



Royal College
of Nursing

Developing a commitment to the care of people with dementia in general hospitals

Outcomes of RCN project

*Making Sense: working in partnership to improve dementia
care in general hospitals*

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Dementia in general hospitals: why?

People living with
dementia:

- stay in hospital longer
- have poorer outcomes
- 1/3 discharged to care home

**Numerous reports
highlight problems**



RCN Dementia Project

- Funded by DH for 12 months
- Commenced: mid September 2010
- **Project Aims:**
 - To work collaboratively with Royal Colleges & key stakeholders to improve care for people with dementia and their families in general hospitals
 - To influence, provide leadership and offer guidance to those involved in the delivery of care.

Project plan and progress

- Survey of practitioners (Jan/Feb 2011): **712 responses**
- Survey with people with dementia and carers (May/June 2011): **1484 responses**
- Collaboration with external stakeholders
- Development of '**Commitment to care**'
- Conference event
- Resources & guidelines

Commitment to care for people with dementia in general hospitals

What?

- **Principles** to guide and inform care
- **Recommendations** for delivery

Who?

- **Informed** by practitioners, family carers, people with dementia and organisations
- **For** all those involved in delivery of care

How?

- **Shared** commitment
- **Checklist** for actions and changes

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 hospitals.

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

Join us in putting these principles into practice and make SPACE for good dementia care.

SPACE – top five ingredients to support good dementia care

- 1. Staff** who are skilled and have time to care.
- 2. Partnership** working with carers.
- 3. Assessment** and early identification of dementia.
- 4. Care** plans which are person centred and individualised.
- 5. Environments** that are dementia-friendly.

Commitment to the care of people with dementia in general hospitals

1. Staff will be informed, skilled and have enough 'time to care'.

This will be supported by:

- good quality training and education that is:
 - easy to access & practical
 - focuses on attitudes/approach and communication.
 - available to all staff based on an analysis of training needs
 - includes perspectives of people with dementia and carers
- availability of clinical leads and specialists
- careful consideration of staffing levels including:
 - skill mix, ratio and numbers required

Commitment to the care of people with dementia in general hospitals

1. Staff will be informed, skilled and have enough 'time to care'.

Support

Education / training = **69%**

Dementia lead/specialist = **27%**

Barrier

Insufficient staffing = **75%**

Lack of specialist support = **39%**

Support

Education/ training= **98%**

Availability of specialist = **94%**

Barrier

Staff having limited time= **97%**

Low staffing levels = **96%**

Limited access to 'specialists' = **95%**

Poor attitudes = **92%**

Practitioners



Carers & people
with dementia



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- 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 & routines
- involvement of family carers/supporters directly in care where desired.

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

Support

Involving family carers = **71%**
Flexible visiting times = **35%**
Flexible routines = **33%**

Support

Involving family carers/supporters = **98%**
Flexible routines = **77%**
Flexible visiting times = **74%**

Barrier

Poor communication = **96%**
Poor understanding of carers needs = **96%**

Practitioners



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

This will be supported by:

- 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

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

Support

Improved assessment & screening = **51%**
Appointment of dementia lead = **25%**
Dementia pathway = **40%**

Barrier

Lack of specialist support = **39%**
Poor recognition and assessment = **32%**

Practitioners



Support

Skilled assessment = **93%**
Improved identification and awareness = **79%**

Barrier

Poor understanding of dementia = **98%**
Limited access to 'specialists' = **95%**

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- 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
- availability of dementia specialists/leads
- access to and availability of palliative care specialists.

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

Support

Care planning & life story = **57%**
Nutrition & mealtimes = **48%**
End of Life care = **43%**
Flexible routines = **33%**
Activities/ therapies = **30%**

Barrier

Lack of funds/ equipment = **40%**
Lack of specialist support = **39%**

Practitioners



Support

Individualised care plan = **97%**
Improving end of life care = **90%**
Gathering life history information = **90%**
Providing activities = **74%**

Barrier

Lack of equipment to support care = **92%**

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

This will be supported by:

- minimal moves
- 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 e.g. occupational therapy, physiotherapy, activity coordinators
- inclusion of trained volunteers to support activity and pastoral care.

Commitment to the care of people with dementia in general hospitals

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

Support

Environment = **40%**
Involvement of volunteers = **25%**
Separate bays = **26%**

Barrier

Patients being moved = **49%**
Inappropriate environment = **43%**

Support

Environment = **76%**
Separate bays = **71%**
Dementia wards = **51%**
Involving volunteers = **45%**

Barrier

Frequent moves = **92%**
Poor environment = **91%**

Practitioners



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'In an ideal world there would be more nurses on the ward, then each and every patient would be able to have good quality care as you would have the time not only to be able to see to their hygiene needs and assist patients with feeding but have the time to sit and talk with them (wouldn't that be nice) while also being able to maintain the mountain of paper work you have a legal obligation to fulfil.'



Please visit our new on- line dementia resources and obtain further information on the 'Commitment for the care of people with dementia in general hospitals' at:

www.rcn.org.uk/dementia