CareVille
CARE TAILORED TO YOU

Dementia Care Policy

CM15

Date Written	
Author(s)	
Version	
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Reviewed by	

Date: [ ]

Review Data

Initial Production

Name	Role/Department	RACI	Date

R = Responsible for writing the policy; **A** = Accountable; **C** = Consulted; **I** = Informed

Change History

Version	Date	Details of Change	Author

Emergency Contact Details

Name	Email	Mobile

CQC Fundamental Standards

Regulation Number	Regulation Details
Regulation 9: Person-centred care	The care and treatment of service users must be appropriate, meet their needs, and reflect their preferences.
Regulation 10: Dignity and respect	Service users must be treated with dignity and respect, including supporting the autonomy, independence and involvement in the community of the service user.
Regulation 12: Safe care and treatment	Care and treatment must be provided in a safe way for service users, ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.

Key Lines of Enquiry

KLOE	How this applies to Dementia Care
Safe	Maintaining the safety of service users with dementia requires a specific understanding of the condition.
Effective	By working proactively with service users and others who know them well we are able to provide a caring service for people with dementia.
Caring	By working proactively with service users and others who know them well we are able to provide a caring service for people with dementia.
Responsive	Having a person centred approach which considers the individual and not the symptoms of dementia we ensure that we deliver a responsive service.

Related Documents

This policy should be read in conjunction with our:

- CM17 - Dignity and Respect Policy
- CQ05 - Meeting Needs Policy
- HS08 - Risk Assessment Policy
- CM33 - Safeguarding Vulnerable Adults Policy
- HR23 - Training, Development and Qualifications Policy

PolicyStatement

Policy Aims

Careville Ltd will adhere to the following principles while providing care for people with dementia:

- Care Planning and delivery will be person centered
- Care delivery will be by staff who have specialist training in dementia care, and who have access to specialist support
- Care delivery will focus on meeting needs and aspirations
- Careville Ltd will promote dignity and respect and maintaining human
- rights Care will be closely coordinated between different professionals and services across health, social care and housing
- To provide person-centred and safe care to those living with dementia

Key Question: What exactly is dementia?

Dementia is a loss of mental ability severe enough to interfere with normal activities of daily living, lasting more than six months, not present since birth, and not associated with a loss or alteration of consciousness.

Dementia is a group of symptoms caused by gradual death of brain cells. The loss of cognitive abilities that occurs with dementia leads to impairments in memory, reasoning, planning and behaviour. While the overwhelming number of people with dementia are elderly, dementia is not an inevitable part of aging; instead, dementia is caused by specific brain diseases. Alzheimer's disease (AD) is the most common cause, followed by vascular or multi-infarct dementia.

he prevalence of dementia is difficult to determine, partly because of differences in definition among different studies and partly because there is some normal decline in functional ability with age. The prevalence of dementia roughly doubles for every five years of age beginning at age 60. Dementia affects about 1% of people between ages 60 and 64,

5-8% of all people between ages 65 and 74, up to 20% of those between 75 and 84, and between 30% and 50% aged 85 and older. About 60% of nursing home patients have dementia.

The cost of dementia can be considerable. While most people with dementia are retired, and are not affected by income losses from their disease, the cost of care is often enormous. Financial burdens include lost wages for family care givers, medical supplies and drugs, and home modifications to ensure safety. The psychological cost is not as easily quantifiable but can be even more profound. The person with dementia loses control of many of the essential features of his/her life and personality, and loved ones lose a family member even as they continue to cope with the burdens of increasing dependence and unpredictability

Procedure

Techniques and environmental changes supporting good quality dementia care

Within care planning, very detailed risk assessment should be carried out in relation to the Service User with dementia and their physical environment. In general, Service Users with dementia are at raised risk of:

- Abuse
- Violent behaviour
- Disruptive behaviour
- Isolation
- Falls
- Malnutrition
- Accidents
- Depression
- Communication difficultie
- Inability to express wishes
- Inability to participate in Care Planning

- Inability to give informed consent
- Fast changing condition
- Tissue viability
- Security

Life History

The use of life history (LH) research and recording is especially important in the care of persons with dementia. A full LH record, made available to all staff providing support to the Service User, enables the carer to more fully understand behaviours of the Service User, and suggest strategies for their management.

The life history can be obtained from the Service User and their family. It doesn't have to be taken all at once. After you have the initial conversation, they are likely to think of more details to add. It's particularly helpful to provide a form to the family members to take away and complete, that way they can provide thoughtful responses. The information sought after should assist in conversation with the Service User in the months and years to come as well as assist in facilitating activities.

- Friends and Family: It is important to record the names and details of the Service Users grandparents, parents, brothers and sisters, cousins, children, grandchildren, great grandchildren, nieces and nephews, etc. Focus on details of each that will bring back happy memories for the Service User. Record the ages of children and grandchildren.
- School and Education
- Working Life
- Hobbies
- Religious activities

ABC Charting

This is a technique that is widely used. The approach can be defined as

"A"

What are the antecedents or triggers of the challenging behaviour? The idea is that all behaviours are triggered by something; they are not random. The trigger could be an environmental issue (too hot, too cold, too noisy?), an unmet need (want the WC, hungry, thirsty?) or a disease (pain, headache, not-well feeling?)

"B"

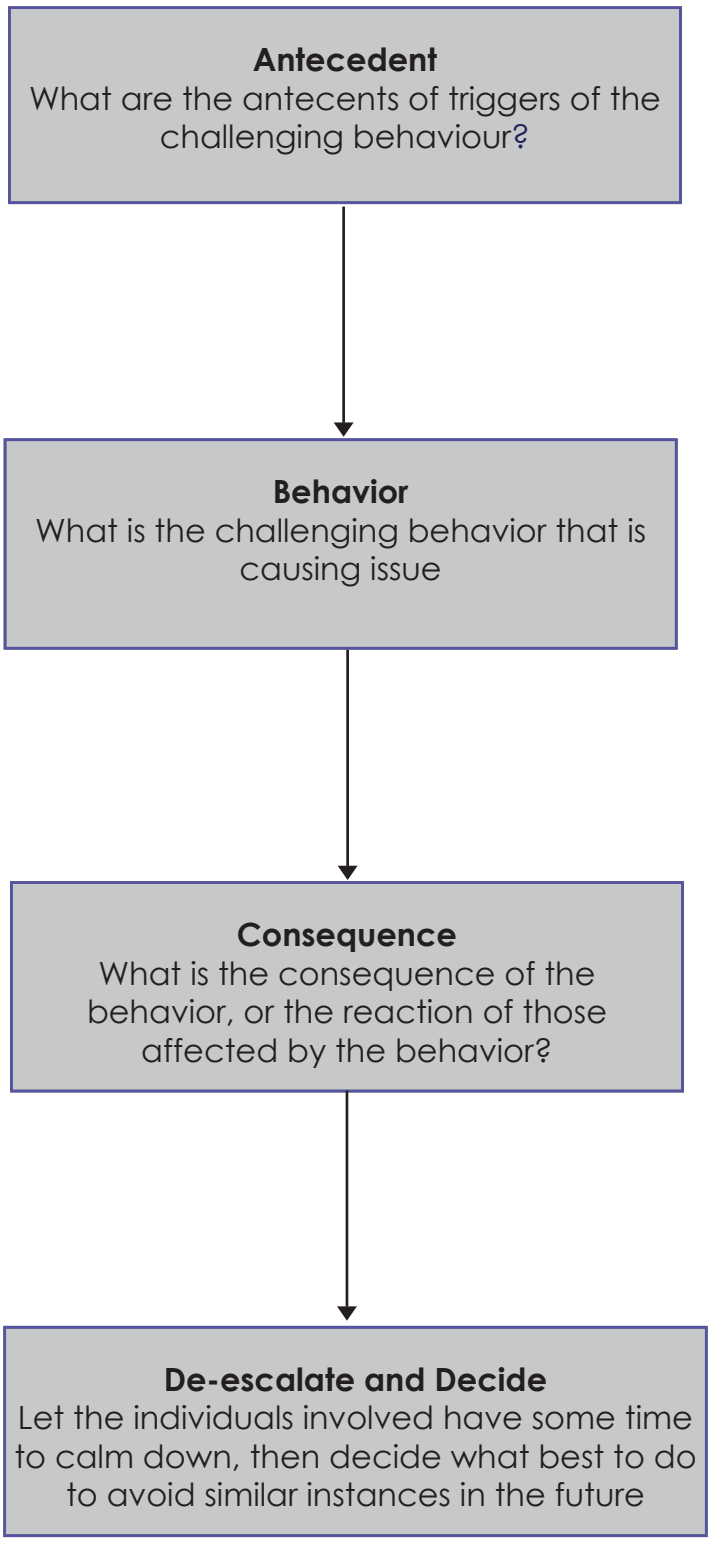
Is the challenging behaviour which is causing the problem.

"C"

Is the consequence of the behaviour, or the reaction of those affected by the behaviour. The way that we react to challenging behaviours can have a large impact on whether that behaviour is more or less likely to re-occur.

"D"

For De-escalate and Decide. Once the situation has been diffused and calmed down, decide what you can do to prevent a similar situation in the future.


Antecedent
What are the antecents of triggers of the challenging behaviour?
Behavior
What is the challenging behavior that is causing issue
Consequence
What is the consequence of the behavior, or the reaction of those affected by the behavior?
De-escalate and Decide
Let the individuals involved have some time to calm down, then decide what best to do to avoid similar instances in the future

Communication

Communication techniques are important to the successful outcome of the process. Some tips on effective (and non-effective) communication techniques follow.

Communication Do's:

Position yourself to maintain eye contact and be at the person's eye level or lower;
Look at the person directly and make sure that you have their attention before you speak.
Always identify yourself first and tell them what you are intending to do;
Ensure that the tone of voice used is one which conveys respect and dignity. Think about how you communicate, don't just react;
Use visual clues wherever possible;
Make sure your expectations of them are realistic. For instance, ask for only one action at a time;
Watch the person's body language and non-verbal communication and try to interpret it;
Use a calm and reassuring tone of voice and wherever possible, paraphrase what you just said;
Always speak slowly, but not patronizing so, and enunciate your words clearly. If the person is hearing-impaired, manage your communication to overcome or alleviate that;
Talk about things which are familiar to the person;
Use touch if that is appropriate.

Communication Don'ts:

Don't talk to the person as if they were a child or use baby talk;
Don't use complex words or phrases or long sentences;
Don't glare at the person you are speaking to or otherwise visually challenge them;
Don't try to compete with a distracting environment; change the environment or move;
Don't start to speak without having first said who you are;
Don't break eye contact while speaking, for instance by going off and doing something in the room while carrying on speaking;
Don't cause more confusion and confrontation by asking for unrealistic things, such as asking the person to do more than one thing;
Don't ignore your own body language – be aware of it.
Don't ramble – keep to the point;
Don't interrupt the person unless it is absolutely necessary;
Don't attempt to touch the person, or invade their personal space if they are showing any fear or aggression.

Some techniques for communicating with a person with dementia

- Ensure that you communicate only in a quiet place that is free from distraction;
- Be aware of the person's language and culture (a consequence of good Care Planning and Life History recording) and take these into account in your communication behaviour;
- Be aware of the person's perception capability, attention span, intellectual level and degree of understanding (again a consequence of good Care Planning), and take that into account when communicating. Stay within the person's perception and understanding boundaries;

- Ensure that the communication is open and conveys respect and trust. Patronising speech or talking to the person with dementia in a child-like way may either foster a sense of helplessness and dependency or trigger an angry and defensive response;
- Pause often, making sure that the person has an opportunity to respond;
- Make sure that sensory aids (hearing aids, spectacles) are appropriately utilised and sensory impairments (wax, cataracts) are treated.

How to make sure you are heard and seen

- Check that their hearing aid is on and working (if applicable);
- Stand in front of the person where they can see you;
- Face the person directly so they can see your facial expression and mouth;
- Place yourself at eye level or lower when talking or listening;
- Identify yourself by name;
- Use the person's name.

How to make contact with the person

- Keep yourself and those around you calm and relaxed;
- Touch the person gently, if they like to be touched (Care Planning again);
- Smile and use humour.

How to make communication easy to understand

- Wherever you can use gestures, pictures and/or signs to explain or express things;
- Always avoid talking over/across/about the person;
- Always speak gently and clearly at an even pace - avoid shouting;
- Always ask just one question at a time;
- Always use specific names of people and places instead of pronouns: e.g.; Jim, our neighbour, or Sally, our dog, not "him" or "it";
- Wherever you can, use a statement rather than ask a question;
- Always wait for a response after you speak;
- Always explain what you are going to do and what you are doing;
- Always repeat or rephrase your message if there is no response.

Some other ideas

- Always allow for the time a damaged brain takes to process messages;
- Always show your concern with reassurance and acceptance;
- Always give praise when it's appropriate;
- Always respond to the feelings expressed by the person;
- If talking in a group, place the person so that the conversation is around them and they won't feel 'left out';
- Make it easy to join in conversation by asking questions that only need a 'yes' or 'no' answer;
- Always avoid arguments over mistaken ideas: e.g.; If the person insists they have seen a TV program a million times before even though it is a first run say: "Oh well, I don't think I've seen it before. It's interesting, isn't it?";
- Remember that touching enhances feeling of security, especially if the person is upset. Unless they respond aggressively.

Key Question: What Happens if the Service User displays challenging behaviour or a distressed reaction?

Ensure that challenging behaviour or distressed reaction is recorded, and reviewed as a part of the care plan.

Step 1: Identifying the problem

- Who finds the behaviour challenging
- What is the behaviour you are interested in changing?
- Does the behaviour occur:
- Too much;
- Too little;
- In the wrong place;
- At the wrong time;
- What behaviour will you prioritise?

Step 2: Setting goals

- What can you realistically expect to achieve?
- What behaviour will you prioritise?

Step 3: Monitoring the behaviour

- How frequently does the behaviour occur?
- Are there any times of the day when the behaviour is most likely to occur?
- What are the ABC's of the behaviour?

Step 4: Generate Idea

- Have you brainstormed with others to develop ideas about possible interventions?
- Have you prioritized the ideas so you know what to work on first

Step 5: The medical review

- Do infections or metabolic changes cause the behavior?
- Do medication side-effects contribute to the behavior?
- Is pain or physical illness an issue?
- Do eyes, ears or teeth need to be checked?

Step 6: Putting ideas into practice

- Have you tried strategies for preventing the behavior?
- Have you correctly identified signs that behavior will occur and acted upon them
- Have you tried rewarding a behavior you would like to see more of?
- Is everyone being consistent?
- Have you developed a good training plan if required?
- Have you tried a combination of behavioral and medical treatment interventions if required?

Step 7: Evaluating what you've done

- What is the frequency of the behavior now?
- Was everyone consistent?
- Was there a change in the behavior?
- What is the next area to focus on?

Environmental issues particular to Dementia care

- Enhanced environmental risk analysis
- Adaptations: Always – keep everything lower than the norm, as already disturbed visual acuity is further disrupted by looking up
- Except of course electrical equipment which may be grabbed, or have liquids tipped into it
- Critically review all utensils for use by Service Users; non-standard items, such as special feeding cups, may not be recognized for what they are and reduce the Service User's independence
- Avoid reflection and glare
- Signs, e.g. menu, black lettering on white board/paper
- Lighting – good, and no sudden changes, or shadows
- Door openers
- No sharp edges
- Familiarity/Reminiscence

Staff issues particular to dementia care

- Increased risk identification and management awarenes
- Increased abuse awareness training
- Increased human rights training/awareness
- Increased attention to life history and behaviour context
- Additional communication training
- Life skills support training
- Nutrition training
- Continence training
- Tissue viability training
- De-escalation training
- Enhanced medications handling training
- Cognitive impairment training
- Dealing with family guilt and bereavement training
- Specialist dementia training
- Revised induction training
- Improved family communication and support
- Enhanced key worker working
- Links with external advocacy
- Links with external professionals
- Need for staff stress relief – "time out"
- Greater attention to staff retention

Key Points to Take Away

- Dementia is a loss of mental ability severe enough to interfere with normal activities of daily living, lasting more than six months, not present since birth, and not associated with a loss or alteration of consciousness.
- Within care planning, very detailed risk assessment should be carried out in relation to the Service User with dementia and their physical environment.
- The use of life history (LH) research and recording is especially important in the care of persons with dementia
- Communication techniques are important to the successful outcome of the process

Authorisation and Signature

This Policy is the authorised version agreed by the Directors of Careville Ltd. All employees are expected to follow this policy and failure to do so could result in disciplinary action.

Director's Signature

Director