

**The Right Care:** creating  
dementia friendly hospitals



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# Care plans which are individualised and person centred

*Good practice for better care*

# Care plans which are individualised and person centred

## Section 1

Self assessment statements from National Audit-Royal College of Psychiatrists	Measures used (see examples section 3)	RAG	Evidence	Areas for improvement
<b>Governance</b> The hospital plans, provides and reviews services to meet the needs of people with dementia and their carers				
The Executive Board regularly reviews the number of in-hospital falls and the breakdown of the immediate causes, and people with dementia can be identified within this number.				
The Executive Board regularly reviews information collected on: <ul style="list-style-type: none"> <li>• readmission of patients with dementia</li> <li>• delayed transfers of people with dementia.</li> </ul>				
The hospital has access to intermediate care services which will admit people with dementia.				
Access to intermediate care allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission.				

Self assessment statements from National Audit-Royal College of Psychiatrists	Measures used (see examples section 3)	RAG	Evidence	Areas for improvement
<p>Wards that admit patients with dementia are able to access the following professionals/services:</p> <ul style="list-style-type: none"> <li>• Physicians specialising in care of older people</li> <li>• Nursing staff specialising in care of older people</li> <li>• Liaison psychiatry</li> <li>• Pharmacy</li> <li>• Occupational Therapy</li> <li>• Social Work</li> <li>• Physiotherapy</li> <li>• Dietetics</li> <li>• Speech and language therapy</li> <li>• Psychology/neuropsychology</li> <li>• Specialist infection control services</li> <li>• Tissue viability services</li> <li>• Specialist continence services.</li> </ul>				
<p><b>Delivery of care</b>            People with dementia receive care which is tailored to their needs and takes account of the impact of the condition</p>				

Self assessment statements from National Audit-Royal College of Psychiatrists	Measures used (see examples section 3)	RAG	Evidence	Areas for improvement
There is a protocol in place governing the use of interventions for violent or challenging behaviour aggression and extreme agitation which is suitable for use in patients with dementia who present with behavioural psychological symptoms (BPSD) (in line with the NICE-SCIE guideline).				
The protocol specifies the precautions and risk assessments for any use of restraint or sedation in people with dementia and the frail elderly.				
<b>Care/Management Plan</b>				
People with dementia have a management plan for any medical condition.				
People with dementia have a nursing management plan for the dementia or symptoms of dementia, or “confusional state.”				

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<b>Continuity of care</b>				
The number of moves within the hospital or between care settings is kept to a minimum and any moves are undertaken to benefit the person with dementia.				
Any unplanned moves take place for urgent medical reasons which are documented.				
Planned moves take place during the daytime.				
The patient and their carer/relative is given notice of and an explanation about planned moves.				
<b>End of life care</b>				
The care pathway for people with dementia interfaces with both the palliative care pathway and the end of life care pathway to ensure that people with dementia have equal access to palliative and end of life care.				

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The end of life care pathway specifies that the health care team and consultant discuss any issues to do with end of life care with the patient and carers or relatives (including resuscitation and any advance decisions made by the person with dementia).				
<b>Nutrition</b>				
Protected mealtimes are in operation in all wards that admit adults with known or suspected dementia.				
The protected mealtime system allows for carers to visit during mealtimes.				
There is a system in place to ensure all staff are aware of patients who have difficulties at mealtimes.				
Staff are encouraged to report patients missing meals to NPSA via the national reporting and learning system.				
Food is available to patients between mealtimes.				

Self assessment statements from National Audit-Royal College of Psychiatrists	Measures used (see examples section 3)	RAG	Evidence	Areas for improvement
There is access to specialist assessment and advice concerning swallowing and feeding in dementia.				
There is access to an interpreting service which meets the needs of people with dementia.				
There is access to advocacy services that have experience and training in working with people with dementia.				
There are opportunities for social interaction for patients with dementia e.g. to eat/socialise away from their bed area with other patients.				
<b>People with dementia and their carers are listened to and treated with respect, and provided with the information they need about care, support and discharge</b>				
The name that the person with dementia prefers to be addressed by is recorded and communicated to all staff that work with them.				

Self assessment statements from National Audit-Royal College of Psychiatrists	Measures used (see examples section 3)	RAG	Evidence	Areas for improvement
<p>There is a system to ensure that other personal information (such as routines, preferences, support needed with personal care) is conveyed to staff involved in the patients care in order to improve the type and level of care they receive e.g. times of day when more support is needed, ability to eat/drink unprompted or unaided.</p>				
<p>There is a system to ensure that staff directly involved in caring for/treating the person with dementia are informed about any effect of the dementia on the persons behaviour and communication e.g. ability to answer queries about health accurately or to follow instructions, or other behavioural/psychological symptoms e.g. agitation or hallucination.</p>				
<p>There is a system for communicating to other staff any effect of the dementia on the persons behaviour and communication e.g. whenever the person with dementia accesses other areas outside their ward for assessment or other treatment.</p>				
<p>Patients and/or carers are able to convey information relating to care and treatment in a confidential manner.</p>				



Self assessment statements from National Audit-Royal College of Psychiatrists	Measures used (see examples section 3)	RAG	Evidence	Areas for improvement
The ward ensures that a healthcare professional responsible for co-ordinating the person's care is identified to the person and carers/relatives.				
Staff explain changes in care and treatment to people with dementia and/or their carers and provide regular updates on progress.				
Patients and carers/relatives are given information about the ward and hospital routines: mealtimes, visiting hours, periods of rest/quiet and the local complaints procedure.				
Information about common medical conditions and surgical procedures is available in a dementia-friendly format and backed with verbal discussion as necessary.				
The patient's notes are organised in such a way that it is easy to identify any communication or memory problems.				
The patient's notes are organised in such a way that it is easy to identify any related care and support needs.				

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## Section 2

### Relevant NICE standards

- NICE CG 103: Delirium. Priority ii. Give a tailored multi-component intervention package to prevent delirium.
- NICE QS 7: People with dementia who develop non-cognitive symptoms that cause them significant distress, or who develop behaviour that challenges, are offered an assessment at an early opportunity to establish generating and aggravating factors. Interventions to improve such behaviour or distress should be recorded in their care plan.
- Banerjee Recommendation 4: People with dementia should receive antipsychotic medication only when they really need it.
- Counting the cost recommendation 6: Reduce the use of antipsychotic drugs to treat people with dementia on a general ward.
- NICE CG 103. Delirium. Priority vi. If a person with delirium is distressed or considered a risk to themselves or others and verbal and non-verbal de-escalation techniques are ineffective or inappropriate, consider giving short-term (usually for 1 week or less) haloperidol or olanzapine.
- Counting the cost recommendation 7.1 Having an individual care plan is essential for good quality care and it must be ensured that every person with dementia has one.
- Government quality outcome 9: I am confident my end of life wishes will be respected. I can expect a good death.
- NICE QS 5: People with dementia, while they have capacity, have the opportunity to discuss and make decisions, together with their carer/s, about the use of : advance statements, ADRs, LPAs, PPCs.
- Counting the cost recommendation 8: Make sure that people with dementia have enough to eat and drink.
- Counting the cost 8.3 Carers, family and friends must always be allowed to assist at mealtimes if they wish.
- Counting the cost 8.1 The patient profile and individual care plan as discussed in recommendation 7 should be used to understand an individual's needs and
- Counting the cost 8.4 Hospitals should encourage volunteers to support people with dementia at mealtimes.
- NICE QS3: People newly diagnosed with dementia and/or their carers receive written and verbal information about their condition, treatment and the support options in their local area.

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## Section 3

### Example measures and indicators

Compliance with model developed across South West.

Ward champion role is defined within job description, key tasks and communication requirements specified. Training/support system for champions established and evidenced. The Board level lead has established link/reporting mechanisms with ward champions.

Review of literature by clinical champion and ward champions, with Alzheimer's Society and/or relevant patient group.

Observational audit.

Dementia Care Mapping or related audit.

Audit of care plans, medical records.

Patient and carers/families' survey and feedback.

"Patient Experience Tracker" and/or compliments/complaints.

Audit of policy or protocol governing interventions for patients presenting with behaviours that challenge, aggression, agitation.

Audit of prescribing of antipsychotics and sedatives for people with a dementia.

Results of dementia care mapping exercise or similar. Feedback from auditors, observers.

Feedback from people receiving services, including carers/families.

## Example measures and indicators

Evidence of delivery of, and attainment in training.

Evidence that ward champions are supported in role on wards.

Evidence that ward champions have opportunities for continuing professional development, e.g. training programmes; peer support and reflective practice; access to internal and external networks.

Evidence in governance structures, mechanisms and records.

Audit of hospital policy on nutrition and hydration.

Case reviews.

Observation and review at mealtimes as part of audit, in partnership with voluntary and community sector, patient, carers/families.

Inspection.

Audit of referrals for nurse led specialist assessment.

Audit of discharge plans.

Audit of care pathway.

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## Section 4

### Resources to help you

All the resources below can also be found at [www.dementiaaction.org.uk/DKITresources](http://www.dementiaaction.org.uk/DKITresources)

South West Dementia Partnership - Compendium (Standard 1 pages 8 - 11, Standard 5 pages 45 - 47 & Standard 7 pages 54 - 55, ) - SWDP  
<http://www.dementiapartnerships.org.uk/wp-content/uploads/dementia-care-in-hospital-positive-practice-compendium.pdf>

Dementia: workers and carers together - A guide for social workers on supporting family and friends carers of people with dementia - PDF  
[http://www.skillsforcare.org.uk/developing\\_skills/carers/dementia\\_workers\\_and\\_carers\\_together.aspx](http://www.skillsforcare.org.uk/developing_skills/carers/dementia_workers_and_carers_together.aspx)

Dementia and carers: workers' resource - Information for care workers supporting family and friends carers of people with dementia - PDF  
[http://www.dementiaaction.org.uk/assets/0000/0788/Dementia\\_Workers\\_and\\_carers\\_together.pdf](http://www.dementiaaction.org.uk/assets/0000/0788/Dementia_Workers_and_carers_together.pdf)