

## Commitment to the care of people with dementia in general hospitals

We believe that more can be done to improve the care of people with dementia in general hospital environments.

These principles have been identified as essential in ensuring the appropriate delivery of care.

Join us in putting these principles into practice.

**Please use the following checklist to help identify achievements and areas for further development:**

1

### Staff need to be informed, skilled and have enough time to care.

**This will be supported by:**

- good quality training and education in dementia that is easy to access, practical and focuses on attitudes/approach and communication. Training should be made available to all staff based on an analysis of training needs and incorporate perspectives of people with dementia and carers
- availability of identified clinical leads for dementia eg dementia specialists/nurses, mental health liaison, dementia champions
- careful consideration of staffing levels which ensures that skill mix, ratio and numbers of staff are adequate to support the complex needs and numbers of people with dementia being cared for.

2

### Family carers and friends are seen as partners in care, unless indicated otherwise by the person living with dementia.

**This will be supported by:**

- recognition and assessment of carers needs
- involvement of families/friends in assessment, care planning and decision making
- flexible visiting and flexible approaches to routines so that family carers/supporters can be involved directly in care where desired.



3

**A dementia assessment will be offered to all those at risk, to support early identification and appropriate care.**

**This will be supported by:**

- use of agreed screening and assessment tools
- skilled knowledgeable practitioners
- clear delirium protocols and dementia pathways
- clinical review of medication to support the appropriate use of antipsychotic medication.

4

**Care plans will be person-centred, responsive to individual needs and support nutrition, dignity, comfort, continence, rehabilitation, activity and palliative care.**

**This will be supported by:**

- routine gathering of personal life story information
- involvement of family and friends in care planning
- use of mental capacity assessments, advance care planning, nutritional tools, pain assessments and safety tools
- provision of appropriate activity to encourage social engagement, maintenance of function and recovery
- availability of dementia specialists/leads
- access to and availability of palliative care specialists.

5

**Environments will be dementia friendly and support independence and well-being.**

**This will be supported by:**

- minimal moves to avoid unnecessary distress
- appropriate lighting and floor coverings plus aids to support orientation and visual stimulation
- personalising bed area
- adequate space and resources to support activity and stimulation
- availability of staff to support rehabilitation eg occupational therapy, physiotherapy, activity coordinators
- inclusion of trained volunteers to support activity and pastoral care.

[www.rcn.org.uk/dementia](http://www.rcn.org.uk/dementia)

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

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