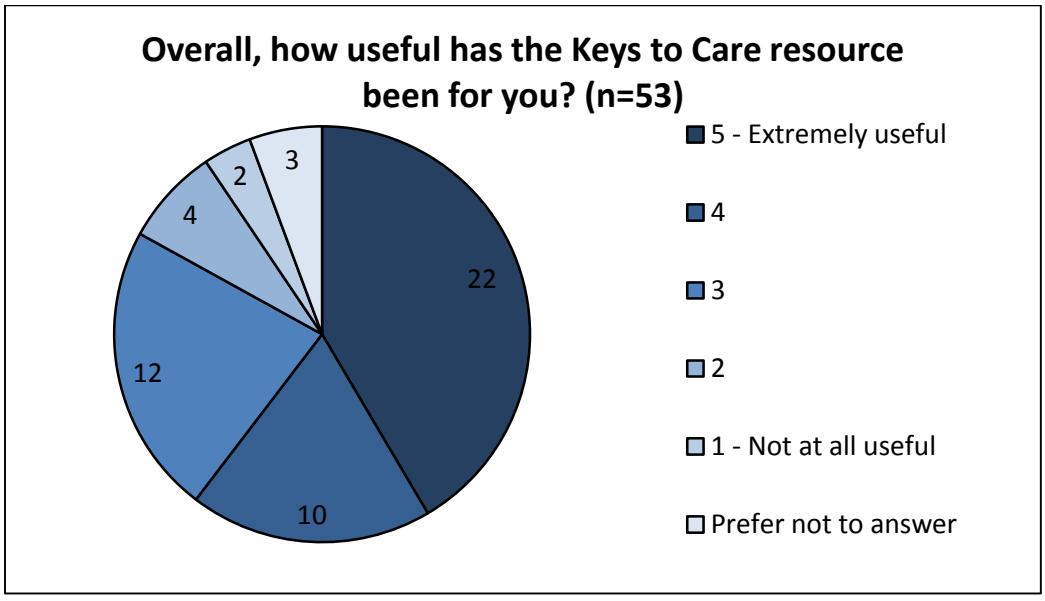


Figure 13: How useful respondents found Keys to Care

Respondents were also asked to explain how Keys to Care has influenced their daily work. They were generally very positive about this, with more than 50% of users agreeing with all but one area of influence. Increased knowledge, encouragement to find out more information and reminders of aspects of care were the three most influential areas – consistent with the intention and focus of Keys to Care. Less than 50% of users agreed that it made them feel more important. This would suggest that there are many other factors which influence how a person feels in this respect.

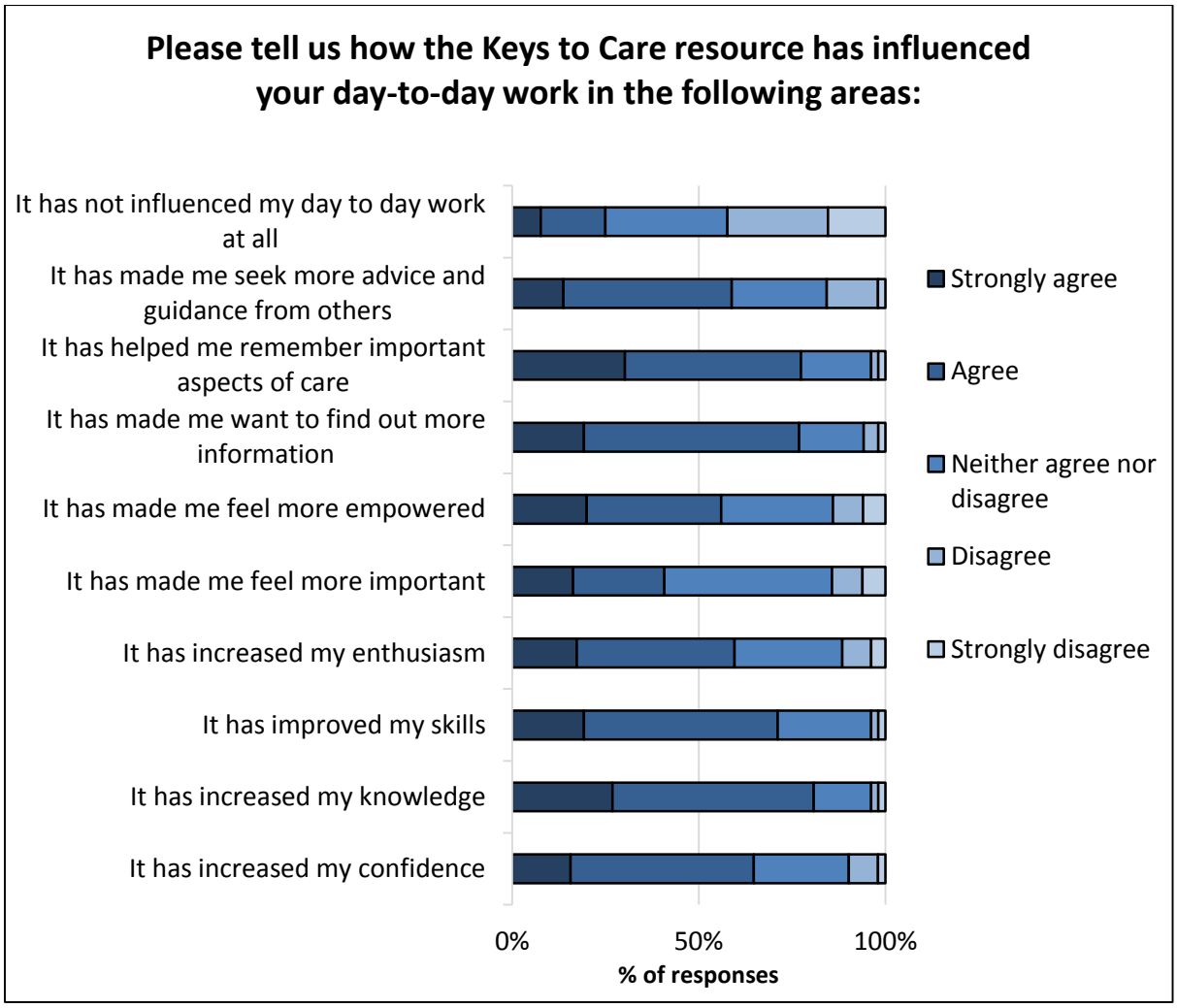


Figure 14: How Keys to Care has influenced day-to-day work

Respondents were also quite positive about the impact of Keys to Care on the quality of care provided, with more than 50% agreeing that it had improved care in the suggested ways.

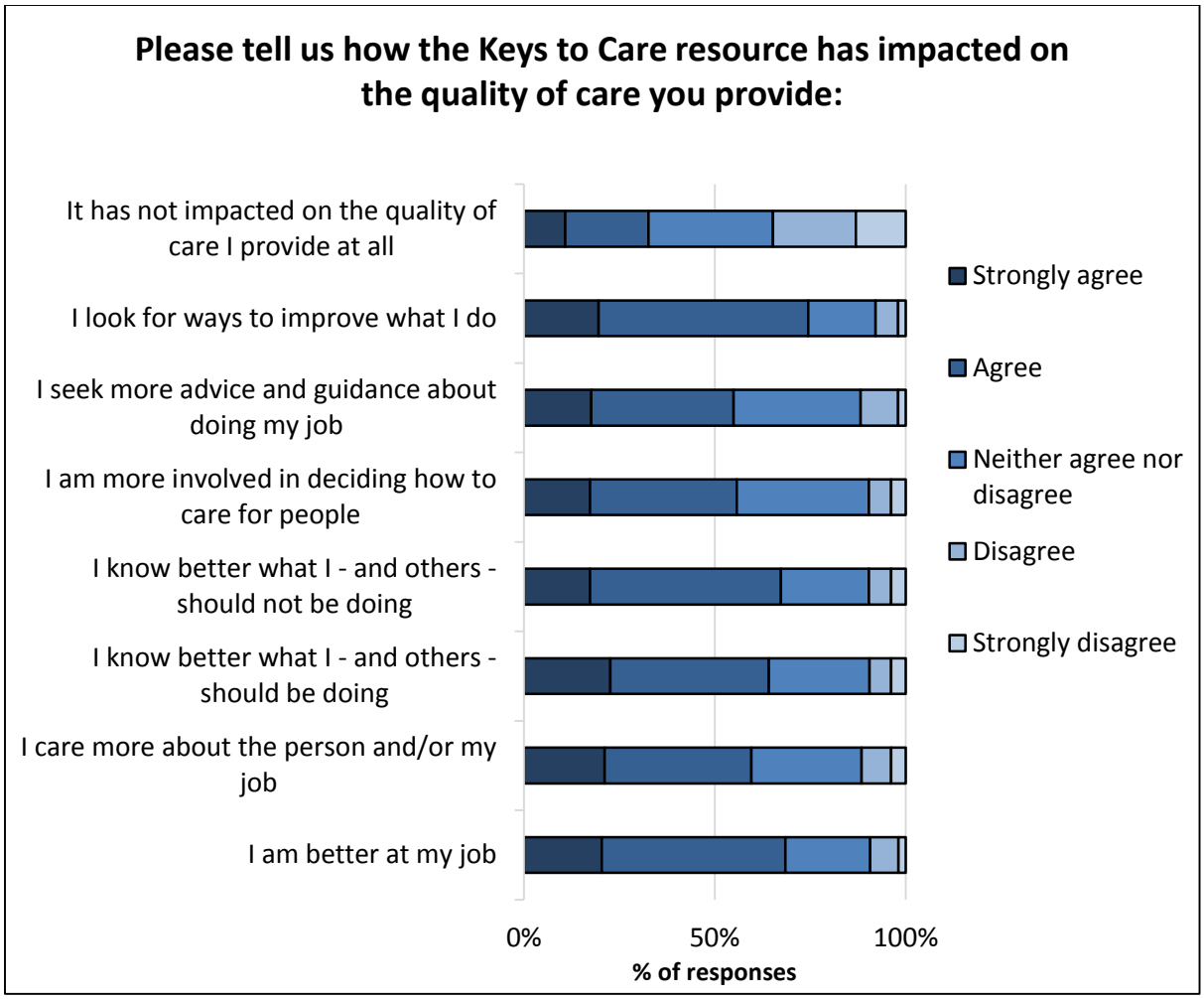


Figure 15: How Keys to Care has impacted on quality of care

Overall comments

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.

With regard to the physical Keys, a number of respondents stated that they were currently quite bulky and could be improved by being genuinely 'pocket-sized', i.e.

smaller than currently. This is particularly important to note given the active nature of care work and the need for regular, full-range movement by workers.

There were two comments from users of the app commenting that it used a lot of data, which, on a personal device, will become expensive for the care worker themselves. However, to download the app uses 2.4mb of data which, in comparison with other apps is favourably low. For example, a typical game app is approximately 34mb, an interactive app approximately 14mb and an information-only app approximately 4mb. This would suggest that for these individuals, something else on their device may have been using up data rather than Keys to Care.

Nonetheless, this raises a wider point for those developing apps aimed at this market, particularly if data requirements are high. Whilst they may be attractive to organisations due to low cost/free availability, there are often hidden costs to direct users with online resources that are borne by an organisation with physical resources. In a low-paid sector such as care this is likely to affect uptake and should be considered by anyone involved in developing technological solutions, and by organisations when implementing them.

Comments and suggestions relating to both forms of Keys to Care are again reflective of issues explored within the interviews. Firstly, it was suggested that enabling people or organisations to pick the relevant Keys in their resource would make it more adaptable to different settings and job roles. Secondly, the use of resources – whether physical or via electronic devices – when in a resident or client's presence can be inappropriate or seen to be so. Whilst neither the physical Keys nor app suggest this sort of use, it is notable that several users mentioned this issue. This suggests that the portability of the resource, or the way it is implemented by organisations may lead users to consider or believe it is intended to be used in this way. Consequently, it may be helpful for future iterations of Keys to Care to contain some additional guidance on its use to help guide organisations and individuals.

Interview findings

Due to the small number of interviews the following findings are based on analysis of all ten interviews undertaken, both with direct users of Keys to Care and those who had distributed and promoted its use within their organisations.

Each organisation had used the Keys in different ways and this is described here to contextualise the interviews. However, regardless of the different organisations and staff roles involved, the themes emerging across the interviews were similar:

- *Organisation 1, a domiciliary care provider,* had purchased physical versions of Keys to Care for every member of staff in their organisation, and at the time of the evaluation had distributed them to approximately 90 staff. This had been done in conjunction with routine supervision. Information regarding the electronic app had also been shared throughout the organisation. In addition, Keys to Care had been used to structure the content of spot checks conducted by quality and organisational managers during the course of the evaluation. Organisation 1 had a number of innovative and ongoing plans for how they would use Keys to Care in the future.

- *Organisation 2, a care home provider,* had provided physical Keys to Care for approximately 40 of their staff as well as information about the availability of the app. In addition, Keys to Care had been used by a graduate trainee focusing on learning and development of staff to structure supervision questions and as the basis for examination of the culture of care on their dementia care unit.

- *Organisation 3, a care home provider, had* provided either several sets of physical Keys to Care or information about the app to five of their care homes, (see Table 1 for details). Each home used them in different ways, some passively, by simply letting people know about the resource, and others more actively through providing them to senior care staff, or using them in induction and supervision.

The findings below are organised according to themes identified across all of the interviews. Overall, three overarching themes emerged: Factors contributing to Keys to Care use and usefulness; Keys to Care impact on organisations and on staff; and Areas for improvement/challenges of Keys to Care. Each of these areas is addressed below, detailing the sub-themes and nuances of each area. In particular, the contribution of the app in comparison with the physical resource is highlighted where data identified this.

Factors contributing to Keys to Care use and usefulness

Interviews showed that there were four factors that contributed to organisational decisions to use the Keys to Care resource in the first place and also its uptake and continued use by care workers. In this respect, all main informants and users were positive about the resource and said that they would continue to use it and recommend it to others.

Firstly, the resource was identified as being useful because it could be applied in varied and flexible ways, as highlighted by the diverse decisions made by each organisation in implementing Keys to Care initially.

"I decided to use them in particular ways that I thought could be best utilised… (we) gave every staff member a copy. Secondly, I incorporated them into a new supervision template…A section on Look at Keys to Care and choose a topic you would like to discuss…I did encourage staff to use them in meetings (and) I did interviews with staff about their role and I used them to script my questions," (Main informant, Organisation 2)

This variation and flexibility continued to be experienced as a strength of the resource because it enabled users to make decisions about when and how to use it that suited them and their circumstances.

"If you've got maybe half an hour…just have a flick through and just read them. It's good to reflect back on as well, you don't have to use it once…they will be hung up in your office if they're wanted. I mean some of the carers have taken them home," (User, Organisation 3)

"(We) use it as a reflective tool rather than an actual thing to do (and) I'd be quite good as a training tool for new starters…Someone who is doing their NVQ2 could use it as a support," (Main informant, Organisation 3)

It is tempting to be prescriptive about how a resource should be used to achieve effects, particularly when time and money have been invested in its development. However, these findings suggest that resources that are flexible and non-prescriptive in this regard may be particularly impactful because they allow independent decision-making, and thus can be adapted to different circumstances and individuals. The electronic version of Keys to Care would appear to add to this dimension as it provides extra flexibility and additional options as to how and when it can be used.

"On the app the information on there is very good and it's very quick and easy to access and it's all separated out into the difference…sections…It's all very quick and easy and easy to follow and user friendly," (Main informant, Organisation 3)

Secondly, and allied to its flexibility, Keys to Care was most often used in conjunction with other, varied initiatives and when this occurred it appeared to be at its most effective.

"I've used them myself for induction with new carers, I've gone through them. And also…I've used them in care plan training as well…Each Key is to do with a care plan really and say for example, the 'think, ask, and do'. We've been trying to promote that really," (Main informant, Organisation 3)

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.

> *"They were a good basis just to…if there was anything I was concerned about or if I was a bit stuck, you know, I could have a look through my Keys to Care," (User, Organisation 3)*

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.

> *"Carer…felt that it was very basic. The information was almost sort of, she said she felt quite insulted by it because it felt like it implied she didn't know how to do her job. I said (to her) it wasn't anything like that," (Main informant, Organisation 3)*

Whilst this may well be a matter of personal interpretation of the resource and its intention, this would suggest that those implementing Keys to Care need to be mindful of this factor when selecting target audiences or mechanisms for distribution to avoid unintentional condescension to some workers.

Finally, Keys to Care was identified as being 'different' from what else was available for care workers and thus especially useful because of this.

> *"They're instantaneous as well. The workers don't have to lug a book around to read something. They're right there. They're there to hold. The app's even better because it has got all the bits and pieces, it has got all the extra popups that you can actually look a bit further into. Carers don't have that type of resource. I don't think I've seen anything similar to Keys to Care," (Main informant, Organisation 1)*

In particular, its focus, language and supportive approach to care workers was important in this regard and made Keys to Care stand out amongst other resources identified in the literature review and alternatives well known to the providers taking part.

"I would say there is something different about them, the content and the way they have been written is very applicable and engaging and…sings to the tune of care staff, I think. That's speaking as a carer as well, from my past experience. I would say they are a good resource," (Main informant, Organisation 2)

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.

"I know there's an icon for news. Issues or news of the industry, items to look for. That was quite good because sometimes you don't always get to (watch the news)… So having things that are relevant to your industry come up, that is quite a good thing. That was quite a nice touch because that made it personal to what was relevant to you," (Main informant, Organisation 3)

The impact of the Keys to Care resource

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 and thus caution is needed when extrapolating wider effects. However, the impacts highlighted here are ones that were mentioned several times across different interviews and resonated with the survey findings, suggesting that these individual examples are indicative of the overall experiences of Keys to Care users participating in this evaluation.

Organisational impacts

In relation to organisations, the impact of the Keys to Care resource ranged across a number of areas. Firstly, there was an improvement in attitude and approach to staff learning, for which Keys to Care was partially responsible.

"It was actually quite a good impact…altering how they viewed staff learning and development as a whole and all the different things that encompasses…for me, it was good to show that you don't need to just look at one thing…(Keys to Care) formed part of a general shift in attitude towards staff learning and development…I'd say they were part of that…they fed into an attitude change in senior staff and perhaps that was filtering through," (Main informant, Organisation 2)

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.

> *"They can have a big help and that with care plans. I think like maybe wording it a little bit better because I think, I think it's just like wording everything and knowing how to word it…It does help you in a lot of ways with the care plan and everything," (User, Organisation 3)*

Thirdly, Keys to Care was identified as particularly helpful within supervision processes as it supported the development of simple and shared understandings of target that related directly to care workers' daily experiences, as opposed to more abstract regulations or targets. A number of organisations had explicitly used Keys to Care in this way, highlighting that the adaptable way in which it can be used is important, and that the impact of any resource is inevitably related to how it is used as much as its content and intention.

> *"We had big ideas for how we wanted to use them and we're part way through that. We want to base our supervision standards and questions around them. We want to base particularly our spot checks around looking for those qualities. We've already updated our spot check form to reflect a lot of the standards within Keys to Care…with remote care workers we needed to make absolutely sure that the training is transferring out I think the Keys to Care were a set of standards…that carers could self-monitor and that we could monitor against as well," (Main informant, Organisation 1)*

On a number of occasions, Keys to Care had been used a reflective tool by senior personnel in organisations, providing prompts or a structure to thinking around improvements or particular issues. This resonates strongly with an impact identified by individual users, suggesting scope for development and use in this area for other organisations.

> *"And we use it as well to see if we're getting it right, because I think the Residents and Relatives Association (sic) is a trusted, reputable association…because everybody's very nervous about what do we use, are they ethical, do they fit with our culture, are they trying to achieve the same thing? What we want to do is to get this right," (Main informant, Organisation 1)*

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.

> *"I've seen with the eating and drinking (Key). I've seen a carer speaking to a family member about the choice…sometimes what can happen is relatives can perhaps say to us that their relatives likes this, doesn't like that, but sometimes they don't always want that cup of tea, they want that choice…I saw was somebody asking for a drink and the resident not saying anything and the daughter speaking for her mother and the carer said 'it's really interesting because we've got these Keys to Care and we've been really promoting where people sit when they have a drink, what they'd like to drink, we're not presuming anything'. So she was able to use that to promote the fact that everyone should be able to drink exactly what they want to drink, rather than just being presumed," (Main informant, Organisation 3)*

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 care workers practice or identify something to be done differently.

> *"It's interesting to just look back on and think, you know, 'am I doing this right? Am I doing that right with a resident?' It's nice having something to check back on and think, 'did I answer that resident right?' and they you think, 'yeah, I did!' But it's something nice to reflect back on," (User, Organisation 3)*

> *"It's more confirming what you know already and as a prompt and a reminder… an 'ooh, not a big 'wow' change. It may well be a complement to the training we've already received," (User, Organisation 3)*

This factor appeared particularly strong in relation to the writing or reviewing of care plans, when this was a part of the workers' role.

> *"I think the senior team found it very helpful because it's something you can have on your phone there whilst you're writing a care plan. It's a prompt more than anything… (it's) supportive and helpful when you're writing a care plan or reviewing a care plan or myself with an initial assessment," (Main informant, Organisation 3)*

This reflective use of Keys to Care was particularly employed and valued by domiciliary workers, due to the isolation of their work, where it was not always easy to discuss a particular situation with a colleague or senior.

> *"It was more a self-monitoring tool that helped with spot checks. The good thing is that now some care workers are now very engaged with the spot checks… For people who are senior care workers, or on call, (can use Keys) to say 'actually that has been done, we've done that and that's happened therefore we know we've met those standards," (Main informant, Organisation 3)*

Whilst this aspect may be an indirect impact, bolstering confidence and encouraging reflection rather than dictating practice; it is important not to underestimate the ongoing impact of a reflective approach in a staff member, teams or of encouraging staff members to be proud and confident in what is done well.

Keys to Care often prompted staff to ask questions of others or seek out further information after examining it or reflecting on practice with it, suggesting that it helped to prompt a proactive attitude to learning which does not always result from more directive forms of training.

> *"I thought it was a good way to empower staff to learn themselves…The staff were very reliant on the home for their training. Whereas the Keys gave them, they had a thirst to learn more," (Main informant, Organisation 2)*

> *"You can train people in the obvious, but sometimes we're challenging other organisations and we're saying well, why hasn't this happened? And very often care workers feel at the very bottom of a very long list of people and they don't feel they can speak out," (Main informant, Organisation 1)*

New staff seemed particularly receptive to and influenced by Keys to Care, as the prompts and back to basics approach was something that helped them as they learned their practice within their organisation. Again, this would suggest that to get the

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

> *"These really did help (new staff member) because she was able to have these in her pocket. We've got care plans and we've got people to talk to, but it's not the same as having something in your pocket that you can refer to…She took them home and took notes on them, so she can improve her practice…Sometimes there's going to be times when she is working in her own and its nice just to be able to get, you know, to think on her feet for herself and to get the Keys to Care out," (Main informant, Organisation 3)*

Finally, a few users identified that Keys to Care had been particularly influential in relation to their practice with families as it had helped in discussions with them about aspects of practice, or had supported workers in answering family questions.

> *"They're good for helping if residents' families ask you anything, (you're) able to look up something quick. We can carry them around with us just in case we get asked any questions by any of the residents' families," (User, Organisation 3)*

Whilst this was only identified by a few respondents it did overlap with some organisational impacts. In addition, this is a core area of potential influence, given the importance of relationships between the triad of worker, resident and family in ensuring quality of care, (Owen & Meyer, 2012). This may suggest a very helpful future direction of work with Keys to Care for care providers.

Challenges of using Keys to Care and suggestions for improvements

None of our interviewees spoke negatively about the Keys to Care, whether they used the physical resource or the electronic app. All stated that they would use them again and recommend them to others. However, during the interviews some made suggestions for improvements or outlined where they had experienced difficulties in using them or encouraging others to use them.

In relation to practicalities of using the resource, the most frequent comment made in relation to the physical Keys was regarding their size. This concurs with comments made by survey respondents. For many, they were simply too large to carry around with them and often got in the way when carrying out frequent tasks that are part of care. This often inhibited their use 'on the floor', although not in offices or during spare moments during the day.

> *"They're too big, like, they do fit in your pocket but … you're bending down and everything all the time and it's a bit, they're getting in the way," (User, Organisation 3)*

This may be something that is improved with the electronic app, but it is possible that telephones or other devices would also be problematic in this sense.

Secondly, those who used the Keys to Care app identified two interconnected practical problems with initiating and using it in practice. A number of main informants encountered resistance from staff in either using mobile phone technology or, if they had one, using their personal phone for work use.

> *"Because it was the team's own personal phones, some were like well, 'it's my phone so I don't actually want to download anything' so it was immediately restricted," (Main informant, Organisation 3)*

In addition, common to a lot of care home settings, organisations often had a policy that restricted use of personal devices in the workplace. Whilst these policies were lifted for those homes using the app in the evaluation, it was noted that habits were hard to break and this led to staff feeling inhibited in using the app.

> *"It's been drummed into them not to have their phone they're not used to it, so it's almost a bit like although you've been told you can it's almost like you shouldn't...especially when I walk up the corridor they're more likely to put their phone in their pocket rather than 'look what I'm looking at!'" (Main informant, Organisation 3)*

Neither of these barriers is insurmountable, and the use of organisational devices (such as iPads) and wireless capabilities would be a simple solution. However, it does highlight that it is not simply the availability and awareness of apps that inhibits their current use. It is arguable that a culture change in regards to technology and its everyday, interactive and 'live' use particularly in care home settings is required for something such as the Keys to Care app to be wholly adopted. Further to this, it is notable that these practical issues appeared to be a far less significant barrier for domiciliary care workers, whose job already required use of such technology for practical necessities of their work, suggesting that it may just require time and a shift in attitude to using technology within the care homes for this barrier to reduce. However, in domiciliary settings there were still some practical issues regarding ensuring that devices are charged sufficiently.

For both the physical Keys and the app, all the interviewees raised an issue in relation to how the resource was used in the workplace. Many commented that the Keys' or app's

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;

> *"If you go into a situation you've got potentially gloves, aprons that sort of thing the last thing you're likely to do is get your phone out to check something…(and) the last thing to do, if you're in a situation like a one-to-one: 'oh, excuse me while I check my phone because I need to know (something). (it's) as if you're not interested," (User, Organisation 3)*

> *"Feedback from the carers found they found it quite limited on what they could actually use them for, within the working role," (Main informant, Organisation 3)*

It is important to note that neither the physical or electronic Keys to Care explicitly state or suggest that they are to be used in the moment with residents. However, despite this, respondents still raised this as an issue, suggesting that something within the resource itself, or the way it was promoted by organisations, may have implied this intention. It will be important for organisations using Keys to Care in the future to be aware of this.

The Keys to Care, whatever the format, were used in a variety of ways as highlighted above, but never in the moment with residents and clients. This would suggest that the need for portability and immediate 'in the moment' access is less important than a resource which is easily available to the worker at specific times, such as when recording a care plan, wanting to check something or reflecting after a particular situation. Therefore, the comments by some regarding the size of the resource may be less significant when looking at how the resource was used by most people. Overall, the flexibility and adaptability of the Keys to Care resources is again shown to be important here as each care home and worker was able to take the resource and use it in their own way, and in accordance with what they felt was suitable for the circumstances.

Finally, a few respondents highlighted additional areas of content that could be included in the Keys, such as Manual Handling and Safeguarding. In addition, it was raised that a number of features would aid in the transferability of the resource across different settings. These included: being able to select different topics as relevant to a role; links to additional sites regarding ever-changing topics such as cultural competence or common medical conditions; altering the language used to make it more generic and

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

Discussion and Conclusions

The findings detailed above show that overall both the physical Keys to Care and the electronic app have been received well, used flexibly and to great effect, and have had a positive impact on organisations and care provision through the staff members who use them. In this section we summarise the findings from the whole evaluation in relation to the research questions.

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

The Keys to Care resource has been used in a variety of ways across organisations and within individual care homes and settings. The flexibility and non-prescriptive nature of Keys to Care is important in this regard as it enables organisations and individuals to make decisions based on their own needs. The presence of both the electronic app and the physical Keys also appears to have aided this, as it meant – where both were offered by an organisation – an individual could choose what suited them best.

Organisations appear to use Keys to Care in conjunction with other initiatives, such as specific training, supervision or quality assurance exercises. This added to the impact and influence of Keys to Care as it served to highlight the resource to individuals and give encouragement for its use in practice. For example, when used in conjunction with care plan training the resource became a regular reference point for staff when writing care plans. Moreover, it is notable that organisations differed in whether they accessed the resource for individual staff or for a group of staff, and both methods appeared to offer influence. Cost may have been a consideration here, particularly in relation to the physical resource. That organisations were able to choose the way in which they used the resource, to fit with their aims, staff structure and cost considerations, again highlights the adaptive nature of the Keys to Care resource.

The Keys to Care resource was designed to be handy and accessible and able to be carried with a worker if required, encouraging its immediate reactive use to situations and events. Whilst not directed to do so by Keys to Care, for many this raised the possibility of using it whilst in the presence of residents. This prompted many to highlight that use of items, whether electronic devices or physical resources, would interrupt interaction with residents and clients in a negative way. This is consistent with the findings of a study in implementing PDAs in care settings, in which both prompt cards and electronic PDAs, whilst useful and referred to by staff, were consistently used after resident interactions rather than in the moment as intended, (Qadiri et al, 2009).

This may suggest that in any future developments of Keys to Care or other similar resources, whether electronic or physical, attention should be on making it usable and accessible in the setting, rather than directly portable, as portability infers the possibility of use in the moment with clients, even when that was not directly intended by the resource designers. In addition, as highlighted by Muller et al, (2012) this may suggest that if technology is to be applied in-situ, thought needs to be given to developing it to suit those interactions, rather than taking an existing technology and adapting it for that purpose.

The use of the electronic app was lower than the physical resource and in some instances where it was used in a more passive fashion, (i.e. just identified to staff rather than actively promoted), uptake was slow. As such, evaluation of the app in particular was hard. This is not unusual for technology use in care settings and suggests it is not due to Keys to Care itself, but technology more generally. Freedman et al, (2005) identified a number of contributors to this reluctance in U.S. residential care settings including a failure of regulation and industry guidance and policies to keep pace with technological advancements. This is emphasised in this evaluation by the need for some organisations to suspend policies in order to allow staff to use the app, and the understandable hesitation of staff to adapt practice in these circumstances. Furthermore, domiciliary staff in this evaluation, who already regularly use technology for the practical aspects of their work, did not demonstrate the same reluctance, suggesting that slow uptake is caused by organisational rather than individual staff barriers.

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

Overall, use of Keys to Care resulted in positive impacts for organisations and individuals who used it, particularly when it was applied in conjunction with other initiatives. The resource's flexibility and broad focus was very helpful in this regard and its 'back to basics' approach was appreciated by the majority of users. However, a few but notable instances occurred where users found the basic nature patronising and this would suggest that organisations should be thoughtful when using the resource to prevent this interpretation.

The resource was predominantly used by individuals as a reflective tool after an incident, or in their spare time to 'double check' their practice, having a positive impact on confidence when used in this way. Organisational decisions also seemed to reinforce

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 Keys to Care, because the care workforce do not generally receive education in reflective practice despite its centrality to other forms of caring work such as nursing or social work. Moreover, it would appear that there are barriers to using any resource in the moment, due to interference with staff-resident relationships, and so anything that encourages immediate after-the-fact reflection is important, (Zachos et al. 2012).

The in-depth consultation with workers, residents and relatives in developing the resource and its focus on frontline practice were also central to the impact of Keys to Care, with the language, clear approach and quick reference tips all being praised. Keys to Care stands out in comparison to other resources in the field and it is surprising how few resources that are supposedly targeted at the sector do not appear to include the target audience in their design and development.

With regards to the app in particular, those who used it identified the live news feed as being particularly motivational and unique. This is an area that could be developed further should the opportunity arise. Linking to some of the reputable resource repositories identified in this report as well as new relevant documents could be another way to connect Keys to Care with other resources in the field. Moreover, there are a few interactive websites (in particular Care Fit for VIPS; The Carer App and Learn from Others) that Keys to Care users may find beneficial as they encourage peer-to-peer learning and reflection on practice.

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

It has been much harder to establish the direct impact of Keys to Care on residents and families as none were identified to take part in the research directly. However, this is perhaps unsurprising given the care worker focus of Keys to Care and that the majority of organisations and users had been familiar with Keys to Care for less than six months. It can take time to consider the different applications of such resources. A number of organisational informants had highlighted plans for the future regarding Keys to Care that included using it to inform clients and relatives of basic standards and expectations of care workers. Again this highlights that accessible, straightforward resources are needed to aid communication as regulations and standards can often seem impenetrable to lay persons.

Impact on residents and clients would appear to be mostly indirect through increased confidence, knowledge and reflection by care workers, and increased mechanisms for support and reflection within their organisations. This indirect impact should not be dismissed, as the quality of care for residents is closely affected by the well-being and confidence of their care workers and relationships within the home, (Dewer & Nolan 2013).

There were second hand examples of impact on relatives and residents through accounts from users who had 'double checked' their practice with Keys to Care, and where the Keys had been used to think about what could be done differently in the future. In addition, in a few residential homes using both the app and the physical Keys, they often provided a good structure for addressing relatives' questions or clarifying the rationale behind particular caring actions. Again, this would suggest that there is a benefit to having a simple, single resource that all can refer to against which practice and expectations can be assessed.

Summary

Overall, this evaluation has demonstrated that Keys to Care is a useful and impactful addition to resources available to this sector. In particular, its focus on the frontline worker and simple practical tips makes its stand out and contribute much of its effectiveness. The active use of such resources by organisations rather than its passive distribution to staff is an important component to effectiveness, and the adaptability and flexibility of both the physical Keys to Care and the electronic app enable organisations and individuals to use the resource in a way that suits their needs and circumstances. This evaluation contains a range of examples of how the resource can be used, which could be useful to share with new users at point of purchase or download, to encourage active rather than passive use.

Future thoughts and plans for Keys to Care could include expansion of the electronic app's facility to link to additional websites and interactive forums. This would ensure there is an added incentive to using the app over and above the physical resource. However, as other resources and studies have shown, the use of technology in care settings is limited by factors outside of the resource itself and organisations need to examine how they can remove some of these more structural barriers. The domiciliary sector, as demonstrated in this evaluation, appear to be a source of interesting and important practice in this regard.

References

References do not include the sources identified for the Literature Review – these are outlined below in Appendix 1.

Braun, V. & Clarke, V. (2013) Successful Qualitative Research (London: Sage)

Dewer, B. & Nolan, M. (2013) *Caring about caring: developing a model to implement compassionate relationship centred care in an older people care setting* International Journal of Nusing Studies 50 pp1247-125

Freedman, V., Calkins, M., DeRosier, R. & Van Haitsma, K. (2005) *barriers to implementing technology in residential long term care settings* (Office of Disability, Aging and Long term Care Policy; US Department of Health and Human services). Accessed at: http://aspe.hhs.gov/daltcp/reports/techbarr.pdf

Froggatt, K., Davies, S. & Meyer, J. Eds. (2009) Understanding Care Homes: A Research & Development Perspective (London: Jessica Kingsley)

Muller, C., Neufeldt, C., Randall, D. & Wulf, V. (2012) *ICT-Development in residential Care Settings: sensitising Design to the Life Circumstances of the Residents of a Care Home* ACM Conference Proceedings pp2639-2648 (ACM Press)

Nolan, M., Brown, J., Davies, S., Nolan, J. & Keady, J. (2006) *The Senses Framework: improving care for older people through relationship-centred approach* (Sheffield, Sheffield University)

Owen, T., & Meyer, J. (2012) *My Home Life: Promoting quality of life in care homes* (London, Joseph Rowntree Foundation)

Pitts, K., Pudney, K., Zachos, K., Maiden, N., Krogstie, B., Rose, M., MacManus, J. & Turner, I. (2015) *Using mobile devices and apps to support reflective learning about older people with dementia* Behaviour & Information Technology 34:6 pp613-631

Savenstedt, S., Sandman, P. & Zingman, K. (2006) *The duality in using information and communication technology in elder care* Journal of Advanced Nursing 56:1 pp17-25

Qadiri, S., Wang, J., Ruiz, J. & Roos, B. (2009) *Personal digital assistants as point of care tools in Long Term care facilities: A pilot study* Educational Gerontology 35 pp294-309

Zachos, K., Maiden, N., Pitts, K., Jones, S., Turner, I., Rose, M., Pudney, K. & MacManus, J. (2013) *A software app to support creativity in dementia care* Paper presented at Conference on Creativity and Cognition (17/06/2013; Sydney)

Appendix 1: Literature Review Details

This literature review was deliberately designed to capture 'grey literature' as explained in the main body of this report. A description of the databases and main journals searched as well as search terms used is in the table below.

Using these search terms 90 sources were found. These sources were then manually examined to check for duplication (15) and for relevance to care homes and care home workers; sources were only included if they (or a section of them) were specifically intended for this sector, rather than merely transferable to it. This left 56 sources.

Following this, it was identified that a number of resources, particularly downloadable documents or film clips, actually came from the same source: an online repository of resources designed by a specific organisation, for example the Social Care Institute for Excellence. In the final selection these were included as a single source – resource repositories – unless they contained a resource specifically comparable to Keys to Care. This left a final selection of 43 resources included in the literature review.

Search terms:

Database or Main Journal	**Search Terms used** All electronic searches unless where noted otherwise	
Community Care (Journal)	○ Dementia ○ app ○ Resource	○ Tool ○ Toolkit
Nursing and Residential Care (Journal)	○ Dementia, tool, care worker	○ toolkit ○ Dementia, app
Care Homes Journal	○ Dementia ○ Toolkit ○ app	○ Tool ○ Practical
RCNi website (13 journals including Nursing Older People)	○ Dementia, app ○ Dementia, resource	○ Dementia, toolkit
Care Home Management (Journal)	○ Dementia ○ app	○ Toolkit ○ Resource
Journal of Dementia Care & Caring Times	Manual search of archive to Feb 2014	
Skills for Care, Skills for Health, RCN	Manual search of website @ July 2015	

General Google searches	○ skills for care resources ○ care app ○ dementia care app ○ dementia resources	○ dementia toolkit ○ care home toolkit ○ care home app ○ care home resource
PsychInfo searches (academic journal database)	○ dementia, toolkit ○ dementia, app (exc. amyloid) ○ care workers, app (exc. amyloid) ○ care workers, toolkit ○ care homes or residential care or nursing homes, app	○ care homes or residential care or nursing homes, resource, dementia ○ care homes or residential care or nursing homes, toolkit

Literature review summary

Within our searches, a number of resource repositories were found: websites that contained links to a range of documents, other websites and tools that were aimed at care homes or care home workers. These repositories are listed at the end of the table as single entries but it is recognised that each contain a range of resources. Where something particularly innovative or similar to Keys to Care was identified in the search this was included as a separate resource in the table. It should also be noted that a number of Local Authorities and Clinical Commissioning Groups have areas for containing useful documents and links for care homes and care home organisations; these often show up in searches. An indicative example is shown at the end of this table, but specific resources are only included separately in the table if they were directly comparable to Keys to Care.

#	Title & Overview	Cost	Target audience	Specifically targeted at frontline workers	Portable (can be used on the job)	Specific to care home settings	Designed by/with care workers/care homes	Provides short, practical tips	Dementia focus	Covers several areas	Date (for websites, date accessed)	Web Link or Reference
	APPS											
1	**Code of Practice for Social Care Workers** Sets out standards expected from staff	Free	Social Care	Yes	Yes	No	Yes	No	No	Yes	2012	http://www.learnfromlearning.co.uk/LearningResource/CodeofPracticeforSocialCareWorkersforiPad.aspx
2	**Social Care Induction Framework** Sets out the standards expected during first 12 weeks	Free	Social Care	Yes	Yes	No	No	No	No	Yes	2014	https://play.google.com/store/apps/details?id=framework.App&feature=more_from_developer#?t=W10
3	**Dementia Care** Guidance on person-centred approaches to caring for people with dementia	Free	Health Care	Yes	Yes	No	No	Yes	Yes	Yes	2013	https://play.google.com/store/apps/details?id=care.council.SupportingTheSocialCareWorkforceToDeliverPersonCentredCareForPeopleWithDementia

4	**The Carer App** Interactive app to support creative responses in dementia care	Free	Care workers	Yes	Yes	Yes	Yes	No	Yes	Creativity/ Dementia	2013	(several options) http://openaccess.city.ac.uk/3837/1/A%20Software%20App%20to%20Support%20Creativity%20in%20Dementia%20Care.pdf
5	**Recogneyes Choices** Interactive app to make communication easier with someone who has dementia	Paid	All	Yes	Yes	Yes	No	Yes	Yes	Communication		http://www.recogneyes.co.uk/dementia-app/
6	**Preventing Infection in Care @ Home** Practical guidance and tips	Free	Home care workers	Yes	Yes	Yes	No	Yes	No	Infection control	2014	http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/training-resources/preventing-infection-in-care-@-home.aspx
7	**LQF for Front-line Workers** Leadership Qualities Framework (also available as a pocket guide)	Free	Care workers	Yes	Yes	No	No	Yes	No	Yes	2014	https://play.google.com/store/apps/details?id=com.appbuilder.u488870p835373
8	**SafeMed** A day-to-day medication reference tool for staff	Free	Care homes	Yes	Yes	Yes	No	Yes	No	Medication	2014	https://play.google.com/store/apps/details?id=com.cactusid.p4469ce
	WEBSITES **including multiple resources and interactive elements (often contain multiple downloadable documents)**											
9	**Care Fit for VIPS** Online interactive toolkit and resource repository	Free	Care homes	Yes	No	Yes	Yes	Yes	Yes	Yes	2013	http://www.carefitforvips.co.uk/
10	**Stirling Design Centre** Good practice in design of homes and living spaces for people with dementia and sight loss	Free	Care homes	No	No	Yes	Yes	Yes	Yes	Design	2015	http://dementia.stir.ac.uk/design/good-practice-guidelines
11	**Croner-i**	Paid	Care	No	Yes	Yes	No	No	No	Yes	2015	http://cronersolutions.co.uk/sectors-and-associations/social-care/croner-i-care-

	Information and best practice guidance for running care homes		homes									home-management-for-older-people/
12	**Sensory loss in care homes**: Diagnosis, awareness, response	Free	Care homes	No	No	Yes	Yes	No	No	Sensory Loss	2015	http://www.careengland.org.uk/sensory-loss-care-homes-diagnosis-awareness-response
13	**Demtalk** Dementia toolkit for effective communication	Free	All	Yes section	No	Yes	Yes	Yes	Yes	Yes	2015	http://www.demtalk.org.uk/
14	**Living well through activity toolkit** Specific toolkit for care home staff	Free	All	Yes section	No	Yes	Yes	Yes	No	Activities	2013	https://www.cot.co.uk/living-well-through-activity-care-homes-toolkit-0
15	**Jewish Care** Resource repository for care issues specific to the Jewish community	Free	Care homes	No	No	Yes	Yes	Yes	No	Cultural awareness	2015	https://www.jewishcare.org/about-us/resources
16	**Care homes Webkit** Resource repository regarding medication and prescribing issues	Free	Care homes	No	No	Yes	No	No	No	Medication	2015	https://www.prescqipp.info/carehomes
17	**Nursing Home Toolkit** Information and resources regarding managing BPSD	Free	Care homes	Yes	No	Yes	Yes	No	Yes	BPSD	2015	http://www.nursinghometoolkit.com/#!in-the-toolkit/cngx
18	**Learn from others** Case studies sharing good practice	Free	Social Care	No	No	No	No	Yes	No	Yes	2015	http://learnfromothers.skillsforcare.org.uk/
	Downloadable **DOCUMENTS**											
19	**Dementia toolkit** Reducing anti-psychotic medication	Free	Care homes	Yes	No	Yes	No	No	Yes	Yes	2012	https://www.prescqipp.info/resources/finish/241-reducing-antipsychotic-prescribing-in-dementia-toolkit/1353-reducing-antipsychotic-prescribing-in-dementia-toolkit

20	**Communication and Mealtimes Toolkit** Helping people with dementia to eat, drink and communicate	Free	All	No	No	No	No	Yes	Yes	Communication/ Eating & Drinking	2013	http://www.nhsdg.scot.nhs.uk/Departments_and_Services/Speech_and_Language_Therapy/Adult_SLT/Documents/Communication___Mealtimes_Toolkit_for_Dementia_2013.pdf
21	**Improving end of life care: a toolkit for care homes**	Free	Care homes	No	No	Yes	Yes	No	No	End of life	2015	http://www.southampton.ac.uk/assets/imported/transforms/content-block/UsefulDownloads_Download/7D8C9310A4C5441E99D7C6B39CB26E88/EoLC-care-home-toolkit.pdf
22	**Water for healthy ageing** Hydration best practice toolkit for care homes	Free	Care homes	No	No	Yes	No	Yes	No	Water consumption	2005	http://www.scie-socialcareonline.org.uk/water-for-healthy-ageing-hydration-best-practice-toolkit-for-care-homes/r/a11G000000182XbIAI
23	**Let's respect** Toolkit for care homes	Free	Care homes	No	No	Yes	Yes	Yes	No	Delirium, dementia, depression	2015	http://www.lifestorynetwork.org.uk/wp-content/uploads/downloads/2013/12/lets-respect-toolkit-for-care-homes-.pdf
24	**Norovirus toolkit** A set of resources for staff in care homes	Free	Care homes	No	No	Yes	No	Yes	No	Norovirus	2007	http://www.haringey.gov.uk/sites/haringeygovuk/files/care_home_norovirus_toolkit_2011_updated.pdf
25	**Introductory guide to end of life care in care homes**	Free	Care homes	No	No	Yes	No	No	No	End of life care	2006	http://www.ncpc.org.uk/sites/default/files/GuideToEoLC%20CareHomes.pdf
26	**Building on firm foundations** Improving end of life care in care homes	Free	Care homes	No	No	Yes	No	No	No	End of life care	2007	http://www.ncpc.org.uk/sites/default/files/BuildingOnFirmFoundations.pdf
27	**Prevention and control of infection in care homes** Summary for staff	Free	Care homes	Yes	No	Yes	No	Yes	No	Infection control	2013	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214930/Care-Home-Resource-Summary-Feb14-2013.pdf
28	**Managing falls and fractures in care homes for older people** A good practice self-assessment	Free	Care homes	Yes	No	Yes	Yes	No	No	Falls	2012	http://register.careinspectorate.com/index.php?option=com_content&view=article&id=7906:falls-and-

	resource											fractures&catid=328&Itemid=594
29	**Good clinical practice guidelines for care home residents with diabetes**	Free	Care homes	No	No	Yes	No	No	No	Diabetes	2010	https://www.diabetes.org.uk/Documents/About%20Us/Our%20views/Care%20recs/Care-homes-0110.pdf
30	**The last taboo** A guide to dementia, sexuality, intimacy and sexual behaviour in care homes	Free	Care homes	No	No	Yes	No	No	Yes	Sexuality	2011	http://www.pkc.gov.uk/CHttpHandler.ashx?id=1101&p=0
31	**Dignity in residential care** Resource guide	Free	Care homes	No	No	Yes	No	No	No	Dignity	2009	http://www.dignityincare.org.uk/_library/Microsoft_Word_-_DIGNITY_IN_RESIDENTIAL_CARE_RESOURCE_GUIDE.pdf
	Journal Articles											
32	**REACH out in Dementia toolkit to help recognise when people with dementia in care homes are approaching end of life**	Free	Care homes	Yes	No	Yes	Yes	Yes	Yes	End of life	2013	Potter,J, Fernando,R and Humpel,N (2013) *Innovations in Aged Care* Australasian Journal on Ageing 32:4 241-246
33	**Personal Digital Assistants as point-of-care tools in long-term care facilities: A pilot study**	Free	Care homes	No	Yes	Yes	Yes	No	No	Yes	2009	Qadiri,S, Wang,J, Ruiz,J & Roos,B (2009) *Personal digital assistants as point of care tools in Long Term care facilities: A pilot study* Educational gerontology 35 294-309
34	**Educating LTC staff about therapeutic environments**	Free	Care homes	No	No	Yes	Yes	Yes	Yes	Environment	2003	Marsden, J., Calkins, M., & Briller,S. (2003) *Educating staff about therapeutic environments* Journal of Architecturual and Planning Research 20:1
	Resource Repositories **Online sites that contain links and access to many different resources/tools etc.**											
35	**Royal College of Nursing, (dementia resources)**	Free	Health care	No	No	No	No	No	Yes	Yes	2015	http://www.rcn.org.uk/development/practice/dementia
36	**Social Care Institute of Excellence**	Free	Social	Yes –	No	So	Some	So	So	Yes	2015	http://www.scie.org.uk

			37Care	some		me		me	me			
37	**National Institute of Clinical Excellence**	Free	Health Care	Yes – some	No	So me	Some	So me	So me	Yes	2015	https://www.nice.org.uk
38	**Skills for Care/Health**	Free	Social Care	Yes – some	No	So me	Some	So me	So me	yes	2015	http://www.skillsforcare.org.uk/Home.aspx http://www.skillsforhealth.org.uk
39	**Care Improvement Works** A resource repository hosted by SfC specifically about improving care mapped to CQC standards	Free	Social Care	No	No	No	No	No	No	Yes	2015	http://www.careimprovementworks.org.uk/Index.aspx
40	**Dementia Partnerships East of England** Example of dementia resources repository set up by Local authority and partners	Free	All	No	No	No	No	No	Yes	Yes	2015	http://dementiapartnerships.com/resource/east-of-england-dementia-resource-repository/
41	**Coventry and Warwickshire Dementia Portal** Example of set of online resources set up in a local area	Free	All	Yes one section	No	No	No	No	Yes	Yes	2012	http://www.livingwellwithdementia.org/
42	**Toolkit for care homes** Example of repository of resources from a CCG	Free	Care homes	No	No	Yes	No	No	No	Yes	2015	http://www.dorsetccg.nhs.uk/partners/toolkit-for-care-homes.htm

Appendix 2: Project Governance

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.