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Service Evaluation of Motivation & Co.

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Foreword

This study was undertaken following a request from Elaine Everett, Director of Motivation & Co. to evaluate the impact of the motivational classes her company runs in care homes. We agreed to conduct a brief literature review and a small number of observations of classes run by Motivation & Co. Our initial offer gained added value when Drs Fox and McCreanor from St James University Hospital, joined the research team. Although in research terms this was a small pilot study its strengths should be acknowledged. First, the research team brought together qualitative social scientists with clinical researchers, which provided authority to the research process and the final results. Second, the study evaluated a commercial activity in practice without the boundaries usually set up in academic research to reduce bias and confounding. This of course also added to some of the difficulties we experienced, such as classes being cancelled, participants being taken out of the class for treatment or hairdressing, different styles of instructors and so on. Importantly, our observations are a useful reflection of what happens in 'real life' when an external project such as Motivation & Co. is contracted to run classes for frail older people in care homes. Because this was a pilot study it was both time and size limited. We therefore have to accept that the findings are limited and need to be viewed with some caution. However, the findings suggest that these classes may have some positive impact in certain areas, which is promising. A further rigorous and large-scale study is needed to investigate these factors further.

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Introduction

In recent years considerable attention has been paid to physical and mental wellbeing of older people in care homes. Many care homes engage an 'activity coordinator' for this purpose. Another option is to contract an external agency to provide regular activities for care home residents. One such agency, 'Motivation & Co.', delivers structured one hour group sessions of up to five 'exercises' for older people in residential homes across England. The purpose of the recreational classes is to improve or maintain physical and emotional wellbeing using word games, memory games, physical games and music. We were asked on a commercial basis to evaluate the impact of these hour-long motivational sessions on the participants and identified the perceptions and feelings of staff and participating residents about the classes.

The following report includes our background research around activities in care homes via a literature review and our 'service evaluation' methods, results and discussion.

Literature Review

For many years people have been concerned about the lack of activities for care home residents. Time use studies in older people in nursing homes have found that residents spend 7.9% and 7.7% of their day interacting with family and friends respectively. The studies also found that the most frequent activities are watching television (12%) and resting (20%). Interestingly this is more time spent interacting and less time watching TV or resting than older people living in their own homes (Pruchno and Rose, 2002). A recent study by the Alzheimer's Society highlighted that two thirds of people living in care homes have dementia. They found that people with dementia living in care homes spent as little as 2 minutes in every 6 hours interacting with other people. Over half of respondents in their survey (54%) said that there were not enough activities for their relative. The report called for more activities suitable for these residents (London Alzheimer's Society, 2007). Public interest in the welfare of care home residents has been increased by the publication of the above high profile reports and by activities such as the 'You and Yours Care Month' on BBC Radio 4 in January.

The regulatory body of care homes in England, the Commission for Social Care Inspection (CSCI) has published National Minimum Standards for care homes (2007). Standard 12 covers activities for residents. It states that service users should have the opportunity to exercise their choice in relation to leisure and social activities and cultural interests. It also suggests that service users' interests are recorded and that they are given opportunities for stimulation through leisure and recreational activities in and outside the home, which suit their needs, preferences and capacities. Help the Aged published the report 'My Home Life' (2007) which reviews the literature and makes the case for provision of appropriate activities for care home residents. These guidelines have led to the growth of a market for providers of activities for care home residents, such as Motivation & Co. A search of the internet reveals that several other companies offer services with focus on physical exercise or music or clowning or reminiscence (from carehomes.co.uk).

We reviewed the literature on activities for elderly care home residents to investigate the potential benefits of such programmes. The activity sessions in the studies that we found differed from the classes we studied in several ways. Firstly, none of the classes were performed on a commercial basis. Secondly, the studies concentrate on one activity whereas Motivation & Co. cover different types of activity within the one hour session. We reviewed the literature for each type of activity.

Physical Exercises- Physical effects

Many authors have studied the impact of physical exercise on care home residents. Wide ranging benefits of physical exercise have been found by different authors. A systematic review in 2004 focussed on the physical benefits of exercise (Rydwick, Frandin and Akner, 2004).. This included 16 randomised controlled trials (RCTs) published between 1980 and 2002 in peer reviewed journals. The RCTs were of variable quality. The numbers of subjects were variable and small overall (11-392). Strength training was the most common intervention, followed by gait and range of motion training. The most common assessment was mobility, followed by muscle strength and gait. The frequency of the intervention varied from twice weekly to daily. The authors concluded the following: there is strong evidence for a positive effect of physical training on muscle strength and mobility; there is moderate evidence for a positive effect of physical training on range of motion and finally that there is contradictory evidence for the effect on gait, activities of daily living (ADLs), balance and endurance. Some of the RCTs in the analysis included other variables in the assessment of the effect of physical training. These included quality of life, depression, falls, and cognition. The authors did not assess the outcomes of these variables, but they commented that none of the studies found a significant effect on quality of life (Rydwick, Frandin and Akner, 2004).

Physical Exercises- other effects

McMurdo and Rennie (1993) conducted a trial of seated exercises to music in residential homes, with the control group taking part in reminiscence session with music. This is included in the above systematic analysis. In addition to physical benefits on grip strength, spinal flexion and chair-to-stand time the study found a significant difference in depression and in Activities of Daily Living. They found no significant difference in cognitive functioning.

Music/ humour– Psychological effects

Houston *et al* (1998) examined the effect of a laughter-inducing, humorous social activity: an 'old time sing-along'- on the psychological wellbeing of older people in residential settings. The intervention was compared to usual care. Sixty one residents were studied using two standardised instruments: the General Health Questionnaire (GHQ 28) and the Hospital Anxiety and Depression Scale (HADS). A significant improvement was found in the intervention group for GHQ anxiety subscale and HADS anxiety and depression subscales. The intervention was carried out for one hour a week and the authors concluded that a relatively small amount of activity can have a beneficial impact on the psychological wellbeing of older people in

residential care. However, Houston *et al*'s comments are unclear about how lasting the beneficial effects would be if the intervention was continued over a longer period.

Musical exercise-psychological and physical benefits

Hagen *et al* (2003) studied exercise therapy (with music) or occupational therapy and compared these to a control group. The study sought to assess potential impact of the exercise programme on residents' cognitive status, behavioural difficulties, life satisfaction, balance and joint function. The authors concluded that compared to a control group, institutionalised older participants in a musical exercise programme experienced significant improvements in balance, joint flexibility, cognitive abilities, behavioural ratings and life satisfaction. The participants in the OT group did not experience significant improvements in life satisfaction, balance and ankle/knee/hip flexibility. With regards to the difference in life satisfaction between the two groups the authors speculate that this may have been because the residents found the musical exercise programme more 'fun'. They did agree that this may also have been a spurious finding. Ten weeks after the end of the exercise programme the benefits were not sustained.

Activities for people with dementia

Our study concentrated on the general elderly population. However, there is a growing body of research around activities for people with dementia. This literature was relevant to our study and appeared in many of our searches due to the nature of the activities studied amongst this group. In addition, due to the high numbers of people with a degree of cognitive impairment in general residential care this literature was of relevance to our study.

A study comparing reminiscence therapy, structured goal-directed group activity and unstructured time has several conclusions of relevance to our current study (Brooker & Duce, 2000). Participants were 25 people with dementia attending three day hospitals. Dementia care mapping (DCM) was used to map wellbeing. They concluded that structured activity is preferable to unstructured time but reminiscence therapy maintains higher levels of wellbeing. They suggested that this is because reminiscence therapy is designed to be accessible for the whole group and everybody is included. They mentioned that during the structured group activity participants spent a lot of time waiting for their 'turn' to come. Importantly the study also demonstrated that, without planned activity, levels of wellbeing quickly deteriorated. They illustrated that the higher the level of dependency the greater the need for active facilitation.

Research on the use of activities with persons with Alzheimer's disease (AD) was the subject of a systematic review (Marshall & Hutchinson, 2001). This review again highlighted the problems of research in this area and the studies were not considered to be of high methodological quality. The interventions included music, art, reminiscence, physical activity, life review, reading and games. The authors concluded that many of the outcomes are positive but may not be generalisable due to the lack of scientific rigour. They also noted that clinical practice and research indicates the value that health care professionals and researchers place on activities for individuals with AD. The review provides evidence that purposeful activity can make an important contribution to the quality and quantity of activity and can promote social interaction in formal care environments (Help the Aged, 2004).

Other researchers, in particular the Bradford Dementia Group, have argued that activities for people with dementia need to be individualised in programmes such as The Enriched Opportunities Programme. This is an individualised programme requiring staff training and a change in culture of the care home in order to improve the wellbeing of people with dementia. Evaluation of the Enriched Opportunities programme has shown improvements in wellbeing, activity levels, and depression following the introduction of the programme (Brooker, *et al* 2007).

Importance of social engagement

Social engagement is associated with lower mortality in long stay nursing home residents. A large study in the USA used information collected from nursing homes in the Minimum Data Set which is mandatory for nursing homes to collect. They calculated a social engagement score and compared it to the National Death Index. They showed that for each increase in the social engagement scale residents are 0.94 (range 0.92-0.95) times as likely to die during the follow up period, independent of known factors associated with mortality (Kiely and Flacker, 2003). In other words residents who are more socially engaged are less likely to die.

In summary there is a large body of research in this area. Wide ranging benefits have been found from activities for care home residents. Much of the research is observational, leading to criticism of methodology in systematic reviews. Overall however, there is a call for more high quality activities for care home residents and for a move away from the days of residents sleeping in chairs with the television on at full volume.

Method

This service evaluation consisted of two parts: observation of residents who took part in group classes run by Motivation & Co. and interviews with staff and class participants.

We evaluated Motivation & Co. classes provided on a commercial basis to three residential homes in West Yorkshire. Because Motivation & Co. is a franchise the classes were run by different instructors in each of the care homes. Each class lasted from 45 - 50minutes in total. The classes were divided into four to five sections: chair exercises; motivational game; stimulation and interaction and relaxation and music. Examples of the motivational games were skittles, hoopla and throwing beanbag games. Stimulation and verbal interaction included general knowledge quizzes, completion of well known sayings and number quizzes. The chair exercises involved taped instructions for stretching and moving various parts of the body whilst seated in a chair. The music section involved listening to old time popular songs, singing along and movement were encouraged for those who wished to. The classes were led by members of staff from Motivation & Co. The order in which the exercises took place varied, as did the class sizes varied from week to week depending on which residents wanted to participate.

To investigate the effects of the classes we observed residents before, during and after the sessions and identified indicators of wellbeing and ill-being. These indicators have previously been established and published (Brooker, Woolley and Lee, 2007). It should be noted we did not use the full tool and adapted it to suit the purpose and timescale of this evaluation. Wellbeing was divided into eight components and ill-being into six (see table 1). During each section of the class (Before, During the different 'exercises' (1-4/5) and After) each participating resident was observed to see if they displayed each sign of wellbeing or ill-being. These results were recorded in observation tables- see appendix 10.

Table 1: Observed indicators of wellbeing and ill-being

	Wellbeing	Ill-being
1	Makes contact with other people	Depressed or despairing
2	Shows warmth and affection	Intensely angry or aggressive
3	Shows pleasure or enjoyment	Shows anxiety or fear
4	Alert, responsive	Agitated or restless
5	Cooperative or helpful	Withdrawn
6	Responds appropriately to people/ situations	Bodily tension
7	Expresses appropriate emotions	
8	Relaxed posture or body language	

Sleep patterns over the same period were noted, as well as patterns of communication, physical involvement and requirement for physical and verbal prompts to participate in the exercises.

Residents, staff and activities coordinators from each residential home were interviewed using semi-structured interviews recorded with consent (verbal and written). Thematic analysis of the interviews was undertaken separately by two observers (JM and LG), and the results combined and re-reviewed for common themes.

Three residential homes were identified to partake in the service evaluation. Elderly Mentally Infirm (EMI) residential homes were excluded as it was felt the residents of these homes would be unable to consent to take part in the evaluation. In advance of the observations taking place agreements were made for the residential homes to take part, however the residential homes and class leaders were not informed of which dates we would be observing.

All the homes were already using Motivation and Co. classes. The classes usually occurred at the three homes at differing intervals: residential home 1 (RH1): one class per week; residential home 2 (RH2): one class every two weeks and residential home 3 (RH3): one class per month. Over a period of seven weeks we planned to observe eight classes across all three homes. The classes were observed by between one and three observers (LG, GF and JM) who also carried out the interviews.

Table 2: Timetable of planned observations

Week	Residential home 1 (RH1)	Residential home 2 (RH2)	Residential home 3 (RH3)
1	X		
2		X	
3	X		X
4		X	
5	X		
6		X	
7			X

The residents taking part in the classes were those who would usually partake. Prior to each observation we introduced ourselves, gave the reasons why we were planning to observe the class, and gave residents an opportunity to be excluded from our observations and ask any questions they may have. If residents left the area where the classes were taking place they were not observed but the observations

resumed if they returned. Residents were excluded if staff identified them as having significant dementia.

The model of observation and questionnaires were piloted at a fourth residential home (PT) and some refinements were made to the observation tables as a result.

Because the study was judged to be a service evaluation (the Chair of the Faculty Research Ethics Sub-Committee was consulted) it did not require approval from the ethics committee, but could be approved by the Local Research Ethics Coordinator.

It should be noted that the timetable of observations at the homes did not run as planned. The observations at RH3 were unable to be completed as on one occasion the instructor did not attend and a second planned observation was cancelled by Motivation and Co. An extra observation at RH1 was therefore organised. Only 2 of the 3 observations at RH2 were conducted as the instructor did not attend on one occasion.

Table 3: Timetable of observations as occurred

Week	Residential home 1 (RH1)	Residential home 2 (RH2)	Residential home 3 (RH3)
1	X		
2		X	
3	X		No instructor
4		No instructor	
5	X		
6		x	
7	X (extra)		cancelled

Findings

Key Themes:

Enjoyment

According to the analysis, the delivery of the classes elicits enjoyment. The Resident group conveyed more sentiments of enjoyment and other comments synonymous with it.

When asked what they thought of the sessions, a resident replied,

I enjoyed it. I always do. Well it takes us out of ourselves. We don't do a great deal otherwise. Only when we come here...(Res_RH1)

Other residents said similar things to this. For instance, "Oh it's lovely, oh yeah, oh come again" (Res_RH1) and "Well I am one of those people who enjoyed it all" (Res_RH1).

The perceived enjoyment provided by Motivation & Co. was also held by those within the Coordinators group,

Very positive; they seemed to enjoy it. We used to do it once a month. Because they enjoy it, we do it once a week now. So the residents quite enjoy it."(AC_RH1).

Contrary to the positive comments above, one of the Activities Coordinator's comments below paint a different picture to what was the norm,

The only reason I realistically do it, is to comply with legislation. The residents aren't really bothered by it...I don't get much feedback from my residents regarding them. (AC_RH2)

Despite this comment, most people interviewed spoke of Motivation and Co. in terms of enjoyment.

Variety of Activities

Staff in particular made positive mention of the variety of activities on offer by Motivation & Co. Several comments were made about how the activities on offer by Motivation & Co. compared to their own in-house activities. The Resident and Activity Coordinator groups spoke about this but to a lesser extent. One staff member said,

...what X [class motivator] does maybe more varied and it's more in depth than maybe what we do. (Stf_Pt)

An Activities Coordinator said,

The hour that they do is quite good and what they put into that hour is quite a lot...they do little bits of things in that hour; and they like that. (AC_RH1)

A resident was asked about what she enjoyed about the class. She replied, "Just doing something different; it is a variety of things that they do" (Res_RH2). (However, it is important to note that the residents' answers were not as long and in depth as the Coordinator or Staff groups.)

People spoke about activity variety in two contexts mainly. Firstly, some comments were made about how much more varied Motivation & Co.'s activities are than their own, as highlighted above. Secondly, it emerged that people spoke about activity variety more in terms of how they are in a sense on a par with them; in that they offer comparatively the same activities. For example, when asked how the classes compare to in house activities, a staff member replied,

Nah, they [Motivation & Co.] are the same. We might find something different if one of the residents come up with something and they might do that.

(Stf_RH2)

Choice

The element of choice and participation was also a key theme to emerge from the data, most notably from the Staff and Activity Coordinator groups.

For example, when asked what they do when the residents do not want to participate, an activity coordinator said:

It's their choice. We try to offer one-to-one activities instead; like hand massage. (AC_RHPt)

A staff member, when enquired around the topic of choice responded,

We like to try and encourage them, but if it's a definite no, then they don't go. We don't push them. (Stf_RHPt)

Finally, when the residents were asked if they chose to come on the day; all but one said they chose to go.

Participation

It emerged that some residents were more active when Motivation & Co. were leading rather than the care home staff. Examples of these being, "They're brilliant. They are a lot better. She gets them more motivated". **(Stf_RH1)** And,

I think it's better for them because it's from somebody they don't know. If I were to do it, they tend to take more notice of the ladies who come than they do of me (Stf_RH1)

When posed the question 'Is there anything else you would rather be doing?' most residents said they would not rather do anything else; saying things such as: "Oh no I'm quite happy to be here" and "...it's alright...you come as often as you can for me...". Thus, it can be presumed that they would rather participate in this class than not.

The results from the observations convey a much more detailed picture with regards to participation. They generally show that residents participated in the activities more often than not. There were only 64 times out of 236 when residents did not take part in a given activity. However, a greater number of people (172), did take part (this figure includes those who joined in with One-to-One Prompting).

Playing Skittles and Music, Beanbag/Hoopla and Chair Exercises were the top three activities for people to participate in with respective percentages of 100%, 92.9% and 78.9%. The activity with the least participation was the sayings and proverbs activity. (This involved the residents finishing off the last part of the beginning of a famous saying.)

Table 4: Participation on an activity basis

Activity	Per cent.	participants/those present *
Skittles and music	100	24/24
Beanbag hoopla	92.9	26/28
Chair exercises	78.9	45/57
Naming flowers	65.4	17/26
Singing	62.1	18/29
General Knowledge	61.2	30/49
Music quiz	53.3	8/15
Sayings	50	4/8

The table above shows the percentage of participation in activities.

*) numbers of residents who participated compared with the total number of residents in the group .

Wellbeing

On an activity level, the Skittles and Music activity resulted in a higher proportion of residents displaying traits of wellbeing. Around 2/5 (80 of 192) of the residents displayed signs of potential wellbeing for the Skittles and Music activity. With a wellbeing score of 146 out of a potential 432, the General Knowledge activity came second to Skittles and Music (see tables 5 and 6).

Table 5: Ill-being. Showing actual and potential figures **Table 6: Wellbeing. Showing actual and potential figures**

IB	Totals	Potential IB *
Before	14	336
General Knowledge	21	324
Skittles and music	13	144
Chair exercises	55	420
Singing	13	186
Naming flowers	6	156
Music quiz	4	90
Beanbag hoopla	8	192
Sayings	2	48
After	17	312

WB	Totals	Potential WB
Before	74	448
General Knowledge	146	432
Skittles and music	80	192
Chair exercises	96	378
Singing	72	248
Naming flowers	52	208
Music quiz	40	120
Beanbag hoopla	77	256
Sayings	14	64
After	112	416

* *The potential WB and IB fields denote the maximum indicators which can be recorded following the observation of a resident during the sessions. On an individual level, WB has 8 indicators of wellbeing. IB has 6 indicators of ill-being. Potential WB and IB as shown above is the sum of all the residents' indicators of WB and IB for the named activity in both homes and on different days.

These tables show the combined value of each indicator of wellbeing in any activity over the six different sessions. The Potential IB and WB columns represent the total of combined ill-being or wellbeing that could be had for each activity (again, over the six different sessions).

The Sayings activity resulted in the least amount of wellbeing being observed during the actual session.

The lowest recorded wellbeing score throughout the whole observation time was during the Before section. On the whole, the score of wellbeing was higher in the After part of the observation than the Before part. On a session to session basis the same pattern of an increase in wellbeing for the After section was observed for all but one.

More indicators of ill-being were observed proportionally during the chair exercises (55 times out of 420). The Naming Flowers activity had the least amount of ill-being.

During the hour session, generally speaking, wellbeing increased after the Before part; as the actual activities began. Wellbeing tended to keep level until Exercise 5 and After section. Here it dropped. However, the drop was not great.

Sleeping

A large proportion of the residents were awake throughout the different activities in the sessions (during, not before or after). One hundred and ninety nine recordings out of 243 shows that people were awake during a given period. Intermittent sleeping was recorded 31 times out of 243. Of the total 243 observed sleeping states, a rather low number of 12 residents slept throughout a set exercise period of the motivation session.

In the Before and After periods of the motivational sessions, the results show that there was no dramatic difference in sleeping patterns. However, it is worth noting that the recorded sleeping intermittently, throughout or otherwise was mainly observed within the same people. The results also showed that 9 residents displayed a higher frequency of sleeping through different stages of the session. These residents were sleeping to some degree for most of the session they were in.

The results show that there was nobody who slept right through the session (see table 7 for more detail). Appendix 6 - 7 highlights this point more clearly.

Physical games such as Beanbag and Hoopla and Skittles proved good at keeping people awake (20 out of 24 and 27 out of 29 respectively).

Table 7: Values different states of sleep on different days of observation.

	Awake throughout	Asleep throughout	Awoken physically	Awoken verbally	Intermittent sleep
16th April 2008	34	3	0	0	2
23rd April 2008	22	1	0	0	9
30th April 2008	25	1	0	0	1
7th May 2008	41	0	0	0	6
14th May 2008	31	4	0	0	3
28th May 2008	46	3	1	0	10
Total	199	12	1	0	31

N.b. The values above correspond to the values attained collectively for each state of sleep (Awake throughout, Asleep throughout, etc) on a given day of the researcher's observation day. The value for each date shows the sum of all the values across the four/five different activities.

Discussion

This service evaluation demonstrated that residents gain enjoyment from taking part in Motivation & Co. classes. This was a key theme attained from thematic analysis of the residents' interviews and was an upheld belief of the majority of the activities coordinators interviewed. This theme of enjoyment was backed up by the analysis of wellbeing indicators which generally demonstrated individual increases. These increases were in the 'During' phase of the session compared to 'Before' phase.

Wellbeing indicators as a general trend in the group as a whole seemed to reach a maximum during the classes but by exercise 4 or 5 and after would decline but generally not to below the 'Before' class level. An opposite pattern was not shown by ill-being indicators over the same period within the groups. This observation may represent fatigue amongst the group but did not seem to be related to the type of exercise.

Increased residents' participation with external classes compared to 'in-house' classes was a leading interview theme particularly among the staff group.

The results from the observations demonstrated that residents present at the classes participated more often than not, and that physical exercises: playing skittles, beanbag/hoopla and chair exercises attained greater proportional participation amongst the group than word games or quizzes (see Appendix 1). This finding was backed up by the sleep observations as the least number of people were asleep during skittles, throwing the beanbag or hoopla. This increased participation may represent greater enjoyment by individuals of these physical activities. However, these activities were more on a one-to-one level than the verbal exercises, and it was noted that people with physical impairments such as blindness were encouraged more, and physically and verbally aided more frequently by residential home staff and Motivation & Co. instructors during the physical exercise activities compared with other activities.

The activity with the least participation was the Saying and Proverbs activity. However, this was only performed on one occasion at one class and no significant conclusion should be drawn from this.

Reasons for the greater participation of the residents in the physical activities rather than the verbal activities are not answered by this study. Consideration should be given to the possibility it may be demonstrating the known cognitive impairment of residents in care homes which is often undiagnosed (London Alzheimer's Society,

Home from Home report 2007) or perhaps be a reflection of other impairments making it difficult to join in (deafness for example). It should not necessarily be supposed to be demonstrative of a definite preference of the group for physical rather than verbal/ memory exercises. Consideration should be given as to how participation in verbal exercises could be maximised in the future.

This evaluation helps reinforce the generally held belief that older residents of care homes gain enjoyment from participation in organised activities and that wellbeing can also improve. The study did not attempt to show persistence of wellbeing over time following the classes. It demonstrates a preference of residents in terms of participation in physical activity rather than verbal and quizzes although this may be a reflection of underlying impairments. We believe larger rigorous studies should be conducted in order to evaluate the benefits of activities for care homes residents as this may help direct providers in optimising their choices for residents.

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