

Skilled staff who are informed and have time to care

Section 1

Self assessment statements from National Audit-Royal College of Psychiatrists	Measures used (see examples section 3)	RAG	Evidence	Areas for improvement
<p>Staff: People with dementia are cared for by staff who are supported to identify and respond to individual needs:</p>				
<p>Training: There is a named dignity lead to provide guidance, advice and consultation to staff.</p>				
<p>There is a training and knowledge framework or strategy that identifies necessary skill development in working with and caring for people with dementia.</p>				
<p>Training in skill development for dementia is available to staff and includes:</p> <ul style="list-style-type: none"> • principles of person centred care communication including non-verbal communication • the role of other services and referral processes 				

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<ul style="list-style-type: none"> • introduction to adult protection policy and procedures • anticipating, avoiding and managing challenging behaviour, including de-escalation and distraction techniques and methods of physical restraint • risks of use of restraints or sedation in older/ vulnerable adults • palliative care approaches • assessing cognitive ability • Mental Capacity Act training. 				
Dementia awareness training relating to the care provision, systems, information and resources available in the hospital is mandatory for all acute healthcare staff involved in the care of people with dementia or who may have dementia.				
Dementia awareness training is provided to other healthcare staff in the hospital.				
All staff working with people with dementia have training in the protection of vulnerable adults.				
All staff working with people with dementia and older adults have awareness of how to support patients with hearing/ visual				

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impairments.				
All staff working with people with dementia receive basic training in understanding the Mental Capacity Act.				
All staff working with people with dementia who carry out assessments of capacity receive training in the MCA and assessment and Deprivation of Liberty safeguards.				
Liaison teams from local mental health and learning disability services offer regular consultation and training for healthcare professionals in the hospital who provide care for people with dementia.				
Involvement of people with dementia and carers and use of their experiences is included in the training for ward staff. This could be a presentation from a person with dementia and carer, use of patient/ carer diaries, use of feedback from questionnaires, audits and complaints relating to people with dementia.				
Wards that admit people with dementia provide staff with systems for supporting				

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staff development in dementia care including appraisal and mentorship, clinical supervision and access to ethical guidance, access to reflective practice groups.				
There are arrangements for staff cover to allow staff to attend training relating to the care of people with dementia.				
Governance: The hospital plans, provides and reviews services to meet the needs of people with dementia and their carers				
A senior clinician is responsible for the implementation and review of the care pathway for people with dementia.				
There is a named officer with designated responsibility for the protection of vulnerable adults.				
There is a mechanism for the Executive Board to receive regular feedback from the following: <ul style="list-style-type: none"> • the Clinical Leaders for older people and people with dementia including Modern Matrons/Nurse Consultants • complaints – analysed by age • PALS – in relation to the services for 				

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<p>older people and people with dementia</p> <ul style="list-style-type: none"> • patient forums or Local Involvement Networks – in relation to the services for older people and people with dementia. 				
<p>The hospital has a reporting mechanism to gather information on maximum response time to obtain specialist assessments in the following situations:</p> <ul style="list-style-type: none"> • access to an older people’s multidisciplinary team in A&E/MAU • access to an older people’s multidisciplinary team in non-elderly care wards • access to an older people’s multidisciplinary team for older people with mental health problems. 				
<p>There is a process for nursing staff to record and report risks to patient care if they believe ward staffing is inadequate.</p>				
<p>Staff are supported by identified clinical leads for dementia, e.g. dementia specialists/nurses, mental health liaison, dementia champions.</p>				

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<p>Multi disciplinary teams supporting people with dementia include:</p> <ul style="list-style-type: none"> • a senior specialist physician in medical care of older people • a co-ordinating specialist nurse with experience in supporting people with dementia or older people • a senior social worker or a specialist nurse who is also a care manager with direct access to care services. 				
<p>The named person(s) responsible for discharge co-ordination has/ have training in ongoing needs of people with dementia.</p>				
<p>The named person(s) responsible for discharge co-ordination has/ have experience of working with people with dementia and their carers.</p>				
<p>There is access to faith specific support provided by someone with an understanding of dementia.</p>				
<p>The available administrative support meets the needs of the ward.</p>				

Staffing on wards admitting people with dementia:



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The ward has an agreed minimum staffing level across all shifts, which is met.				
The skill mix ratio on the ward meets or exceeds national benchmark.				
<p>There are systems in place that ensure that all factors that affect staff levels and skill mix are reviewed on a daily basis taking account of:</p> <ul style="list-style-type: none"> • sickness and absence • supervision • need for one-one care provision. 				
There is a system to routinely monitor and report on the use of bank and agency staff.				
There is a system to ensure that staffing levels are sufficient at mealtimes to aid people with dementia to eat and to choose food if necessary.				

Section 2

Relevant NICE standards

- NICE QS1: People with dementia receive care from staff appropriately trained in dementia care.
- Government quality outcome 4: I am treated with dignity and respect.
- Counting the cost recommendation 9: Begin to change the approach to care for people with dementia to one of dignity and respect.
- Counting the cost recommendation 5: Ensure that there is an informed and effective acute care workforce in hospitals for people with dementia.
- Counting the cost recommendation 1: The NHS as a whole and individual hospitals need to recognise that dementia is a significant, growing and costly problem for them, which lies at the heart of the agenda to drive efficiency and quality improvement.

Section 3

Example measures and indicators

Identification of lead person with agreed role description and work plan.

Identification of dementia care volunteer co-ordinator with agreed role description and work plan.

Review with ward champions and volunteer co-ordinator. Work plans; action plans.

Protocols are in place to ensure regular opportunities for direction, support and feedback.

Feedback from dementia volunteer co-ordinator, volunteers and ward champions.

Review of dementia volunteering programme led by volunteer coordinator to include ward champions. Feedback from local partners in voluntary and community services, and from volunteers.

Training records of volunteers.

Feedback from volunteers.

Training records.

Review of dementia training framework and implementation strategy.

Activity records: % target groups/staff trained in different components of training framework.

Evidenced by annual review of implementation and report to hospital Board.

Section 4

Resources to help you

All the resources below can also be found at www.dementiaaction.org.uk/DKITresources

The Common Core Principles for Supporting People with Dementia - a guide to training the social care and health workforce - Skills for Care/ Skills for Health (2011) – PDF

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_127587.pdf

The South West Dementia Partnership learning and education resources

<http://www.dementiapartnerships.org.uk/workforce/>

The South West Dementia Partnership Compendium (Standard 3 page 25; Standard 6 pages 48 – 53 and Standard 8 pages 56 - 66) also includes promoting the contribution of volunteers

<http://www.dementiapartnerships.org.uk/wp-content/uploads/dementia-care-in-hospital-positive-practice-compendium.pdf>

SCIE Dementia Gateway: Videos, e-learning and other info

<http://www.scie.org.uk/publications/dementia/resources/index.asp>

E learning for healthcare

<http://www.e-lfh.org.uk/projects/dementia/>

RCN Dementia resources: Understanding Dementia

http://www.rcn.org.uk/development/practice/dementia/understanding_dementia

RCN Dementia resources: Learning Resources

http://www.rcn.org.uk/development/practice/dementia/learning_resources

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RCN Commitment to care How to Guide: (pages 8- 12)

http://www.rcn.org.uk/_data/assets/pdf_file/0011/480269/004235.pdf

The Butterfly Scheme

www.butterflyscheme.org.uk

National Audit of Dementia Care – Royal Colleges of Psychiatrists

<http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/nationalclinicalaudits/dementia/nationalauditofdementia/auditmaterials/round2auditmaterials.aspx>

Bradford University Dementia Group – provided education to all 37 Nursing Dementia Champions on patient centred care

www.brad.ac.uk/health/dementia/

Staff

Partnership

Assessment

Care

Environment