



COMPASSIONATE HEART

SERVICES WITH A DIFFERENCE

Dementia Policy and Procedure

1. Purpose

1.1 The purpose of this policy is to provide a clear overview and understanding of how staff at Compassionate Heart Limited can support people with dementia to live well.

1.2 It sets out Compassionate Heart Limited ambition and standards for excellent, compassionate Care for people with dementia and recognises the vital role that carers and family provide.

1.3 To adhere to regulation, legislation and best practice recommendations.

1.4 To support Compassionate Heart Limited in meeting the Key Lines of Enquiry.

1.5 To meet the legal requirements of the regulated activities that Compassionate Heart Ltd is registered to provide:

- The Care Act 2014
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974
- Human Rights Act 1998
- Management of Health and Safety at Work Regulations 1999
- Mental Capacity Act 2005
- Mental Health Act 2007

2. Scope

2.1 The following roles may be affected by this policy:

- All staff

2.2 The following people may be affected by this policy:

- Clients with Dementia

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS

3. Objectives

3.1 To deliver care and support to clients by trained, competent, compassionate and knowledgeable staff.

3.2 To support the national agenda to improve awareness, support earlier diagnosis and intervention and provide a higher quality of Care for people with dementia.

3.3 To improve the client's dementia journey and provide a dementia-friendly environment.

3.4 To ensure that Compassionate Heart Ltd supports clients and their families, friends and carers.

3.5 To raise the standards of Care and promote meaningful activity provision.

4. Policy

4.1 Compassionate Heart Ltd will work to support a dementia-friendly community that improves awareness among the public, drives improvements in health and care, delivers high standards and provides information for clients and their families as well as supporting the carers of clients.

4.2 Every person diagnosed with dementia will have meaningful Care following their diagnosis and this will be based on inclusive, informed decision-making processes.

4.3 Accessible information standards and communication techniques will be applied when supporting clients to be as fully involved as possible. Due consideration will be given to accessing interpreters or advocates as necessary to allow inclusivity.

4.4 In accordance with the Care Act, local authorities have a duty to provide support to carers of clients with dementia. Compassionate Heart Ltd will support carers by signposting to the appropriate authority to access this support if they have not already accessed it.

4.5 Compassionate Heart Ltd will ensure that staff receive the education and training required to safely, competently and compassionately meet the needs of clients with dementia.

4.6 Compassionate Heart Ltd will work in partnership with the client's GP to reduce polypharmacy and the prescribing of antipsychotic drugs for people with dementia to improve their quality of life.

4.7 Compassionate Heart Ltd will work in partnership with other healthcare professionals to reduce the number of inappropriate admissions that could result in disruption and distress for the client.

4.8 In line with the Dementia Action Alliance, Compassionate Heart Ltd will promote a service that enables:

- An early diagnosis
- Information provision so that good decisions can be made when considering the future
- Clients to get the support and treatment that is best for their condition and for their life
- Families and loved ones to be supported and looked after
- Clients to be treated with dignity and respect at all times
- Clients to be empowered to help themselves and understand who can help them
- Compassionate Heart Ltd to maintain links with the community
- End of life wishes to be respected so that clients can expect a good death
- Clients to be supported to take part in research where they have expressed a wish to do so

4.9 Staff will act with professionalism at all times and remain non-judgmental. Behavior's that may challenge will be viewed as symptoms of dementia rather than difficult behavior.

4.10 Staff will deliver Care without discrimination and exclusion. Care will be person centred and promote clients' human rights. Care Plans and management will be individual and seen from the perspective of the client. Staff will recognise that the relationships of clients with those close to them will be maintained to aid wellbeing. They will also recognise that they have a duty of care to oversee the needs of carers, families and friends. Therefore, their delivery of care and support will be based on the 'relationship-based care' model.

4.11 Clients Care Plans will reflect diversity, gender, ethnicity, age, religion, sexuality and personal care needs and protected characteristics.

Compassionate Heart Ltd will not be risk averse but will balance independence and choice with minimising risks and ensuring that staff have the tools and knowledge to support this approach.

4.12 The registered manager will ensure that clients have a named member of staff to oversee the coordination and management of the Care Plan. The Care Plans will be endorsed by the client and/or their family.

4.13 The registered manager will coordinate and integrate working across all agencies involved in the treatment and care of people with dementia and their carers, including jointly agreeing written policies and procedures where appropriate.

4.14 Any purposeful breach of the content of this policy and procedure by staff will result in disciplinary action.

5. Procedure

5.1 Communication

Effective communication is vital for building relationships, understanding clients and allowing them to express their views, wishes, feelings and beliefs.

All staff will be competent in communicating effectively with all clients, following best practice guidance.

5.2 Assessment

At the point of initial enquiry, the level of involvement that a client is able to have in the process will be identified. It will always be assumed that every client has capacity unless proven otherwise. Staff should refer to Compassionate Heart Ltd's assessment pack for further details.

If a client has been proven to lack capacity due to dementia, evidence should be made available that it has been deemed a best interest decision to receive home care. Where this is not available, a multidisciplinary approach must be taken in accordance with the Mental Capacity Act.

If a client has a diagnosis of dementia, they will be supported to talk about how this affects them, identify what support systems are in place and what their support requirements will be. Assessing staff can also identify if there are any advanced Care Plans in place or powers of authority. Gathering this information will enable Compassionate Heart Ltd to establish that needs can be fully met before accepting care and the commencement of a Care Plan that aims to provide continuity.

Any legal powers that the client has in place will be established at the earliest opportunity and this will be recorded within the client's Care records.

5.3 Early Signs, Symptoms and Diagnosis

As part of the ongoing support provided to clients, staff will monitor for any changes in symptoms and observe for signs of reduced cognitive functions. Compassionate Heart Ltd will report to the client's GP or medical professional, any concerns in relation to the potential risks of dementia.

Staff will also have an awareness of other symptoms that may present in a similar way to dementia but are caused by other conditions such as urinary tract infections, diabetes, the impact of medication, vitamin B deficiency, underactive thyroid and delirium (refer to section 5.4). Within their scope of practice, they should consider the possible causes and discuss with the client's GP.

Early diagnosis is an important step for clients as it enables access to support services and appropriate care planning and management. Staff will ensure that completed Care records and assessments evidence the changes in the client to support a timely referral.

5.4 Delirium

Staff must have an awareness of and the ability to observe for signs of delirium in clients. Delirium could be confused with dementia due to its symptoms. People with dementia can also get delirium and staff should be able to identify, through the provision of Care, the minor to moderate changes that could be signs and symptoms of delirium or advancing changes due to dementia.

When clients first present to Compassionate Heart Ltd, staff will assess them for the following risk factors. If any of these risk factors are present, the person is at risk of delirium:

- Age 65 years or older
- Cognitive impairment (past or present) and/or dementia. If cognitive impairment is suspected, confirm it using a standardised and validated cognitive impairment measure
- Current hip fracture
- Severe illness (a clinical condition that is deteriorating or is at risk of deterioration)

The risk of delirium will be recorded within the client's care record.

5.5 Delirium can develop within hours or days and needs to be managed in a timely manner.

The following symptoms may present:

- Being more confused than normal
- Changes in alertness – such as being either unusually sleepy or agitated
- Having a lack of concentration or becoming easily distracted
- Becoming disorientated – not knowing where they are or what day it is
- Rambling speech
- Showing changes in behaviour
- Having disturbed patterns of sleeping and waking
- Being prone to rapid swings in emotion
- Experiencing hallucinations
- Having abnormal or paranoid beliefs

This list is not exhaustive and staff who have any doubts or concerns, as well as observing any of the above symptoms presenting, should refer the client to their GP for advice.

5.6 Person-Centred Care

In line with national guidance, Compassionate Heart Ltd will ensure that all staff deliver their roles with the following principles in mind:

- Maintaining the human value of people with dementia, regardless of condition, age or cognitive ability
- Treating clients as individuals
- Seeing the client's perspective
- Sustaining and promoting relationships and interactions in order to enhance wellbeing
- Supporting carers and families and enhancing their relationships with the client

5.7 Care Planning and Risk Assessment

All activities of daily living Care Plans will cross-reference to the dementia Care Plan as this relates to the abilities of the client as well as the support required by staff.

Clients should be encouraged to be involved, as much as possible, with the content of the Care Plan kept simple, clear and precise and in line with record keeping standards. Staff should refer to Compassionate Heart Ltd's Record Keeping policy for further details. Where possible, small goals will be agreed with the client in order to promote self-management.

Clients will have a small pool of Care Workers assigned to ensure consistency and continuity of care.

It is important that staff capture the main priorities and concerns of the client as well giving consideration to the following:

- The clients ability to be involved, their choices, consent and capacity
- Other people involved in their care and/or legal powers of authority, advocacy etc.
- Other health or social care professionals involved in their Care
- Contingency plans
- Specific individual care needs and risks and how these can be managed

The use of assessment tools can be a meaningful way to gather information to form a Care Plan. These include behavior records and cognition tools for example. It is vital that staff are trained to:

- Understand how these assessment forms are used
- Use them on an individual time-specific basis
- Know the action to take in the event that the assessments identify concerns. In these situations, staff should seek the advice of the client's GP or mental health professional

5.8 Risk Assessment

Compassionate Heart Ltd promotes a culture where client empowerment and choice will be balanced with managing risks safely.

Staff should refer to Compassionate Heart Ltd. Risk Assessment Policy and Procedure in relation to the 5- step process for assessing risk. Risk assessments will be produced with client involvement where possible. However, if the client is unable to be involved, decisions will be made in accordance with the

Mental Capacity Act and best interest decisions.

Staff will take due consideration in relation to risks and safeguarding. Where there are any concerns, staff will discuss these immediately with the manager and safeguarding policies and procedures will be followed.

Staff should refer to the Behavior that Challenges Policy and Procedure for further support.

5.9 Assistive Technology

There are many different technologies that can be adapted to the needs of someone with dementia, such as:

- Automated prompts and reminders
- Clocks and calendars
- Location aids
- Medication aids
- Communication aids
- Tracking devices and sensor systems

Any use of assistive technology will be recorded within the client's care records.

Where devices are used to alert others to the location of the client, due consideration must be given to the client's rights to choose and the consent obtained. Where a client is subject to continuous monitoring by assistive technology and not free to leave, staff will refer to the Deprivation of Liberty Safeguards Policy and Procedure.

5.10 Capacity, Consent and Choice

Staff will always seek valid consent from the client. This will include informing the client of the options and checking that he or she understands, that there is no coercion and that he or she continues to consent over time. The MCA Code of Practice will be applied where it is proven that the client is unable to provide consent, express choice or have the capacity to make decisions. Every effort should be made for the client to be part of the decision-making process in everyday decisions such as choice of clothes, meals etc. and local procedures will be in place to promote this. The Care Plan will detail clearly the abilities of each client around choice.

5.11 Memory Boxes

Where used, memory boxes accompany the life history and can be a useful aid. The box should contain personal items such as photos, newspaper cuttings, books or ornaments. Memory boxes should be held safely to help orientate the client to their home and can be a talking point for staff and the client.

5.12 Advocacy

Where there is a need for an independent view from someone who acts on behalf of the wishes and perspective of the client, staff will ensure that they are able to source advocacy support. Staff should refer to Compassionate Heart Ltd's Advocacy Policy for further details.

5.13 Physical and Mental Wellbeing

Clients will be provided with up to date information on local services and events and understand how to access them. Staff will be available to support with this.

Staff should offer time to allow clients to talk about their diagnosis, fears, concerns and wishes and provide ongoing support to cope.

5.14 Support provided will be holistic and cover physical, emotional, spiritual and cultural care.

A full life history will be completed to ensure that staff can:

- Build a better understanding of who the client is
- Identify what and who is important to the client
- Have a foundation to build meaningful conversations and social stimulation from
- Empower clients in relation to health and wellbeing

Clients should be as involved as much as possible in building their life history and this can be captured over a period of time as staff get to know the client better. Families and loved ones also play a valuable part in the production of the life history and staff should ensure that they are involved.

The Compassionate Heart Ltd life history can be located within the assessment and Care Planning pack.

5.15 Advanced Care Planning and Legal Powers

Where possible, clients will be supported to consider completing:

- An advance Care Plan in readiness for when the dementia journey progresses and they may be unable to share their views, wishes and beliefs about the future
- A Lasting Power of Attorney (a legal document that allows people to state in writing who they want to make certain decisions for them if they cannot make them for themselves, including decisions about personal health and welfare)
- A Preferred Place of Care (which allows people to record decisions about future care choices and the place where the person would like to die)

For clients who do not have any of the above in place and who do not have the capacity to be involved, a multidisciplinary approach should be taken to complete a version in their best interest. Consideration should be given to the use of an advocate.

Staff should refer to the End of Life Policy and Procedure for further details.

5.16 Medication

Staff should work in conjunction with the client and their GP in relation to ensuring that medications are reviewed at least every 6 months or sooner if new medications are introduced.

Staff must monitor for any side effects of new medication introduced to help manage the dementia and act upon any concerns in a timely manner by discussing with the GP.

Where antipsychotics are prescribed, staff will work with the GP to aim to keep them in use for short periods only.

Staff should refer to the suite of medication management policies and procedures for further information.

5.17 Transfers and Discharges

Any change in environment is known to disrupt clients with dementia and can escalate symptoms. All efforts will be made to meet the changing needs of clients within Compassionate Heart Ltd.

Timely, appropriate access to existing and new support services and healthcare professionals will be provided as a means of managing changes to health for as long as possible at Compassionate Heart Ltd.

Where it is deemed that a hospital transfer is necessary, staff will provide the following:

- Details of the current Care Plan
- A copy of the medication administration records
- Where applicable, copies of any high-risk behavior assessments and management plans

This list is not exhaustive and staff should refer to Compassionate Heart Ltd's Discharge Policy and Procedure.

Staff will work with the hospital to streamline a speedy and efficient return to Compassionate Heart Ltd.

5.18 Supporting Carers

Staff supporting clients also have a duty to support their carers, families and friends. This could include:

- Taking the time to listen to concerns and fears
- Providing information and support such as that referenced in the 'Further Reading' section of this policy
- Signposting to other professionals, so that carers can be offered an assessment of their own needs

- Ensuring that they feel involved in the ongoing care and support of the client

Staff should document any support provided to the carers, families or friends and discuss any areas of concern with their immediate line manager.

5.19 Staff Support

Systems will be in place to support all staff working at Compassionate Heart Ltd.

In the first instance, staff should report to their line manager any concerns they may have with regard to their own health and wellbeing so that they can be supported accordingly.

Following events such as the death of a client, behavior's that may challenge etc, the manager should offer them the opportunity to debrief and cope with their feelings.

Reflective practice is encouraged and incorporated into supervision sessions to allow staff to discuss their experiences.

There will be a positive teamwork culture within Compassionate Heart Ltd and colleague support should also be seen as a facility to cope with the challenges of their roles and responsibilities.

The manager will refer to the suite of HR policies to aid supporting staff.

5.20 Training and Education

Standard 9 of the Skills for Care Certificate will be completed by new Care Workers working at Compassionate Heart Ltd.

All staff will have training on dementia which is appropriate to their role and should include:

- Care planning and risk assessment approaches
- Responding appropriately to changes in condition
- Types of dementia and prognosis
- Person-centered care
- Communication skills
- Support
- Roles of healthcare professionals
- Supporting behavior's
- Safeguarding, DoLS, MCA, consent and choice

All training received will be recorded on the Compassionate Heart Ltd training matrix. Development and ongoing learning will take place via the other learning opportunities on offer at Compassionate Heart Ltd, such as via supervision and meetings.

When required, clients should have access to a range of resources available in different formats such as easy read versions.

5.21 Lesbian, Gay, Bi-Sexual and Transgender clients Living with Dementia

Compassionate Heart Ltd should ensure that staff understand that some of the symptoms of dementia may have particular implications for LGBT people. This could be because of changes they have experienced in their past, or because of things that they have to think about on a day-to-day basis. For example, memory problems might make it harder for them to remember who they have told about their sexual orientation or gender identity.

Clients may need support to plan to help prepare or manage their dementia and there may be some specific things to consider if the client is lesbian, gay, bisexual or transgender, for example, getting a Gender Recognition Certificate.

5.22 Audit and Evaluation

The manager will ensure that dementia care forms part of the quality assurance programme.

Feedback from client' review meetings, as well as information obtained via the complaints procedure, will help to identify the level of satisfaction in relation to the care and support provided to clients with dementia.

The manager should make use of the national dementia mapping tools available to formally audit practice and use this to benchmark and set targets for the continuous improvement of the service. Resources are available in the 'Further Reading' section of this policy. Findings will be shared with staff and an action plan commenced. Changes will be implemented using a SMART approach. The use of the dementia mapping tool should be repeated to evidence and assure that good practice has been implemented and embedded.

6. Definitions

6.1 Delirium

- Delirium is a common, serious but often treatable condition that starts suddenly in someone who is unwell. It causes a person to become easily distracted and more confused than normal. Delirium can be very distressing for the person and their family
- Delirium is different from dementia. For someone with delirium, symptoms come on over a matter of hours or a few days. The symptoms of dementia come on slowly, over a period of months or even years
- Delirium is much more common in older people, especially those with dementia

6.2 Dementia

- Dementia describes a set of symptoms that may include memory loss and difficulties with thinking, problem solving or language. These changes are often small to start with, but for someone with dementia they have become severe enough to affect daily life. A person with dementia may also experience changes in their mood or behavior
- Dementia is caused when the brain is damaged by diseases, such as Alzheimer's disease or a series of strokes. Alzheimer's disease is the most common cause of dementia, but not the only one. The specific symptoms that someone with dementia experiences will depend on the parts of the brain that are damaged and the disease that is causing the dementia

6.3 Relationship-Based Care

- Relationship-Based Care (RBC) is a model of delivering healthcare that has transformed the practice of nursing by returning to basic purpose: caring for and connecting with all other human beings. Therefore, this is not just about meeting the holistic needs of the client but taking into account their families, loved ones and friends

6.4 LGBT

- LGBT is an initialism that stands for lesbian, gay, bisexual, and transgender. The initialism is evolving and other terms such as LGBTQI may also be used. This refers to lesbian, gay, bisexual, and transgender, queer and intersex

Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Someone in the world develops dementia every 3 seconds. There were an estimated 46.8 million people worldwide living with dementia in 2015 and this number is believed to have been close to 50 million people in 2017
- Dementia is recognised under the Disability Discrimination Act and clients have every right to access services without discrimination, exclusion or inequality
- Dementia is very individual to the person, and a robust person-centred Care Plan that is completed with the client can enable the client to feel empowered, in control and have the support they wish and need
- Staff need to have the skills to understand the stages of dementia and the best approaches to supporting clients
- Carers and loved ones also need the support of staff and staff need to take the time to ensure they have access to all the information and guidance necessary as well as ensuring that they feel included in the Care offered to clients

Key Facts - People Affected by The Service

People affected by this service should be aware of the following:

- Clients have the right to be supported and cared for by professional, knowledgeable and competent staff
- Clients will be fully involved in all aspects of their care and support. Compassionate Heart Ltd will focus on their abilities and the support required to be as independent as possible
- It is acknowledged that for some clients a diagnosis of dementia can limit involvement in decision making. However, staff are trained to ensure that any decisions are made in the client's best interest in accordance with the law

Further Reading

As well as the information in the 'Underpinning Knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Resources and Tools for Staff and Service Users

Alzheimer's Society - LGBT dementia care: Changes in society:

<https://www.alzheimers.org.uk/get-support/help-dementia-care/changes-society-lgbt-people>

Alzheimer's Society - Communicating (Factsheet 500LP March 2016):

https://www.alzheimers.org.uk/download/downloads/id/1789/factsheet_communicating.pdf

Alzheimer's society - The dementia guide: Living well after diagnosis:

https://www.alzheimers.org.uk/info/20111/publications_about_dementia/790/the_dementia_guide

Dementia Pathfinders - Dementia Roadmap - Helping primary care to support people with dementia, Dementia Pathfinders:

<https://dementiaroadmap.info/>

NHS choices - Dementia guide:

<https://www.nhs.uk/conditions/dementia/social-services-and-the-nhs/>

Alzheimer's Society - Dementia connect:

https://www.alzheimers.org.uk/info/20222/dementia_connect

National Dementia Helpline 0300 222 1122

Alzheimer's Society - Delirium:

https://www.alzheimers.org.uk/info/20029/daily_living/370/delirium

Delirium - 4AT Rapid Clinical Test for Delirium:

<https://www.the4at.com/>

Dementia Partnerships:

<https://dementiapartnerships.com/home/about/>