



Care Planning Interventions for Care Home Residents: A Scoping Review

RESEARCH

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ABSTRACT

Context: Previous reviews of care planning (CP) interventions in care homes focus on higher quality research methodologies and exclusively consider advanced care planning (ACP), thereby excluding many intervention-based studies that could inform current practice. CP is concerned with residents' current circumstances while ACP focuses on expressing preferences which relate to future care decisions.

Objectives: To identify, map and summarise studies reporting CP interventions for older people in care homes.

Methods: Seven electronic databases were searched from 1 January 2012 until 1 January 2022. Studies of CP interventions, targeted at older people (>60 years), whose primary place of residence was a care home, were eligible for inclusion. Two reviewers independently screened the titles and abstracts of 3778 articles. Following a full-text review of 404 articles, data from 112 eligible articles were extracted using a predefined data extraction form.

Findings: Studies were conducted in 25 countries and the majority of studies took place in the United States, Australia and the UK. Most interventions occurred within nursing homes (61%, 68/112). More than 90% of interventions (93%, 104/112) targeted staff, and training was the most common focus (80%, 83/104), although only one included training for ancillary staff (such as cleaners and caterers). Only a third of the studies (35%, 39/112) involved family and friends, and 62% (69/112) described interventions to improve CP practices through multiple means.

Limitations: Only papers written in English were included, so potentially relevant studies may have been omitted.

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Implications: Two groups of people – ancillary workers and family and friends – who could play a valuable role in CP were often not included in CP interventions. These oversights should be addressed in future research.

INTRODUCTION

Data from the Office for National Statistics show that in the year ending 28 February 2022, there were an estimated 360,000 care home residents in England (Barrett, 2022). According to the Care Quality Commission (CQC), the independent regulator of health and social care in England, residents were cared for in approximately 14,500 care homes in England, comprising nearly 10,500 residential care homes and 4000 nursing homes (Berg, 2023). English care homes are legally required to develop a ‘clear care and/or treatment plan, which includes agreed goals’ and make this document ‘available to all staff and others involved in providing the care’ (Care Quality Commission, 2022b). The CQC has defined care planning (CP) as a process ‘focused on the person’s whole life, including their goals, skills, abilities and how they prefer to manage their health’ (Care Quality Commission, 2022a). CP should ‘empower [people] to make choices and have as much control and independence as possible’ (Care Quality Commission, 2022a). CP can involve a range of stakeholders, from care home residents and their family and friends to health and social care professionals. CP should be an ongoing process which documents a person’s preferences and may involve the appointment of a substitute decision-maker (Batchelor et al., 2019). CP shares many characteristics associated with advanced care planning (ACP) which has been defined as ‘a process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals and preferences regarding future medical care’ (Sudore et al., 2017: p. 826). Although Sudore and colleagues describe three key components – personal values, life goals and medical care – ACP is often used to refer exclusively to discussions relating to future medical care, while CP is concerned with a person’s present circumstances (De Vleminck et al., 2016; Weathers et al., 2016). For this reason, this paper refers to the broader category of CP, of which ACP is understood to be one subset, albeit one that has attracted considerable attention. This position is consistent with guidance issued by the UK’s National Health Service which recommends that ACP should be viewed as ‘part of the wider care planning process’ (NHS Improving Quality, 2011).

ACP has been associated with benefits for residents, families and healthcare systems. Martin et al.’s (2016) systematic review found that ACP was associated

with reduced hospitalisation rates and a reduction in healthcare costs. A positive association has also been observed between ACP and residents’ quality of life as well as adherence to end-of-life wishes and treatment received (Chan & Pang, 2010; Detering et al., 2010; Morrison et al., 2005; van Soest-Poortvliet et al., 2015). Family members have been described as playing a ‘powerful role ... in the development of plans’ (Harrad-Hyde, Armstrong & Williams, 2022: p. 201). ACP studies have reported that family members have felt comforted by the knowledge that their relatives’ future care has been considered (Stone, Kinley & Hockley, 2013). Detering et al. (2010) found that ACP was associated with a reduction in levels of stress, anxiety and depression among bereaved family members. Likewise, Oliver et al. (2021) found that involving family members in CP meetings had a beneficial effect on their depression scores.

Despite these substantial benefits, international evidence has shown that many care home residents do not have an ACP (Batchelor et al., 2019; Detering et al., 2010; Garden et al., 2022; In der Schmitzen et al., 2021; Jennings et al., 2016). Batchelor et al. (2019) attributed the low prevalence of ACPs to a lack of knowledge and education on the part of care home staff, including uncertainty regarding the legal status of care plans. Mariani et al. (2017) and Spacey et al. (2020) have suggested that a lack of funding and resources has contributed to a paucity of ACP activity. This issue is likely to be compounded by high levels of staff turnover in the care home sector which means that knowledge and skills are often not sustained (Spacey et al., 2020). Indeed, this problem is likely to be further exacerbated by limited staff time and family reluctance to be involved in ACP (Mariani et al., 2017; Weathers et al., 2016). The high prevalence of cognitive impairments among many care home residents has also been described as a barrier to CP taking place (Mariani et al., 2017; O’Sullivan et al., 2016). A study overseen by O’Sullivan et al. (2016), which involved three care homes in Southern Ireland, found that just 10% of residents had the capacity to complete their own advance care directive.

While we have a good basis to consider barriers to ACP and, to a lesser extent, CP, much of the published literature has chosen to focus on ACP and on higher-quality research methodologies at the expense of potentially informative intervention-based studies. Martin et al. (2016) for example, excluded more than 44 retrospective studies from their systematic review of ACP intervention. Similarly, Weathers et al. (2016) excluded

33 studies on the basis that they were not randomised control trials (RCTs). In keeping with the scoping review methodology, this review has not excluded papers based on methodology. It is necessary to incorporate the full breadth of available evidence due to variation in CP interventions making it difficult to identify the most effective interventions (Martin et al., 2016).

This review aims to identify, map and summarise evidence reporting CP interventions for older people in care home settings. To achieve this, the paper has the following objectives:

- To identify CP interventions for older people that have been developed, evaluated and implemented in care home settings.
- To identify the components and outcome measures associated with CP interventions for older people in care home settings.
- To identify the extent to which CP interventions were judged to have been a success.

METHODS

PROTOCOL AND REGISTRATION

We conducted a scoping review using the framework and methods published by Peters et al. (2015). Our full study protocol is registered on the Open Science Framework (https://osf.io/3uqpy/?view_only=9fb9338162134c93a0adbbf46554721f). Our findings are reported using the Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for Scoping Reviews (PRISMA-ScR) guideline (Tricco et al., 2018).

SEARCH STRATEGY

We searched the following electronic databases from 1 January 2012 until 1 January 2022: ASSIA, CINAHL, MEDLINE, Social Services Abstracts, Web of Science, PsycInfo and EMBASE. This period was selected in order to include all available evidence in the 10 years prior to the publication of the 'Universal Principles for Advance Care Planning' (Department of Health and Social Care, 2022b). The full literature search for EMBASE is available in Supplementary File 1. The results of the literature search were imported into Covidence which was used for screening by the review team. We supplemented the literature search by scanning references of included articles.

ELIGIBILITY CRITERIA

Eligible papers were required to be written in English to ensure they could be reviewed by at least two people. Eligible papers included studies of ACP and CP interventions delivered in care home settings for older people (>60 years old). Care home residents may have required nursing care and may have had a dementia

diagnosis. No restrictions were applied on geographical, social, ethnic or cultural aspects. All study designs, including mixed methods, qualitative or quantitative methodologies, with a description of a CP intervention were eligible.

SELECTION OF SOURCES OF EVIDENCE

Two reviewers independently screened all retrieved titles and abstracts (JT and a combination of JK, CN, MT and NS). All papers that both reviewers agreed should not be excluded were retained for further review. Two reviewers (JT and a combination of JD, SJ, LP, MT and NS) independently screened full texts, resolving disagreements by discussion or reference to a third author (RF).

DATA CHARTING PROCESS

The extraction framework underwent two sets of revisions. Prior to beginning extraction, the data extraction framework was discussed at monthly project meetings. Comments arising from these meetings, including from patient and public involvement members, were incorporated into a draft of the final extraction framework. Six reviewers (JD, SJ, LP, JT, MT and NS) independently applied the framework to the same two papers. The reviewers then met and discussed points of clarification and made some minor alterations to what became the final framework.

Once the final framework was agreed upon, and to maximise the consistency of the extraction process, data was initially extracted by two reviewers who then met to reconcile their answers. Once each extractor had reconciled their answers with a second reviewer, for at least one paper, data was subsequently extracted by a single person. We extracted and tabulated data on the following: title; year of publication; number of care homes involved in the study, name of CP intervention; the mechanism(s) by which the intervention sought to change practice as it related to CP; training fidelity; country in which intervention took place; study design; intervention setting; dementia status of residents and number of residents, staff and family members involved in study. A copy of the full extraction framework can be found in the study protocol.

SYNTHESIS OF RESULTS

The data was synthesized and cleaned within Microsoft Excel. The lead reviewer (JT) conducted an initial inductive qualitative synthesis of the open-ended responses. The reviewer read through all the responses and inductively developed a series of suggested codes to which answers were allocated. A further two authors reviewed the suggested codes and, after consulting with the lead reviewer, agreed upon a final set of synthesized data, the results of which are discussed below.

RESULTS

A total of 3778 titles and abstracts were screened and full-text records of 404 studies were assessed for eligibility. Data were extracted from a total of 112 included studies. The most common reason for the exclusion of full-text articles ($n = 60$) was that the study comprised a secondary review rather than primary research, see Figure 1 for more information.

OVERVIEW OF INCLUDED CP INTERVENTIONS

The included studies referred to different types of care plans. In 70 (63%) cases the intervention was described as relating to ‘advanced care planning’, in 33 (29%) instances the term ‘care planning’ was used.

The 112 articles included in this review were conducted across 25 countries. A total of 25 studies (22%) were conducted in the United States, 23 (21%) in Australia and 21 (19%) in the United Kingdom. There was

a notable absence of literature from Africa and South America. Most interventions took place within nursing homes ($n = 68$, 61%), with 20 (18%) studies focusing on residential homes and 5 (4%) focusing on both nursing and residential homes. In 61% ($n = 43/70$) of ‘advanced care planning’ papers the setting was a nursing home. Likewise, 61% ($n = 20/33$) of ‘care planning’ papers took place in a nursing home. The figures for residential homes were 14% ($n = 10/70$) and 24% ($n = 8/33$) for ‘advanced care planning’ and ‘care planning’ interventions, respectively.

Many studies either did not state whether residents had dementia ($n = 26$, 23%), or it was unclear whether residents had dementia ($n = 28$, 25%). Of the 58 (52%) studies that clearly stated residents’ dementia status, 27 (24%) studies related to care homes in which all residents had dementia and in a further 12 (11%) studies most residents had dementia. Only 3 (3%) studies related to care homes in which none of the residents had dementia.

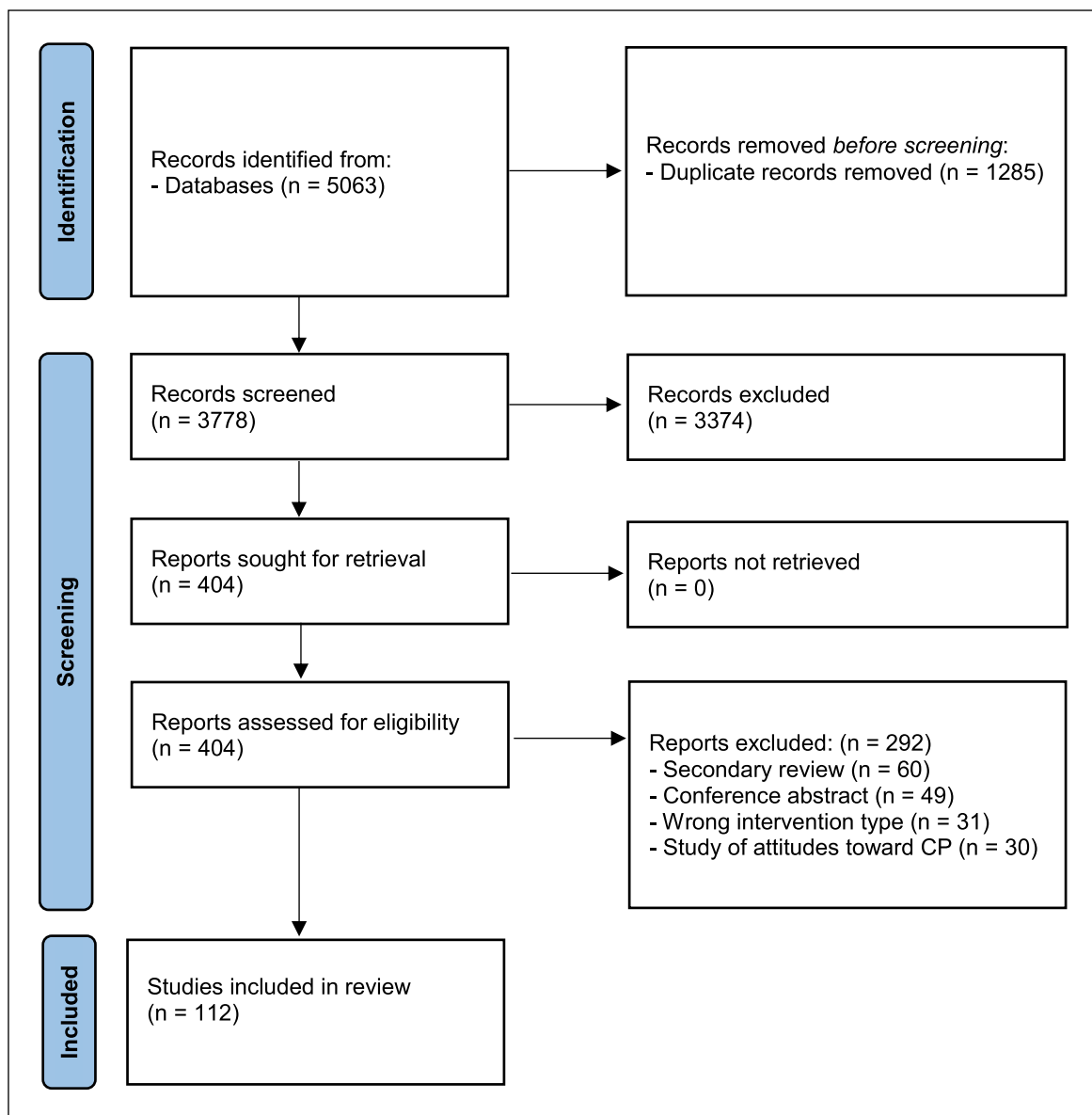


Figure 1 PRISMA diagram.

FOCUS OF INTERVENTION

A total of 68 (61%) papers recorded the number of residents involved in the intervention and, where appropriate, the control group(s). The mean number of residents referred to in the papers was 2191, with a range of 3 to 81,315.

A total of 47 (42%) studies recorded the number of staff involved in the intervention and, where appropriate, the control group(s). The mean number of staff referred to in the papers was 133, with a range of 1 to 1178. In addition, over a fifth of the papers (*n* = 23, 21%) referred to staff members' involvement in the intervention but did not provide information on exactly how many staff members took part.

A total of 26 (23%) studies recorded the number of family and friends who were involved in the intervention and, where appropriate, control group(s). The mean number of family and friends referred to in the papers was 119, with a range of 4 to 939. In the case of 42 (38%) papers, we can confidently say that friends and family members were not involved in the study. In a further 13 (12%) cases it was unclear how many family members and friends were involved in the study.

INTERVENTION COMPONENTS

The review identified five mechanisms by which interventions sought to change attitudes and behaviour towards CP. These are described in Table 1.

In 77% (*n* = 54/70) of 'advanced care planning' papers the intervention included training, delivered to staff, family members or residents. This figure rose to 79% (*n* = 26/33) of 'care planning' papers.

Although 83 (74%) studies described delivering training to staff, only 47 (42%) studies recorded the number of staff involved in the intervention and, where appropriate, the control group(s). This missing data limits our ability to compare the studies.

More than 60% of interventions (*n* = 69, 62%) involved multicomponent programmes. Table 2 details the relationship between the various change mechanisms. In 78% of cases, the provision of information and CP resources was accompanied by staff training. More than half of interventions (*n* = 6/11) which involved videos also included a change in working practices.

Table 3 shows that most interventions (*n* = 104, 93%) were targeted at care home staff. In 83 (74%) cases staff took part in training as part of the intervention, compared

CHANGE MECHANISM	EXAMPLE
1. Training, delivered to staff, family members, or residents (<i>n</i> = 88, 79%)	Participating nurses were offered two, 2-hr, educational training sessions. The first educational session addressed legal and ethical issues relating to ACP. The second session consisted of communication training (Wils et al., 2017)
2. Provision of information and CP resources (<i>n</i> = 45, 40%)	A Conversation Starter Kit booklet was developed for residents (with capacity) and family and friends. The resource was designed to assist with the development of ACPs (Kaasalainen et al., 2021)
3. Mentoring arrangements and/or the provision of staff members dedicated to assist with CP (<i>n</i> = 30, 27%)	The intervention involved a mentor who was responsible for reviewing resident care plans with residents, families and staff (Moyle et al., 2016)
4. Changes in working practices (<i>n</i> = 43, 38%)	Multidisciplinary meetings were held and the ACP process for each resident was discussed (Gilissen et al., 2019)
5. Provision of video materials (<i>n</i> = 11, 10%)	Family decision makers were provided with a video decision aid about developing goals of care (Hanson et al., 2016)

Table 1 Intervention components.

n, number of articles.

CHANGE MECHANISM	TRAINING (<i>n</i> = 88)		RESOURCES (<i>n</i> = 45)		MENTORING/ DEDICATED STAFF (<i>n</i> = 30)		WORKING PRACTICES (<i>n</i> = 43)		VIDEO (<i>n</i> = 11)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Training, delivered to staff, family members or residents	–	–	35	78%	23	77%	29	68%	8	73%
Provision of information and CP resources	35	40%	–	–	13	43%	15	35%	5	45%
Mentoring arrangements and/or the provision of staff members dedicated to assist with CP	23	26%	13	29%	–	–	14	33%	0	0%
Changes in working practices	29	33%	15	33%	14	47%	–	–	6	55%
Provision of video materials	8	9%	5	11%	0	0%	6	14%	–	–

Table 2 Intervention components.

n, number of articles.

to just 7 (6%) cases where family and friends were provided with training. Ancillary workers were provided with training in just one (1%) project. In 94% ($n = 66/70$) of papers which referred to 'advanced care planning' the intervention was targeted at staff, likewise, in 91% ($n = 30/33$) of papers which referred to 'care planning' the intervention was targeted at staff.

PRIMARY OUTCOMES

All of the interventions sought to improve stakeholders' engagement with CP. The studies often examined whether these improvements were associated with changes in related outcome measures. Table 4 describes the five groups of outcome measures identified in the review. Nearly half of all studies ($n = 55$, 49%) included an outcome measure related to the quality of care provided.

Most studies ($n = 78$, 70%) collected data from residents, with a further 62 (55%) studies collecting data from health and social care professionals. Data from family members were collected in six (5%) papers. None of the papers included in this review collected data from ancillary workers, such as cleaners or catering staff.

STUDY DESIGN

All study designs, including qualitative or quantitative methodologies, were included in the review. Most studies ($n = 68$, 61%) used quantitative study designs and of this subset 38 (34%) comprised RCTs. Eleven (10%) studies used qualitative methods involving interviews and/or focus groups with a further 10 (9%) studies involving

other types of qualitative research. Finally, 18 (16%) studies applied a mixed-methods approach.

Reviewers recorded whether the papers' authors judged the intervention to have positively influenced the study's primary outcomes. Given the variety of methodologies represented across the included papers, the evidence used to reach these judgements varied from statistical analyses of large data sets to focus group feedback. In 70 papers (63%), the intervention was thought to have had a positive impact on the studies' outcome measure(s). A further 19 (17%) papers found that the intervention partially influenced the study's primary outcomes in a positive way. In seven (6%) papers the intervention was not considered to have had a positive impact.

Table 5 shows that when broken down by study design, half of the RCT interventions were considered to have positively influenced the studies' outcomes, compared to 64% of interventions that involved focus groups or interviews and 72% of mixed methods studies. All seven of the papers which recorded that the intervention had not positively influenced the study's primary outcomes were quantitative, with six of these seven papers comprising RCTs.

Table 6 presents the relationship between the authors' assessments of the impact of the intervention and the interventions' components. We can see that 3 out of the 11 (27%) articles which involved video resources were not considered to have been successful. Alternatively, nearly three-quarters of all the papers (73%) which involved the provision of additional staff and/or mentoring were judged to have been a success.

	STAFF	FAMILY AND/OR FRIENDS	RESIDENTS	OTHER/UNCLEAR
Training	83	7	5	4
Resources	40	8	9	0
Mentoring/dedicated staff	30	0	1	0
Working practices	42	5	6	1
Video materials	4	6	5	1
Total	104	21	22	5

Table 3 Recipients of intervention components.
n, number of articles.

OUTCOME MEASURE	EXAMPLE
1. Quality of care ($n = 55$, 49%)	The quality of care measured by a composite quality indicator (Elliot & Adams, 2012)
2. Decision making ($n = 29$, 26%)	The quality of communication and decision-making measured at 3 months (O'Sullivan et al., 2016)
3. End of life ($n = 29$, 26%)	Participants' understanding of do-not-resuscitate (DNR) orders and palliative care; willingness to sign a DNR order and receive palliative care (Aasmul et al., 2018b)
4. Resource use ($n = 25$, 22%)	The rate of hospitalisations per 1000 resident-days (Hanson et al., 2017)
5. Other ($n = 14$, 13%)	The effectiveness of multidisciplinary educational case conferences in end-of-life planning (Aasmul et al., 2018a)

Table 4 Outcome measure.
n, number of articles.

Table 7 presents the relationship between the authors' assessments of the impact of the intervention and the recipients of the intervention. In 63% of studies in which staff were the intervention recipients the study was judged a success and this number rises to 67% in studies involving family members. Alternatively, just 55% of studies in which residents were among the interventions' recipients were considered to have been successful.

DISCUSSION

The aim of this paper was to identify, map and summarise evidence reporting CP interventions for older people in care home settings. The included studies were heterogeneous in terms of study design, intervention type and outcomes assessed. The decision not to exclude studies because of their methodology has made this

DID THE INTERVENTION POSITIVELY INFLUENCE THE STUDIES' OUTCOMES	RCT		QUANTITATIVE – OTHER		MIXED		QUALITATIVE – INTERVIEW		QUALITATIVE – OTHER		OTHER		TOTAL <i>n</i>
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Yes	15	50%	28	74%	13	72%	7	64%	4	40%	3	60%	70
Partially	6	20%	6	16%	4	22%	0	0%	3	30%	0	0%	19
No	6	20%	1	3%	0	0%	0	0%	0	0%	0	0%	7
Inconclusive	1	3%	1	3%	0	0%	1	9%	0	0%	0	0%	3
Not applicable	2	7%	2	5%	1	6%	3	27%	3	30%	2	40%	13
	30	100%	38	100%	18	100%	11	100%	10	100%	5	100%	112

Table 5 Study design and authors' assessment of impact of intervention.

RCT, randomised control trial.

n, number of articles.

DID THE INTERVENTION POSITIVELY INFLUENCE THE STUDIES' OUTCOMES?	TRAINING		RESOURCES		CHANGE IN WORKING PRACTICE		STAFF/ MENTORING		VIDEO	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Yes	56	64%	30	67%	29	67%	22	73%	4	36%
Partially	12	14%	3	7%	9	21%	5	17%	4	36%
No	6	7%	3	7%	0	0%	0	0%	3	27%
Inconclusive	3	3%	1	2%	3	7%	0	0%	0	0%
Not applicable – i.e., the study did not record primary outcomes	11	13%	8	18%	2	5%	3	10%	0	0%
Total	88	100%	45	100%	43	100%	30	100%	11	100%

Table 6 Intervention components and authors' assessment of impact of intervention.

n, number of articles.

DID THE INTERVENTION POSITIVELY INFLUENCE THE STUDIES' OUTCOMES?	STAFF		RESIDENTS		FAMILY MEMBER		OTHER	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Yes	66	63%	12	55%	14	67%	3	60%
Partially	16	15%	5	23%	5	24%	1	20%
No	6	6%	3	14%	1	5%	1	20%
Inconclusive	3	3%	1	5%	0	0%	0	0%
Not applicable – i.e., the study did not record primary outcomes	13	13%	1	5%	1	5%	0	0%
	104	100%	22	100%	21	100%	5	100%

Table 7 Intervention recipients and authors' assessment of impact of intervention.

n, number of articles.

review, to the best of the authors' knowledge, the most comprehensive synthesis of CP interventions. The studies referred to different types of care plans. In 70 (63%) cases the paper referred to 'advanced care planning' compared to 33 (29%) studies which referred to 'care planning'. When comparing 'advanced care planning' and 'care planning' papers, we did not observe any significant differences in the studies' settings, the groups that were targeted or the interventions' components. These similarities may reflect the fact that the people involved in the development of care plans and advanced care plans and the skills required to conduct them are very similar. Most interventions took place within nursing homes ($n = 68$, 61%). The cognitively impaired status of many care home residents has been described as a barrier to CP (Mariani et al., 2017; O'Sullivan et al., 2016). However, only just over half of the studies ($n = 58$, 52%) referred to residents' dementia status.

As has been observed in previous reviews, studies often sought to improve CP practices through multiple means (Gilissen et al., 2019). Most interventions ($n = 83$, 74%) provided staff with training. Training offers a means of addressing a lack of knowledge and education on the part of care home staff, phenomena that have been identified as important barriers to ACP (Mariani et al., 2017; Spacey et al., 2020). Training of staff alone is unlikely to address some of the other barriers, such as high staff turnover, which have been associated with a low uptake in ACP (Spacey et al., 2020). When broken down by intervention component, the papers' authors were most likely to rate interventions that involved dedicated staff and/or mentoring as having positively influenced the study's primary outcomes. These inputs may have helped to mitigate against workforce and organisational factors that can prevent training from translating into change in the workplace (Williams & Smith, 2017). Indeed, systematic reviews have shown that the majority of training interventions are not evidence-based and it is often difficult to sustain change following training interventions (Blake, Berry & Brown, 2020; Fossey et al., 2014).

Digital CP is becoming more prevalent. Researchers have shown that the use of electronic care records is associated with improvements in residents' health and functioning, employee engagement, a reduction in the time taken to complete care plans, as well as improved communication between stakeholders (Brittain, 2020; Kim et al., 2021). One of the primary benefits of digital care plans is the ability to easily share their contents with relevant health and social care professionals (Ellis, 2022). Adaptations to existing digital tools have sought to enable people living with dementia to play a more active part in their CP (Behrens et al., 2022). The COVID-19 pandemic further encouraged the adoption of digital CP approaches (Burton et al., 2022). In England, the Department of Health and Social Care aims to have 80%

of care homes using digital care records by March 2024 (2022a). With these developments in mind, it is striking that only 12 studies (11%) referred to digital CP practices. The low number of studies referring to digital CP may reflect barriers identified by previous researchers. Barriers to the uptake of digital CP include the cost of digital systems, a lack of devices, limited internet capabilities as well as a lack of staff familiarity (Burton et al., 2022; Johnston et al., 2022a; Johnston et al., 2022b).

Seven (6%) interventions involved the training of family members. These programmes may help to address family members' reluctance to become involved in ACP. The limited number of studies which involved family members, however, suggests that this is a group that remains difficult to engage with. Indeed, an Australian study found that greater involvement of family members in CP conversations had an associated administrative burden for care home staff (Towers et al., 2019). Research has shown that family members' limited involvement in decision-making can be caused by many factors, including, a lack of staff to engage family members, the absence of space within care homes to conduct collaborative discussions as well as a lack of staff training (Mariani et al., 2017; Ke et al., 2015; Kong et al., 2022). Only five (4%) studies delivered training to residents. This low figure may reflect the fact that many care home residents are cognitively impaired and may be limited in their ability to engage in training initiatives. A recent review found that few trials included adults who lacked capacity, even among populations associated with cognitive impairments such as dementia (Shepherd et al., 2019). The exclusion of people who lack decision-making capacity from research contributes to a weaker evidence base to care for these populations (Shepherd et al., 2022).

Ancillary workers are often key to the provision of high-quality care (Ashurst, 2019; Ashurst, 2020). Ancillary workers were also overlooked by the interventions identified by this review. None of the included papers collected data from ancillary workers and only one (1%) intervention delivered training to this sector of the workforce. Training and support which is targeted at ancillary workers can help them to feel valued and important team members (Ashurst, 2019). Providing ancillary staff with more training may also mitigate against the high levels of staff turnover, among carers, which has been identified as a barrier to ACP. With appropriate training and opportunities ancillary staff could contribute to a more holistic CP.

Unlike previous systematic reviews, which have exclusively focused on ACP, this review has considered CP interventions in a broader sense. Just under half of all the included papers ($n = 70$, 63%) related to ACP interventions. This left a further 33 (29%) cases in which the intervention was related to CP. ACP interventions coexisted with other forms of CP. There is, therefore, a

value to look beyond exclusively ACP interventions in future systematic reviews.

All of the papers sought to improve stakeholders' engagement with CP. Many papers examined whether improvements in CP practices were associated with related outcomes. Nearly half of the interventions included an outcome measure concerning the quality of care that was provided. This finding is consistent with the existing literature which has noted a positive association between ACP and residents' quality of life (Chan & Pang, 2010; Detering et al., 2010; Morrison et al., 2005; van Soest-Poortvliet et al., 2015). Across all of the studies included in this review, 63% concluded that the intervention had a positive impact on the study's primary outcome measure. This figure fell to 50% among RCT studies. Six out of seven studies that were not deemed to have been successful were RCTs. These findings may reflect the opportunity costs which arise from care home staffs' participation in research studies that evaluate novel interventions (Peryer et al., 2022). These opportunity costs may be greater for staff when a study design, such as an RCT, requires participants to follow numerous protocol steps in addition to their daily work, as opposed to a less intensive intervention study design. A compromise may need to be struck between the optimum research methodology and delivering real-world care (Bird, Arthur & Cox, 2011). Indeed, a lack of scientific evidence as to the efficacy of an intervention can coexist with staff and service users holding strong views about the benefits of an intervention (Bird, Arthur & Cox, 2011). When broken down by recipients of the intervention, just 55% of interventions which involved residents were judged to have positively influenced the studies' outcomes. This finding, which may reflect difficulties arising from the cognitively impaired status of many residents, suggests that more work is still needed to successfully involve care home residents in CP interventions.

One limitation of this review is that only papers written in English were included. This may have resulted in the omission of potentially relevant studies and could explain why none of the included studies related to African or South American countries. Additionally, the diversity of the papers included, both in terms of methodologies and focus (CP and ACP; staffing and residents; residential homes and nursing homes) made it difficult to synthesize the findings and draw clear conclusions.

CONCLUSIONS

Overall, although many interventions have been developed to improve the delivery of CP within care home settings, the papers included in this review often provided incomplete information on which to draw conclusions. Close to a quarter of the papers ($n = 23$, 21%) referred

to staff members' involvement in the intervention but did not provide information on exactly how many staff members took part. Furthermore, nearly half of all the studies made no reference to residents' dementia status ($n = 54$, 48%). This is an important omission because the cognitively impaired status of many care home residents has been identified as a barrier to CP (Mariani et al., 2017; O'Sullivan et al., 2016). The absence of this information makes it difficult to recommend specific interventions to policymakers and practitioners due to resource and workforce implications being unclear. It is also unclear whether certain interventions will be suitable for care home residents with dementia. A clear reporting framework is needed to address these gaps in our understanding of CP interventions.

This review also found that two groups of people – ancillary workers and family and friends – who researchers have previously identified may have the potential to play a valuable role in CP are often not included in CP interventions (Samsi et al., 2022). These oversights should be addressed in future work.

ADDITIONAL FILES

The additional files for this article can be found as follows:

- **Additional File 1.** Search Strategy. DOI: <https://doi.org/10.31389/jltc.223.s1>
- **Additional File 2.** Data Extracted.xlsx. DOI: <https://doi.org/10.31389/jltc.223.s2>

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The authors have no competing interests to declare.


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REFERENCES

- Aasmul, I, Husebo, BS and Flo, E.** 2018a. Description of an advance care planning intervention in nursing homes: outcomes of the process evaluation. *BMC Geriatrics*, 18(1): 26. DOI: <https://doi.org/10.1186/s12877-018-0713-7>
- Aasmul, I, Husebo, BS, Sampson, EL,** et al. 2018b. Advance care planning in nursing homes – improving the communication among patient, family, and staff: results from a cluster randomized controlled trial (COSMOS). *Frontiers of Psychology*, 9: 2284. DOI: <https://doi.org/10.3389/fpsyg.2018.02284>
- Ashurst, A.** 2019. How to ... recognise and support ancillary staff. *Nursing and Residential Care*, 21(4): 237–237. DOI: <https://doi.org/10.12968/nrec.2019.21.4.237>
- Ashurst, A.** 2020. Developing the roles and responsibilities of ancillary personnel. *Nursing and Residential Care*, 22(4): 1–3. DOI: <https://doi.org/10.12968/nrec.2020.22.4.15>
- Barrett, S.** 2022. *Care homes and estimating the self-funding population, England: 2021 to 2022*. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/carehomesand-estimatingtheselffundingpopulationengland/2021to2022> [Accessed 21st March 2021].
- Batchelor, F, Hwang, K, Haralambous, B,** et al. 2019. Facilitators and barriers to advance care planning implementation in Australian aged care settings: a systematic review and thematic analysis. *Australasian Journal on Ageing*, 38(3): 173–181. DOI: <https://doi.org/10.1111/ajag.12639>
- Behrens, LL, Morgan, B, Summerhayes, E,** et al. 2022. Feasibility and acceptability of a web-based advance care plan for dementia. *Geriatric Nursing*, 44: 251–258. DOI: <https://doi.org/10.1016/j.gerinurse.2022.02.022>
- Berg, V.** 2023. Care home stats: number of settings, population & workforce. Available from: <https://www.carehome.co.uk/advice/care-home-stats-number-of-settings-population-workforce> [Accessed 24th November 2023].
- Bird, L, Arthur, A and Cox, K.** 2011. “Did the trial kill the intervention?” experiences from the development, implementation and evaluation of a complex intervention. *BMC Medical Research Methodology*, 11: 24. DOI: <https://doi.org/10.1186/1471-2288-11-24>
- Blake, D, Berry, K and Brown, LJE.** 2020. A systematic review of the impact of person-centred care interventions on the behaviour of staff working in dementia care. *Journal of Advanced Nursing*, 76(2): 426–444. DOI: <https://doi.org/10.1111/jan.14251>
- Brittain, G.** 2020. Electronic care planning and care worker engagement. *Nursing and Residential Care*, 22(11): 1–19. DOI: <https://doi.org/10.12968/nrec.2020.22.11.6>
- Burton, JK, Wolters, AT, Towers, AM,** et al. 2022. Developing a minimum data set for older adult care homes in the UK: exploring the concept and defining early core principles. *The Lancet Healthy Longevity*, 3(3): e186–e193. DOI: [https://doi.org/10.1016/S2666-7568\(22\)00010-1](https://doi.org/10.1016/S2666-7568(22)00010-1)
- Care Quality Commission.** 2022a. *Person-centred care*. Available from: <https://www.cqc.org.uk/guidance-providers/adult-social-care/person-centred-care-good> [Accessed 9th January 2022].
- Care Quality Commission.** 2022b. *Regulation 9: person-centred care*. Available from: <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-9-person-centred-care> [Accessed 4th April 2023].
- Chan, HY and Pang, SM.** 2010. Let me talk—an advance care planning programme for frail nursing home residents. *Journal of Clinical Nursing*, 19(21–22): 3073–3084. DOI: <https://doi.org/10.1111/j.1365-2702.2010.03353.x>
- De Vleminck, A, Pardon, K, Beernaert, K,** et al. 2016. How do general practitioners conceptualise advance care planning in their practice? A qualitative study. *PLoS One*, 11(4): e0153747. DOI: <https://doi.org/10.1371/journal.pone.0153747>
- Department of Health and Social Care.** 2022a. *A plan for digital health and social care*. London, NHS.
- Department of Health and Social Care.** 2022b. *Universal principles for advance care planning*. London, NHS.
- Detering, KM, Hancock, AD, Reade, MC,** et al. 2010. The impact of advance care planning on end of life care in elderly patients: randomised controlled trial. *The British Medical Journal*, 340: c1345. DOI: <https://doi.org/10.1136/bmj.c1345>
- Elliot, R and Adams, J.** 2012. Using a practice development project to improve standards of care for people with dementia. *Nursing Older People*, 24(8): 28–31. DOI: <https://doi.org/10.7748/nop.24.8.28.s11>
- Ellis, P.** 2022. Why social care providers should go digital. *Nursing and Residential Care*, 24(3): 38–42. DOI: <https://doi.org/10.12968/nrec.2022.0011>

- Fossey, J, Masson, S, Stafford, J, et al.** 2014. The disconnect between evidence and practice: a systematic review of person-centred interventions and training manuals for care home staff working with people with dementia. *International Journal of Geriatric Psychiatry*, 29(8): 797–807. DOI: <https://doi.org/10.1002/gps.4072>
- Garden, G, Usman, A, Readman, D, et al.** 2022. Advance care plans in UK care home residents: a service evaluation using a stepped wedge design. *Age and Ageing*, 51(3): afac069. DOI: <https://doi.org/10.1093/ageing/afac069>
- Gilissen, J, Pivodic, L, Wendrich-van Dael, A, et al.** 2019. Implementing advance care planning in routine nursing home care: the development of the theory-based ACP+ program. *PLoS One*, 14(10): e0223586. DOI: <https://doi.org/10.1371/journal.pone.0223586>
- Hanson, LC, Song, MK, Zimmerman, S, et al.** 2016. Fidelity to a behavioral intervention to improve goals of care decisions for nursing home residents with advanced dementia. *Clinical Trials*, 13(6): 599–604. DOI: <https://doi.org/10.1177/1740774516650863>
- Hanson, LC, Zimmerman, S, Song, MK, et al.** 2017. Effect of the goals of care intervention for advanced dementia: a randomized clinical trial. *JAMA Internal Medicine*, 177(1): 24–31. DOI: <https://doi.org/10.1001/jamainternmed.2016.7031>
- Harrad-Hyde, F, Armstrong, N and Williams, C.** 2022. Using advance and emergency care plans during transfer decisions: a grounded theory interview study with care home staff. *Palliative Medicine*, 36(1): 200–207. DOI: <https://doi.org/10.1177/02692163211059343>
- In der Schmitzen, J, Jox, RJ, Pentzek, M, et al.** 2021. Advance care planning by proxy in German nursing homes: descriptive analysis and policy implications. *Journal of American Geriatrics Society*, 69(8): 2122–2131. DOI: <https://doi.org/10.1111/jgs.17147>
- Jennings, LA, Zingmond, D, Louie, R, et al.** 2016. Use of the physician orders for life-sustaining treatment among California nursing home residents. *Journal of General Internal Medicine*, 31(10): 1119–1126. DOI: <https://doi.org/10.1007/s11606-016-3728-9>
- Johnston, L, Koikkalainen, H, Anderson, L, et al.** 2022a. *Landscape assessment of data and digital readiness in Scottish care homes final report*. Available from: https://www.ed.ac.uk/sites/default/files/atoms/files/ladder_study_2022.pdf [Accessed 16 August 2023].
- Johnston, L, Koikkalainen, H, Anderson, L, et al.** 2022b. Foundation level barriers to the widespread adoption of digital solutions by care homes: insights from three Scottish studies. *International Journal of Environmental Research and Public Health*, 19(12): 7407. DOI: <https://doi.org/10.3390/ijerph19127407>
- Kaasalainen, S, Sussman, T, Nicula, M, et al.** 2021. Evaluating the implementation of the conversation starter kit in long term care. *SAGE Open Nursing*, 7: 23779608211051824. DOI: <https://doi.org/10.1177/23779608211051824>
- Ke, LS, Huang, X, O'Connor, M, et al.** 2015. Nurses' views regarding implementing advance care planning for older people: a systematic review and synthesis of qualitative studies. *Journal of Clinical Nursing*, 24(15–16): 2057–2073. DOI: <https://doi.org/10.1111/jocn.12853>
- Kim, H, Jung, YI, Kim, GS, et al.** 2021. Effectiveness of a technology-enhanced integrated care model for frail older people: a stepped-wedge cluster randomized trial in nursing homes. *The Gerontologist*, 61(3): 460–469. DOI: <https://doi.org/10.1093/geront/gnaa090>
- Kong, EH, Kim, H and Kim, H.** 2022. Nursing home staff's perceptions of barriers and needs in implementing person-centred care for people living with dementia: a qualitative study. *Journal of Clinical Nursing*, 31(13–14), 1896–1906. DOI: <https://doi.org/10.1111/jocn.15729>
- Mariani, E, Vernooij-Dassen, M, Koopmans, R, et al.** 2017. Shared decision-making in dementia care planning: barriers and facilitators in two European countries. *Aging & Mental Health*, 21(1): 31–39. DOI: <https://doi.org/10.1080/13607863.2016.1255715>
- Martin, RS, Hayes, B, Gregorevic, K, et al.** 2016. The effects of advance care planning interventions on nursing home residents: a systematic review. *Journal of American Medical Directors Association*, 17(4): 284–293. DOI: <https://doi.org/10.1016/j.jamda.2015.12.017>
- Morrison, RS, Chichin, E, Carter, J, et al.** 2005. The effect of a social work intervention to enhance advance care planning documentation in the nursing home. *Journal of American Geriatrics Society*, 53(2): 290–294. DOI: <https://doi.org/10.1111/j.1532-5415.2005.53116.x>
- Moyle, W, Venturato, L, Cooke, M, et al.** 2016. Evaluating the capabilities model of dementia care: a non-randomized controlled trial exploring resident quality of life and care staff attitudes and experiences. *International Psychogeriatrics*, 28(7): 1091–1100. DOI: <https://doi.org/10.1017/S1041610216000296>
- NHS Improving Quality.** 2011. *Capacity, care planning and advance care planning in life limiting illness: a guide for health and social care staff*. London, NHS Improving Quality.
- Oliver, DP, Rolbiecki, AJ, Washington, K, et al.** 2021. A pilot study of an intervention to increase family member involvement in nursing home care plan meetings. *Journal of Applied Gerontology*, 40(9): 1080–1086. DOI: <https://doi.org/10.1177/0733464820946927>
- O'Sullivan, R, Murphy, A, O'Caomh, R, et al.** 2016. Economic (gross cost) analysis of systematically implementing a programme of advance care planning in three Irish nursing homes. *BMC Research Notes*, 9: 237. DOI: <https://doi.org/10.1186/s13104-016-2048-9>
- Peryer, G, Kelly, S, Blake, J, et al.** 2022. Contextual factors influencing complex intervention research processes in care homes: a systematic review and framework synthesis. *Age and Ageing*, 51(3): afac014. DOI: <https://doi.org/10.1093/ageing/afac014>

- Peters, MD, Godfrey, CM, Khalil, H,** et al. 2015. Guidance for conducting systematic scoping reviews. *International Journal of Evidence-Based Healthcare*, 13(3): 141–146. DOI: <https://doi.org/10.1097/XEB.0000000000000050>
- Samsi, K, Luijnenburg, O, Norrie, C,** et al. *Good practice in supporting ancillary staff working in care homes*. London, King's College London.
- Shepherd, V, Wood, F, Gillies, K,** et al. 2022. Recruitment interventions for trials involving adults lacking capacity to consent: methodological and ethical considerations for designing studies within a trial (SWATs). *Trials*, 23(1): 756. DOI: <https://doi.org/10.1186/s13063-022-06705-y>
- Shepherd, V, Wood, F, Griffith, R,** et al. 2019. Protection by exclusion? The (lack of) inclusion of adults who lack capacity to consent to research in clinical trials in the UK. *Trials*, 20(1): 474. DOI: <https://doi.org/10.1186/s13063-019-3603-1>
- Spacey, A, Scammell, J, Board, M,** et al. 2020. Systematic critical realist review of interventions designed to improve end-of-life care in care homes. *Nursing & Health Sciences*, 22(2): 343–354. DOI: <https://doi.org/10.1111/nhs.12665>
- Stone, L, Kinley, J and Hockley, J.** 2013. Advance care planning in care homes: the experience of staff, residents, and family members. *International Journal of Palliative Nursing*, 19(11): 550–557. DOI: <https://doi.org/10.12968/ijpn.2013.19.11.550>
- Sudore, RL, Lum, HD, You, JJ,** et al. 2017. Defining advance care planning for adults: a consensus definition from a multidisciplinary Delphi Panel. *Journal of Pain and Symptom Management*, 53(5): 821–832, e821. DOI: <https://doi.org/10.1016/j.jpainsymman.2016.12.331>
- Towers, A-M, Nelson, K, Smith, N,** et al. 2019. Using ASCOT in care planning conversations. *Australian Journal of Dementia Care*, 7(6): 31–35.
- Tricco, AC, Lillie, E, Zarin, W,** et al. 2018. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Annals of Internal Medicine*, 169(7): 467–473. DOI: <https://doi.org/10.7326/M18-0850>
- van Soest-Poortvliet, MC, van der Steen, JT, de Vet, HC,** et al. 2015. Comfort goal of care and end-of-life outcomes in dementia: a prospective study. *Palliative Medicine*, 29(6): 538–546. DOI: <https://doi.org/10.1177/0269216315570409>
- Weathers, E, O’Caoimh, R, Cornally, N,** et al. 2016. Advance care planning: a systematic review of randomised controlled trials conducted with older adults. *Maturitas*, 91: 101–109. DOI: <https://doi.org/10.1016/j.maturitas.2016.06.016>
- Williams, TM and Smith, GP.** 2017. Does training change practice? A survey of clinicians and managers one year after training in trauma-informed care. *The Journal of Mental Health Training, Education and Practice*, 12(3): 188–198. DOI: <https://doi.org/10.1108/JMHTEP-02-2016-0016>
- Wils, M, Verbakel, J and Lisaerde, J.** 2017. Improving advance care planning in patients with dementia: the effect of training nurses to engage in ACP-related conversations. *Journal of Clinical Gerontology and Geriatrics*, 8(1): 55579846. DOI: <https://doi.org/10.24816/jcgg.2017.v8i1.03>

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