Research Title:
Feasibility of using an adapted version of the Mental Capacity Assessment Support Toolkit (MCAST) in care home settings.

Investigators:
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Background / rationale:
The involvement of care home residents in decisions about their care and living arrangements is essential to the provision of ethical, high quality, person-centred care. Many residents require support to make informed decisions, or may lack the mental capacity to do so, due to cognitive or communication difficulties associated with dementia, stroke or other neurological conditions. Mental capacity legislation requires care home staff to assess residents’ mental capacity and provide support with decision-making if residents require this. Mental capacity assessment is a growing area of interdisciplinary clinical practice, due to the increasing numbers of older people living with cognitive and communication difficulties.

Mental capacity assessment is complex and subjective; there is no gold standard method. Studies conducted primarily in secondary care settings suggest health and social care staff find capacity assessment challenging and their practice needs to be improved to maximise patient autonomy, safety and quality of life. The 2014 House of Lords Post-legislative scrutiny report recommended that staff need tools and other resources to help them to improve their practice. The 2018 Decision-making and mental capacity NICE guideline recommends that research is undertaken to evaluate clinical tools to improve mental capacity assessment. This is particularly important within care home settings, where a large number of people living with dementia and other acquired neurological conditions have reduced or fluctuating capacity, and where staff often have limited training in assessing capacity.

Principal investigator Jayes developed the Mental Capacity Assessment Support Toolkit (MCAST) for use in acute hospital and intermediate care settings during his NIHR-funded PhD. The MCAST is a paper-based toolkit which provides guidance and practical resources to support staff from any discipline to identify patients’ specific support needs (e.g., communication) and to prepare, complete and document a legally-compliant mental capacity assessment. The toolkit was developed using a user-centred design methodology, and has been shown to have high levels of usability and acceptability to staff and service users in acute hospital and intermediate care settings (e.g., dementia unit, stroke unit, neurorehabilitation unit, care of elderly wards). The aim of this seedcorn project is to determine how this toolkit could also be adapted in order to meet the specific needs of staff and residents within care home settings. These results will provide the basis for a future funding application to develop and evaluate this revised toolkit as a means of assessing mental capacity in care home settings.
Proposed methods:

The project will use a mixed methods design. A purposive sample of 20-30 health and social care staff working in care homes will be recruited to participate in focus groups. A topic guide will be developed to collect data relating to: relationships between resident decision-making and quality of life; staff members’ experiences of supporting decision-making and mental capacity assessment; perceived barriers and facilitators to good practice; and staff support needs in developing good practice. The MCAST will be introduced to participants, who will be asked to discuss how the toolkit could be adapted to better suit their needs. The focus groups will be audio recorded, and verbatim transcripts will be analysed using thematic analysis in order to identify the key mental capacity assessment issues that staff working in care homes face.

Expected outputs:

A journal article reporting the focus group study will be prepared for submission to a relevant high-impact journal, such as International Psychogeriatrics. The study findings will also be presented at a national scientific conference (e.g., British Society for Gerontology) and care home staff learning events. The initial feasibility data collected will inform preparation of a further funding bid to carry out a larger study to develop the MCAST and evaluate its use in the care home setting. This application will be made within 12 months of the project’s completion and will be led by Jayes. Funding schemes to be targeted include: i) NIHR Advanced Fellowship - round 2 stage 1 estimated deadline December 2019; ii) Wellcome Trust Seed Award in Humanities and Social Science - next call estimated deadline June 2020; iii) Abbeyfield Research Foundation Small project grant - next call estimated deadline January 2020; iv) Dunhill Medical Trust Research project grant - 2020/21 round one estimated deadline January 2020. NB NIHR and the Wellcome Trust have mental health as a strategic aim.

Contributions of investigators:

Jayes will be responsible for overall project management. A Post-doc Research Assistant (PDRA) will be employed to assist with data collection and analysis. Brown will provide methodological support and will contribute to data analysis. Jayes and Brown will be responsible for drafting the journal article and abstract for conference presentation. Jayes will lead on writing the future funding bid with support from Brown.

Projected costs:

Production of 3 copies of MCAST for participant review: £360 including VAT.
Shopping vouchers to use to pay care home staff for their time: 30 x £20 = £600
Salary costs for PDRA to complete data collection and analysis: 100 hours x £26 = £2600
Travel expenses for Jayes/PDRA to visit care homes to secure management support, recruit participants, attend focus groups, feedback study findings: 15 visits x £20 = £300.
Focus group refreshments: 5 groups x £20 = £100.
Transcription costs: 10 hours x £94.80 = £948
Attendance at British Society for Gerontology conference: £975.

Total funding requested: £5883

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