

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.

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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)	<ul style="list-style-type: none"> ○ Dementia ○ app ○ Resource 	<ul style="list-style-type: none"> ○ Tool ○ Toolkit
Nursing and Residential Care (Journal)	<ul style="list-style-type: none"> ○ Dementia, tool, care worker 	<ul style="list-style-type: none"> ○ toolkit ○ Dementia, app
Care Homes Journal	<ul style="list-style-type: none"> ○ Dementia ○ Toolkit ○ app 	<ul style="list-style-type: none"> ○ Tool ○ Practical
RCNi website (13 journals including Nursing Older People)	<ul style="list-style-type: none"> ○ Dementia, app ○ Dementia, resource 	<ul style="list-style-type: none"> ○ Dementia, toolkit
Care Home Management (Journal)	<ul style="list-style-type: none"> ○ Dementia ○ app 	<ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> ○ skills for care resources ○ care app ○ dementia care app ○ dementia resources 	<ul style="list-style-type: none"> ○ dementia toolkit ○ care home toolkit ○ care home app ○ care home resource
PsychInfo searches (academic journal database)	<ul style="list-style-type: none"> ○ dementia, toolkit ○ dementia, app (exc. amyloid) ○ care workers, app (exc. amyloid) ○ care workers, toolkit ○ care homes or residential care or nursing homes, app 	<ul style="list-style-type: none"> ○ 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-at-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.prescgipp.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.prescgipp.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) <i>Innovations in Aged Care</i> 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) <i>Personal digital assistants as point of care tools in Long Term care facilities: A pilot study</i> 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) <i>Educating staff about therapeutic environments</i> Journal of Architectural 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.