July 2017

Dementia Care Policy

Date Written	*13.07.2017*
Author(s)	Registered manager
Version	*2.0*
Date Signed Off	19/07/2017
Reviewed by	

Unit 1 Chandos House,
Hankridge Way,
Taunton,
Somerset
TA1 2LR

Review Data

Initial Production

Name	Role/Department	RACI	Date
Registered manager	Registered Manager	RA	13.07.2017
Registered manager	Registered Manager	RA	04/12/2017

R = Responsible for document production; **A** = Accountable; **C** = Consulted; **I** = Informed

Change History

Version	Date	Details of Change	Author
2.0	03.07.2017	Re-write and re-structure of original policy in line with most recent legislative updates.	Registered manager

Emergency Contact Details

Name	Email	Mobile
Registered manager	fran@livein.care	

CQC Fundamental Standards

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

Key Lines of Enquiry

KLOE	How this applies to Dementia Care
Safe	This policy falls under the category of 'Safe' because staff providing care for Client's with dementia must have the relevant skills and experience in order to ensure the safety of the Client at all times.
Responsive	This policy also falls under the category of responsive, as effectively responding and communicating to Client's is critical to providing effective care, and so this policy outlines the specific communication techniques staff should use when communicating with Clients with dementia.

Related Documents

This policy should be read in conjunction with our:

- **Dignity and Respect Policy**
- **Meeting Needs Policy**

- **Risk Assessment Policy**
- **Safeguarding Vulnerable Adults Policy**
- **Training Policy**

Policy Aims

Living Carers 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
- Living Carers 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

Living Carers Ltd's Dementia Care policy has been created in line with NICE guideline: Dementia: support in health and social care.

This quality standard covers care for people with dementia provided by health and social care staff in hospital, community and specialist care settings. It includes diagnosis, assessment and care planning, and respite services for carers of people with dementia. It describes high-quality care in priority areas for improvement.

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.

The 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 caregivers, 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 assessments should be carried out in relation to the Client with dementia and their physical environment. In general, Clients with dementia are at raised risk of:

- **Abuse**
- **Violent behaviour**
- **Disruptive behaviour**
- **Isolation**
- **Falls**
- **Malnutrition**
- **Accidents**
- **Depression**
- **Communication difficulties**
- **Inability to express wishes**
- **Inability to participate in Care Planning**
- **Inability to give informed consent**
- **Fast changing condition**
- **Tissue viability**
- **Security**

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.

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 patronising 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 Client 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 Ideas

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

Step 5: The medical review

- Do infections or metabolic changes cause the behaviour?
- Do medication side-effects contribute to the behaviour?
- 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 behaviour?
- Have you correctly identified signs that behaviour will occur and acted upon them
- Have you tried rewarding a behaviour 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 behaviour now?
- Was everyone consistent?
- Was there a change in the behaviour?
- **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 Clients; non-standard items, such as special feeding cups, may not be recognised for what they are and reduce the Client'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 awareness
- 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

- 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 Client 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

Policy Review

This policy will be reviewed by the Registered Manager at least annually to make any updates and amendments necessary to ensure the policy conforms to current legislation, reflects current practice and expectations.

Authorisation and Signature

This Policy is the official and authorised version agreed by the Directors of Living Carers Ltd. All employees are expected to work in accordance with this policy and failure to comply with this policy could result in disciplinary action.

Registered Manager

04.12.2017