Person-centred Dementia Care
Are we there yet?

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The Association for Dementia Studies at Worcester University
Human Value the person and their families and carers (regardless of age or cognitive impairment)

Individuality of people living with dementia and how their personality and life experience influence their response to dementia

Understands the importance of the Perspective of the person with dementia

Relationships and interactions with others (Social environment) promotes well-being.
Person centred care fit for VIPS

V = Values people
I = Individuals needs
P = Perspective of service user
S = Supportive social psychology


www.worc.ac.uk/dementia
Theory development: Tom Kitwood

- Person centred approaches to dementia care; 1989-1997 drawing on Martin Buber and Carl Rogers
- The enriched model of dementia
- Supporting personhood through the eradication of malignant social psychology and promotion of positive person work


www.worc.ac.uk/dementia
The core fear in dementia is *I will stop being me*

Shift from

The person with **DEMENTIA**

To

The **PERSON** with dementia
Being a Person-Centred Practitioner

- Do my actions show that I respect, value, and honour this person?
- Am I treating this person as a unique individual?
- Am I making a serious attempt to see my actions from the perspective of the person I am trying to help? How might my actions be interpreted by them?
- Do my actions help this person to feel socially confident and that they are not alone?
# The Person-Centred Hospital

## Who leads on what?

<table>
<thead>
<tr>
<th>VALUING; The directors, senior managers</th>
<th>INDIVIDUALISED; clinical leads</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1 the vision is clear</td>
<td>I 1 care pathways and planning</td>
</tr>
<tr>
<td>V2 human resource management</td>
<td>I 2 regular reviews</td>
</tr>
<tr>
<td>V3 management ethos</td>
<td>I 3 personal possessions</td>
</tr>
<tr>
<td>V4 training &amp; staff development</td>
<td>I 4 individual preferences</td>
</tr>
<tr>
<td>V5 the service environments</td>
<td>I 5 life story work</td>
</tr>
<tr>
<td>V6 quality assurance, improvement &amp; governance</td>
<td>I6 activity &amp; occupation</td>
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<table>
<thead>
<tr>
<th>PERSPECTIVE; shift leaders</th>
<th>SOCIAL/PSYCHOLOGICAL; everyone</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1 skilled communication</td>
<td>S1 inclusion</td>
</tr>
<tr>
<td>P2 empathy, risk &amp; decisions</td>
<td>S2 respect</td>
</tr>
<tr>
<td>P3 physical environment managed</td>
<td>S3 warmth</td>
</tr>
<tr>
<td>P4 physical health needs</td>
<td>S4 validation</td>
</tr>
<tr>
<td>P5 challenging behaviour, BPSD</td>
<td>S5 enabling</td>
</tr>
<tr>
<td>P6 advocacy</td>
<td>S6 family &amp; community</td>
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Values People with dementia

1. Vision: Do we welcome patients with dementia and their families? Can relatives stay with patients? Value excellence?

2. Do we have the staff to deliver dementia care? Clinical leads, dementia specialists, change management, liaison, champions, skill mix, ratios, rehabilitation services, dentistry, volunteers management?

3. Are staff empowered to act in the best interests of patients with dementia and their families? Admission, ward moves, handovers, debriefing, supervision, discharge, step-down?

4. Skilled work-force in dementia? Induction to specialist, training and education, gap analysis, on-going, easy access, involve perspective of patients and families?

5. Are the built physical & social care environments geared to needs of patients and families? Orientation, safety, lighting, greenery, healing, friendly?

6. QA processes dementia focussed? Dementia diagnosis identified on information systems to enable KPI’s for patients with dementia, feedback from patients and families?

Excellent, Good, OK, Needs serious work?
Key personnel
The Senior Management team

Valuing Dementia

- Vision welcomes dementia
- Human resources
- Management ethos
- Training & staff development
- Service environments
- Quality assurance, improvement & governance

Senior NHS Hospital Trust Team
Royal Wolverhampton NHS Trust

www.worc.ac.uk/dementia
Example from UK National Audit of Dementia Care in 216 General Hospitals 2011, 2013 & 2016

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2013</th>
<th>2016</th>
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</thead>
<tbody>
<tr>
<td>Dementia Care Pathway</td>
<td>6%</td>
<td>36% (51% in development)</td>
<td>61% (26% in development)</td>
</tr>
<tr>
<td>Dementia lead in the hospital</td>
<td>-</td>
<td>94%</td>
<td>97%</td>
</tr>
<tr>
<td>Dementia training</td>
<td>23%</td>
<td>76%</td>
<td>96%</td>
</tr>
<tr>
<td>Hospital Board reporting</td>
<td>-</td>
<td>75%</td>
<td>84%</td>
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</table>
Supports Individuals with dementia

1. Care pathways across dementia, delirium and depression with associated care planning that involves families as partners in assessment and care? Families needs recognised and assessed? Assessment for dementia part of admission?

2. Care and assessment responsive to change? Medication, pain, capacity, nutritional and risk assessments on-going? Dementia Care Bundles?

3. Personal clothing and possessions available and managed and by bedside?

4. Individualised preferences & routines known about and maintained? “This is me” documentation completed and reviewed with families on admission

5. Key personal information & significant life stories? “This is me” documentation completed and reviewed with families on admission

6. Occupation & activities to encourage social engagement, maintenance of function and recovery?

Excellent, Good, OK, Needs serious work?

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Key Personnel Clinical leads

INDIVIDUALISED CARE

• Care pathways & planning
• Assessments & reviews
• Personal possessions
• Individual preferences
• Life story work
• Activity & occupation

Senior clinical team leaders
RWHT
Innovative projects

- Patient passports for personalised care
- Dementia friendly bays in A&E
- Facilitated activity room for patients with dementia
- Piloting of a pain assessment tool for patients with dementia
- Reduction of ward moves
- Bay nursing and dining for patients with dementia
- Family carers feedback workshops
- Carers passport
- Training and education programmes

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Knows the perspective of persons with dementia

1. Are all staff skilled communicators with patients and families? Pro-active, personalised and with compassion?
2. Do staff empathise with the patients perspective and balance the need for freedom and autonomy with physical safety?
3. Are comfort needs managed in a pro-active manner? Is the physical and social environment managed so that it is stimulating, orienting and calm from the perspective of the patient and family. Spectacles, hearing aids, walking aids?
4. Are changes in physical health needs anticipated, noted and acted upon? Pain, hunger, thirst, temperature, Meal-times
5. Are “Challenging behaviours” or BPSD analysed to understand and treat the reasons causing the behaviour seen as communication? Minimum use of anti-psychotics and their alternatives?
6. How do we protect individual patients rights and advocate for them? Knowledge of advance care plans and directives.

Excellent, Good, OK, Needs serious work?

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Key Personnel: Ward leaders

PERSPECTIVE

- Skilled communication
- Empathy & risk
- Physical environment & comfort needs
- Physical health needs
- Challenging behaviour & BPSD
- Advocacy & rights

Ward team D22 RWHT
Dementia Care Bundle

- Knowing key personal information within 24 hours of admission “This is me”
- Effective Communication
- Adequate Nutrition & Hydration
- Safe & Orientating Environment

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If “This is Me” documentation is used well there are positive outcomes

**Behaviour Change**
- ‘This is Me’ completed on admission
- Good conversation topics & signs of distress known
- Patient and family are partners in care
- Improved dignity and respect
- Lower levels of distress
- De-escalation of distress

**Improved outcomes**
- Low levels of anti-psychotic medication
- Decreased “Untoward” Incidents
- Decreased Complaints
- Increased Compliments
Provides on-going social and psychological support

1. Patients & families included? and not talked over?
2. Patients and families views respected? Not disregarded? No telling off or labelling?
3. Do the staff come across as warm and caring? Not cold and indifferent?
4. Do patients and families know that staff take their fears seriously? People are not left alone for long periods in emotional distress?
5. Helping to do, or doing to? Do patients feel partners in care rather than just being done to?
6. Are families and friends and local community part of ward life?

Excellent, Good, OK, Needs serious work?
Key Personnel:
Every-one on the front-line

SOCIAL PSYCHOLOGICAL

• Inclusion
• Respect
• Warmth
• Validation
• Enabling
• Family & community

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“John’s Campaign”

• When someone with dementia is hospitalized, the medical staff should do all within their power to make access easy for family carers and utilise their expert knowledge and their love.

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Central to ensuring that best possible end of life care is achieved, partnership working is essential with the person living and dying with dementia as central.
Acknowledgements

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Thank you for listening!

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