

# GREAT CR – a potential new service in dementia care

A personalised cognitive rehabilitation approach for people with dementia has had promising results in helping them to regain and maintain everyday skills. **Jackie Pool** and **Aleksandra Kudlicka** assessed the feasibility of extending the GREAT CR programme to care homes



**D**uring lockdown, skills and abilities among people with dementia declined more rapidly than they had previously. This was observed by the people themselves, by family carers and by care staff, and was a finding that emerged strongly in interviews carried out by researchers working on the IDEAL Covid-19 Initiative at the University of Exeter.

Fewer opportunities to communicate, engage in cognitively challenging activities, and maintain physical fitness created a strong sense that skills had been lost and a fear that these skills would never be regained as restrictions were lifted. Consequently, there have been calls for support to redress the decline in skills.

Personalised rehabilitation or reablement programmes such as GREAT Cognitive Rehabilitation (GREAT CR) offer a means of supporting people with dementia in regaining and maintaining everyday skills. Here, we will first consider the impact of Covid-19 on older people, including those living with dementia, and the services designed to support them.

Second, we will introduce the concept of rehabilitation and the GREAT CR programme. We present an example of the way in which a social care provider has incorporated this personalised rehabilitation approach for people with dementia, providing a unique opportunity to evaluate its benefits in a care home setting for the first time.

## Impact of Covid-19

Older adults are vulnerable at the onset of natural disasters and crisis, and this has been especially true during the pandemic (Esposito 2020).

The double hit of dementia and Covid-19 has raised great concerns for people living with the condition.

Age UK (2020) has examined how, in

addition to the loss of life, human rights issues have arisen during this pandemic, including:

- Older people not accessing help, care and support needed to sustain their health and wellbeing with specific challenges relating to residential settings, living alone, and receiving care at home
- Access to the help, care and support that many older people need to sustain their health and wellbeing with specific challenges faced by older people in residential settings, those who live alone and older people who receive care at home.

Care Act “easements” under the Coronavirus Act 2020 temporarily enabled local authorities to stop or reduce the support someone received. Some local authorities acted on those powers. Many of those who rely on care and assistance at home and in the community to cover daily tasks may have been left unattended.

In its report Age UK emphasised that lockdown affected access to the help, care and support that many older people need to sustain their health and wellbeing. In some instances, informal carers had been left to carry a greater burden of care with reduced access to health care professionals and other services or forms of support.

In response, health care providers explored ways to continue delivering services remotely, while social care providers also had to innovate. For example, they developed skills and practice in keeping residents, service users and staff safe, while continuing to provide close, intimate care and support.

These developments have given social care providers the opportunity to expand into services that possibly would have been provided previously by their health care colleagues. One

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example is the introduction of a personalised rehabilitation approach such as GREAT CR.

## What is GREAT CR?

Cognitive rehabilitation (CR) is an emerging service that has been recognised in the National Institute for Health and Care Excellence guidelines for interventions to promote cognition, independence and wellbeing (NICE 2018). As the number of people affected by dementia is on the rise and there are limited pharmacological options for managing dementia symptoms, improving the experience of living with dementia through such psychosocial interventions becomes increasingly important.

GREAT CR is an evidence-based programme of cognitive rehabilitation developed in the UK and evaluated in rigorous research. It is particularly well placed to address the needs of people living with mild and moderate dementia and their family supporters, as it offers a range of tools to tackle the complexity of the condition.

It utilises powerful approaches of problem-solving and goal setting combined with evidence-based rehabilitative techniques for managing cognitive impairments. It also incorporates strategies to address emotional and motivational aspects of dementia that may affect a person’s wellbeing. GREAT CR is provided on an individual basis, usually in people’s homes, making it directly applicable to everyday life.

Therapy goals are agreed in a collaborative process between the therapist, the person with dementia and family members, so it is genuinely person-centred and flexible. Cognitive rehabilitation does not claim to address the underlying cause and effects of the cognitive impairment, but instead focuses on a person's functional ability and enjoyment of life (Kudlicka & Clare 2019).

In this context, the term "GREAT" is an acronym for Goal-oriented Rehabilitation in Early Alzheimer's that was first used in the initial trial. Evidence for the effectiveness of cognitive rehabilitation in mild and moderate dementia, mostly Alzheimer's disease, is gradually accumulating with a number of randomised controlled trials demonstrating that people in this group can significantly improve their functioning in targeted areas.

For example, the GREAT trial with 475 people with mild to moderate Alzheimer's, vascular, and mixed dementia, completed in 2017, demonstrated that cognitive rehabilitation improves everyday functioning in relation to individual therapy goals. As such, it may help prevent crises in earlier stages of dementia, reduce admissions to hospital, delay the move into a care home and, enable those residents in care homes to live well for longer.

Up to now, GREAT CR has usually been delivered face-to-face in the person's home setting. However, in the context of Covid-19, it has been important to consider other options such as remote delivery, given that CR is an inherently flexible and adaptable approach. Although we do not yet have research evidence for the effectiveness of remote delivery, it certainly seems possible to make the necessary adaptations.

Remote delivery might be most suitable for those who already have some experience of using a computer or smartphone, or where a care partner can get involved to support the person under the guidance of a remote practitioner. Given that GREAT CR is a personalised intervention, remote provision is simply another factor to consider when developing an individual therapy plan.

### CR as a care service

Current work focuses on enabling health and social care providers to start offering this type of treatment to people with dementia and their families. For example, in 2017, an implementation study was funded by Alzheimer's

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Society, under which GREAT CR has been trialled mainly within health care. But not all health care services are able to offer this approach and not all people with dementia are in a position to benefit from it.

On the other hand, care home and domiciliary care providers are in a unique position to be able to offer new services that would have otherwise been offered by rehabilitation and reablement teams in hospitals, community health care and local authorities.

As part of the GREAT into Practice project, care home operator Sunrise Senior Living UK implemented GREAT CR in a care home environment for the first time. The project ran for 12 months from August 2018. Here we describe the implementation and reflect on lessons learned.

### Case example

There are 25 Sunrise Senior Living UK communities across England and Wales, with around 2400 residents. Every Sunrise community features a "Reminiscence Neighbourhood", a specialised care setting that is devoted entirely to people living with dementia or other forms of memory loss.

Reminiscence Neighbourhoods are designed to provide comfort, security and life enrichment in an engaging and enabling environment characterised by cutting-edge design and resources intended to minimise the impact of the symptoms of dementia. In addition, an "Enriched Memory Care" model offers evidence-based approaches to therapeutic care, such as the NICE-recommended cognitive stimulation therapy (CST) for people with moderate levels of dementia (Spector *et al* 2003) and

Namaste Care for people with advanced dementia (Jacobson-Wright *et al* 2019)

So, the introduction of GREAT CR as a service to those residents with early to moderate levels of dementia fitted well with this therapeutic model of care. Four Sunrise homes participated in the study, overseen by Jackie Pool (co-author), an occupational therapist specialising in dementia. As well as the research measures in the study protocol, the Sunrise team used the Pool Activity Level (PAL) Instrument (Pool 2012) to monitor the impact of GREAT CR on the individual's cognition and function, and an adapted Bradford Dementia Wellbeing Profile (Bradford Dementia Group 2008) to help understand the impact on quality of life.

While the protocol for delivering GREAT CR in community settings recommends one one-hour session per week for 6-8 weeks, Sunrise practitioners gave two one-hour sessions a week for up to 10 weeks. This was an ambitious experiment to see what could be achieved with a more intensive and prolonged programme.

### Outcomes

Seventeen staff from the four participating homes completed training in the delivery of GREAT CR, some of whom attended for awareness and the ability to support their colleagues. Eleven of those trained delivered CR sessions to a total of 30 residents and feedback from these staff was highly positive. Statements about the training included, "It was very informative and a real eye opener," and "Let the change begin. Thank you."

Feedback from residents with dementia and their care partners was equally positive with 16 of the 25 who responded to a satisfaction survey stating that they found the GREAT CR sessions very useful and the other nine stating they found the sessions rather useful. It was seen to be particularly useful for learning or re-learning skills and strategies. Reasons cited included:

*Provided an opportunity to learn or improve knowledge and abilities*

*Increased the opportunity to engage in hobbies and interests*

*Allowed an opportunity to increase levels of confidence*

The main outcome measure used by the University of Exeter research team was the Bangor Goal Setting Interview (Clare *et al* 2019), which includes a ►

	N (%)
Engaging in activities and personal projects	8 (26.7)
Using appliances, devices and the internet	7 (23.3)
Knowing what is happening	1 (3.3)
Retaining or keeping track of information and events	2 (6.7)
Locating belongings	3 (10.0)
Recognising, identifying, and naming	5 (16.7)
Caring for self	1 (3.3)
Keeping in contact and staying engaged with family and friends	1 (3.3)
Managing emotions	2 (6.7)

**Table 1. Classification of goals using GREAT trial categories (n=30)**

► 10-point Likert-style scale to record the level of attainment in relation to individual goals, with higher values indicating better performance.

Following the programme residents, care partners and their CR practitioners all reported a significant improvement, with an average increase of 4.6, 3.5 and 4.7 points respectively. Of the 30 residents who participated, only one individual did not make any improvement towards their chosen goal. Six individuals attained 50% of their goal; eight attained 75% and 15 attained 100% of their goal.

A wide range of personal goals were identified, with the top ones focusing on engagement in activities and personal projects and in using appliances, devices and the internet (see table 1 above).

Administration of the PAL Instrument at baseline and at the end of the programme revealed improvements that were also evident in residents' functional ability around the care home (figure 1, right). Likewise, the Bradford Wellbeing Profile illustrated improvements in mood, reflected in an increase in positive behaviours extending beyond the actual goals set by the resident (figure 2).

### Conclusion

This case example demonstrates the feasibility of offering GREAT CR to individuals as part of a care home service, either to permanent residents or to temporary residents who may use the service as a means of avoiding hospital admission or during a period of respite care. Indeed, this therapeutic approach would elevate respite care above the usual passive provision of a break for the care partner. It could open the way to partnership working between care homes and hospital or primary care services.

Equally, GREAT CR fits well with home care services that aim to go beyond short periods of personal care by providing therapy to address needs so as to sustain the ability and the resilience of people with dementia and their care partners

Finally, this approach is well suited to reablement of the kind delivered in hospital and community health services, either face to face or adapted to social distancing requirements. Remote therapy sessions can be given by telephone or videoconferencing.

### Practitioner training

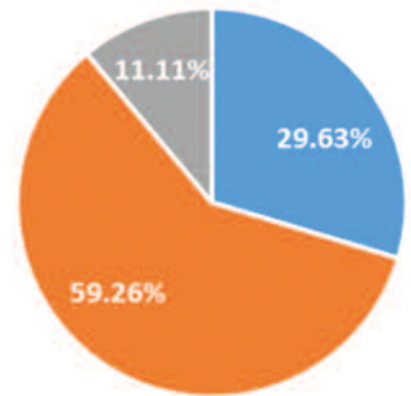
The University of Exeter's GREAT CR team offers training via distance learning for practitioners wanting to gain skills in implementing the approach. The course is delivered in remote sessions with shared presentations and guided discussion with a member of the REACH GREAT CR team. And there is a chance to have individual mentoring to support the application of the learning in practice.

Both health care and social care practitioners can take the course. For more information, visit the University of Exeter website: [www.exeter.ac.uk/great](http://www.exeter.ac.uk/great) ■

### Acknowledgements

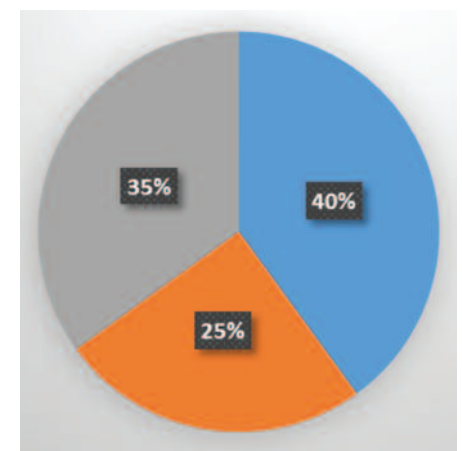
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For information about the IDEAL project and IDEAL Covid-19 Dementia Initiative, go to [www.idealproject.org.uk/](http://www.idealproject.org.uk/).



**Figure 1: PAL Cognitive Levels of CRT Participants**

• Improved • Maintained • Reduced



**Figure 2: Resident Wellbeing Levels**

• Improved • Maintained • Reduced

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