

Switching to Decaf:

A how-to guide for care providers



Care England, Stow Healthcare and University Hospitals of Leicester NHS Trust have come together to champion the consumption of decaffeinated hot drinks in a care home setting. Their joint-report, *Decaffeination and Falls Prevention*, shares the results of a decaffeination trial conducted across eight residential and nursing care homes over a period of six months. The switch resulted in falls relating to toileting decreasing by 35%. The report's authors are now encouraging other care providers to 'give decaf a go' and this how-to guide outlines the steps you should take to implement decaf as the default option in your service(s).

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UNDERSTAND THE POTENTIAL BENEFITS - IS IT RIGHT FOR MY SERVICE(S)?

- Do you have a high number of falls and is it worth seeing whether caffeine could be impacting that?
- Consider an appropriate length of time you want to conduct the trial over – Stow Healthcare suggest a minimum of three months, but ideally six months
- How you can make the trial work in your service – how do you collect falls data currently, and will this enable you to assess the success of a trial?
- Ensure you can access decaf products in bulk quantities through your suppliers and think about other options people might enjoy trying such as fruit teas too?



RAISE AWARENESS AMONG RESIDENTS, FAMILIES AND STAFF

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For a decaffeination trial to be successful, its vital that residents and families understand the potential benefits of decaf and can make an informed decision about their participation. Members of staff, too, play a key role in operationalising the trial, so its important they understand what they are doing and why.



SOME WAYS TO KEEP PEOPLE INFORMED

- Hosting meetings with all those resident or working in your care home
- Providing accessible information explaining what you are doing and why – easy read information can be helpful for many residents
- Engaging people (not just residents) through ‘blind taste testing’ experiments – don’t forget to record these results as part of your project evidence
- Using resources provided such as drinks, coasters and posters to promote your plans
- Engage healthcare professionals; your GP or local ICB may be interested

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GET CONSENT FROM THOSE INVOLVED

You must have consent from residents in order to begin a decaf trial. Where residents do not have capacity to consent, discussions should take place with their next-of-kin. Don’t forget about residents who join your home after the trial has begun – how will you keep them informed?

Remind residents, families and staff that caffeinated drinks will always be available upon request. Indeed, many choose to have a caffeinated drink in the morning, before switching to decaf for the rest of the day.

ROLLING OUT DECAF AS THE DEFAULT OPTION



A) COLLECTING DATA

Data is vital to evidencing the impact of switching to decaf and evaluating whether it has worked for your service. Things to consider:

- Are there ‘falls’ you document that you may wish to exclude from total ‘toileting falls’? This may include rolls from a bed to a crash mat or slips from a wheelchair that may be less connected to needing the loo and more connected with balance or movement control issues
- Don’t forget that your occupancy data is also important, so ensure you have an average occupancy for each month
- It isn’t always easy to know for sure if a fall is connected with needing the loo – if a resident can’t articulate this then look for indicators such as the location they fell in
- It is important to get a general preference indicator from every residents so you know what percentage of your residents are taking part in your trial – this will hopefully increase over the period of your trial as more people engage



B) CAFFEINE WITHDRAWALS



In some cases, individuals may experience withdrawal symptoms when stopping or reducing caffeine consumption, which may include headaches, fatigue, low energy, irritability, anxiety, poor concentrations, depressed mood and tremors. These symptoms can occur 18 hours after stopping caffeine and will depend on a person's normal levels of caffeine consumption.

OPTIONS TO MANAGE CAFFEINE WITHDRAWAL

1. Stay caffeine-free. Drink fluids regularly, taking analgesia to manage pain if necessary (paracetamol for headaches).
2. Adopt a gradual reduction plan, with or without analgesia as required. Reduce caffeine intake by half-a-cup a day over a seven-day period, building up to a level where you are consuming less than five caffeinated drinks each week. Once you have reached this level of consumption, it will be easier to remove caffeine from your diet altogether.
3. Person stops drinking decaf and resumes having caffeinated drinks, if that is their wish.

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EVALUATION

At the end of your trial you will want to gather your data to help you understand if your trial has impacted the health of your residents. These are some ideas to help you focus your evaluation:

- Looking backwards is really important – the pre-trial data of at least three months will be your comparison period, so do take time to gather and analyse this.
- Look both at changes in total number of falls as a proportion of your occupancy and then specifically falls related to toileting
- Feedback from your staff, relatives and residents is also really important and brings the human perspective to your project – hearing from a resident about how the changes have impacted their life (or not) is vital
- There may be 'outliers' in your data, where single residents have multiple falls and these are unlikely to be reduced by decaffeination. Be aware of these and consider whether it is prudent to remove outliers to your data is not skewed



This project looked specifically at the impact of caffeine on falls. You may wish to expand your research to consider impact on sleep, health conditions or even behaviour. Remember that research doesn't have to be daunting, and not all scientists wear white coats! Feel free to get in touch with the report authors to share your organisation's results, or if you need support at any stage of switching to decaf – we would love to hear from you!

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