


DEMENTIA CARE

VERSION No	2	
REVIEWED BY	Mariana Philipova	
NUMBER OF PAGES	4	

Policy Statement

This policy reflects

- ☞ *NICE quality standard [QS30] (Published April 2013).*
- ☞ *Dementia supporting people with dementia and their carers in health and social care NICE guidelines (CG42) last updated September 2016*
- ☞ *Dementia Equity and Rights published in May 2016 ***

This organisation believes that people with dementia should not be excluded from any services because of their diagnosis, age (whether designated as too young or too old) or co-existing learning disabilities and that our staff should treat people with dementia and their carers with respect at all times.

The Policy

Principles of Care for People with Dementia

At the assessment of need and in the care plan we identify and address the specific needs and, wherever possible, the preferences of people with dementia and their carers:

- ⚠ Care plans are based on an assessment of the person with dementia's life history, social and family circumstance, and preferences, as well as their physical and mental health needs and current level of functioning and abilities
- ⚠ There should be a coordinated delivery of health and social care services. This should involve: a combined care plan agreed by health and social services that takes into account the changing needs of the person with dementia and their carers; wherever possible, a named member of staff should operate the care plan. There should be collaboration between staff, the resident and their family to develop the care plan, with formal reviews at a frequency agreed between all those involved at this stage
- ⚠ Specific needs might include ill health, physical disability, sensory impairment, communication difficulties, problems with nutrition, poor oral health and learning disabilities
- ⚠ Diversity might include issues of gender, ethnicity, age (young or old), religion and personal care. Wherever possible, we aim to accommodate the diverse preferences of people with dementia and their carers, including regarding issues of diet, sexuality and religion.

Accessing Information

- ☞ We help people to access support services who are suspected of having dementia because of evidence of functional and cognitive deterioration but who do not have sufficient memory impairment to be diagnosed with the condition
- ☞ Language or acquired language impairment can be a barrier to accessing or understanding services; during the treatment and care we provide information is given in the preferred language or in an accessible format, with the ability access independent interpreters as required
- ☞ We ensure that our residents and their representatives have the support they require to access information on their right to receive direct payments, individual budgets (where available), and the difference between NHS care and care provided by local authority social services (adult services) so that they can make informed decisions about their eligibility for NHS Continuing Care
- ☞ We provide any support required for the individual to access advocates to speak on their behalf.

Consent

Valid consent from people with dementia should always be sought; this should entail informing the person of options, checking that they understand, ensuring that there is no coercion and that the person continues to consent over time. If the person lacks the capacity to make a decision then the provisions of the *Mental Capacity Act 2005* are followed.

People with dementia and their carers are always informed about advocacy services and voluntary support, and we encourage their use; when required, such services should be available for both people with dementia and their carers independently of one another.

People with dementia are given equal opportunity to convey information to our staff and other care professionals involved in their care in a confidential manner. Only in exceptional situations would confidential information be disclosed to others without the person's consent, as identified in our Confidentiality Policy; however, as dementia worsens and the person becomes more dependent on family or other carers, decisions about sharing information should be made in the context of the *Mental Capacity Act* and its code of practice. If information is to be shared with others then this should be done only if it is in the best interests of the person with dementia.

Wherever possible, this situation should be discussed with the person who has dementia, while they retain capacity, and with their carer; the following aspects might be considered:

- ☑ Advance statements (which allow people to state what is to be done if they should subsequently lose the capacity to decide or to communicate)
- ☑ Advance decisions to refuse treatment
- ☑ Lasting Power of Attorney (LPA) (a legal document that allows people to state in writing who they want to make certain decisions for them if they cannot, including decisions about personal health and welfare)
- ☑ A Preferred Place of Care plan (which allows people to record decisions about future care choices and the place where the person would like to die).

Impact of Dementia on Personal Relationships

The impact of dementia on relationships, including sexual relationships, should be assessed in a sensitive manner. When indicated, people with dementia and/or their partner and/or carers will be supported to maintain their relationships and given information about local support services.

Adult Safeguarding

Because people with dementia are vulnerable to abuse and neglect, all our staff receive information and training, and they abide by local multi-agency protocol. All staff are aware of the need to be vigilant and report to their manager any actual, alleged or suspected abuse.

Training and Development of Health and Social Care Staff

We ensure all our staff have access to dementia-care training (skill development) that is consistent with their roles and responsibilities and meets the changing needs of the person with dementia. We liaise with outside professionals to provide specialist training and support, for example the local Mental Capacity Team or Alzheimer's Society. **[Insert here the outside professional and organisations you work with]**

Promoting and Maintaining Independence

Through our care planning we aim to promote the independence, including mobility, of people with dementia. Care plans address activities of daily living that maximise independent activity, enhance function, adapt and develop skills, and minimise the need for support. When writing care plans, the varying needs of people with different types of dementia are addressed using support from outside dementia specialists. Care plans should always address the following:

- ⚠ Consistent and stable staffing
- ⚠ Retaining a familiar environment
- ⚠ Minimising relocations
- ⚠ Flexibility to accommodate fluctuating abilities
- ⚠ Assessment and care-planning advice regarding Activities of Daily Living (ADLs), and ADL skill training from an occupational therapist

- ⚠️ Assessment and care-planning advice about independent toileting skills; if incontinence occurs then all possible causes should be assessed and relevant treatments tried before concluding that it is permanent
- ⚠️ Environmental modifications to aid independent functioning, including assistive technology, with advice from an occupational therapist and/or clinical psychologist
- ⚠️ Physical exercise, with assessment and advice from a physiotherapist when needed
- ⚠️ Support for people to go at their own pace and participate in activities they enjoy.
- ⚠️ If our residents with dementia develop non-cognitive symptoms that cause them significant distress, or develop challenging behaviour, they will be offered an assessment at an early opportunity to establish likely factors that may generate, aggravate or improve such behaviour.

The assessment should be comprehensive and consider:

- ❗ The person's physical health
- ❗ Depression
- ❗ Possible undetected pain or discomfort
- ❗ Side effects of medication
- ❗ Individual biography, including religious beliefs and spiritual and cultural identity
- ❗ Psychosocial factors
- ❗ Physical environmental factors
- ❗ Behavioural and functional analysis conducted by professionals with specific skills, in conjunction with carers and care workers.

Individually tailored care plans that help carers and staff address challenging behaviour are developed, recorded in the notes and reviewed regularly; the frequency of reviews should be agreed by all involved in the resident's care. Approaches that may be considered, depending on availability, include

- 🌀 aromatherapy
- 🌀 multisensory stimulation
- 🌀 therapeutic use of music and/or dancing
- 🌀 animal-assisted therapy
- 🌀 massage.

These interventions may be delivered by a range of health and social care staff and volunteers, with appropriate training and supervision.

Follow NICE guidelines, we consider pharmacological intervention in the first instance only if the person is severely distressed or there is an immediate risk of harm to the person or others; we work closely with GP's and other professionals to find alternative sources of support.

Managing Risk

Recognising the importance of managing risk, we identify, monitor and address environmental, physical health and psychosocial factors that may increase the likelihood of challenging behaviour, especially violence and aggression, and the risk of harm to self or others. These factors include

- ⚠️ Overcrowding
- ⚠️ Lack of privacy
- ⚠️ Lack of activities
- ⚠️ Inadequate staff attention
- ⚠️ Poor communication between the person with dementia and staff
- ⚠️ Conflicts between staff and carers
- ⚠️ Weak clinical leadership.

We train our staff to anticipate behaviour that challenges and how to manage violence, aggression and extreme agitation, including de-escalation techniques and methods of physical restraint.

Palliative Care and End-of-life Issues

Dementia care is incorporated into a palliative care approach from the time of diagnosis until death. The aim is to support the quality of life of people with dementia and to enable them to die with dignity and in the place of their choosing, while also supporting carers during their bereavement (which may both anticipate and follow death).

Training

All staff receive basic training on dementia care at the beginning of their employment and receive updates to meet the changing needs of the person with dementia.

Dementia Equality rights

- http://www.raceequalityfoundation.org.uk/sites/default/files/publications/downloads/Dementia%20report%20SCREEN_0.pdf

Related Policies

Assessment of Need and Eligibility

Care and Support Planning

Mental Capacity Act 2005

Equality and Diversity

Dignity and Respect