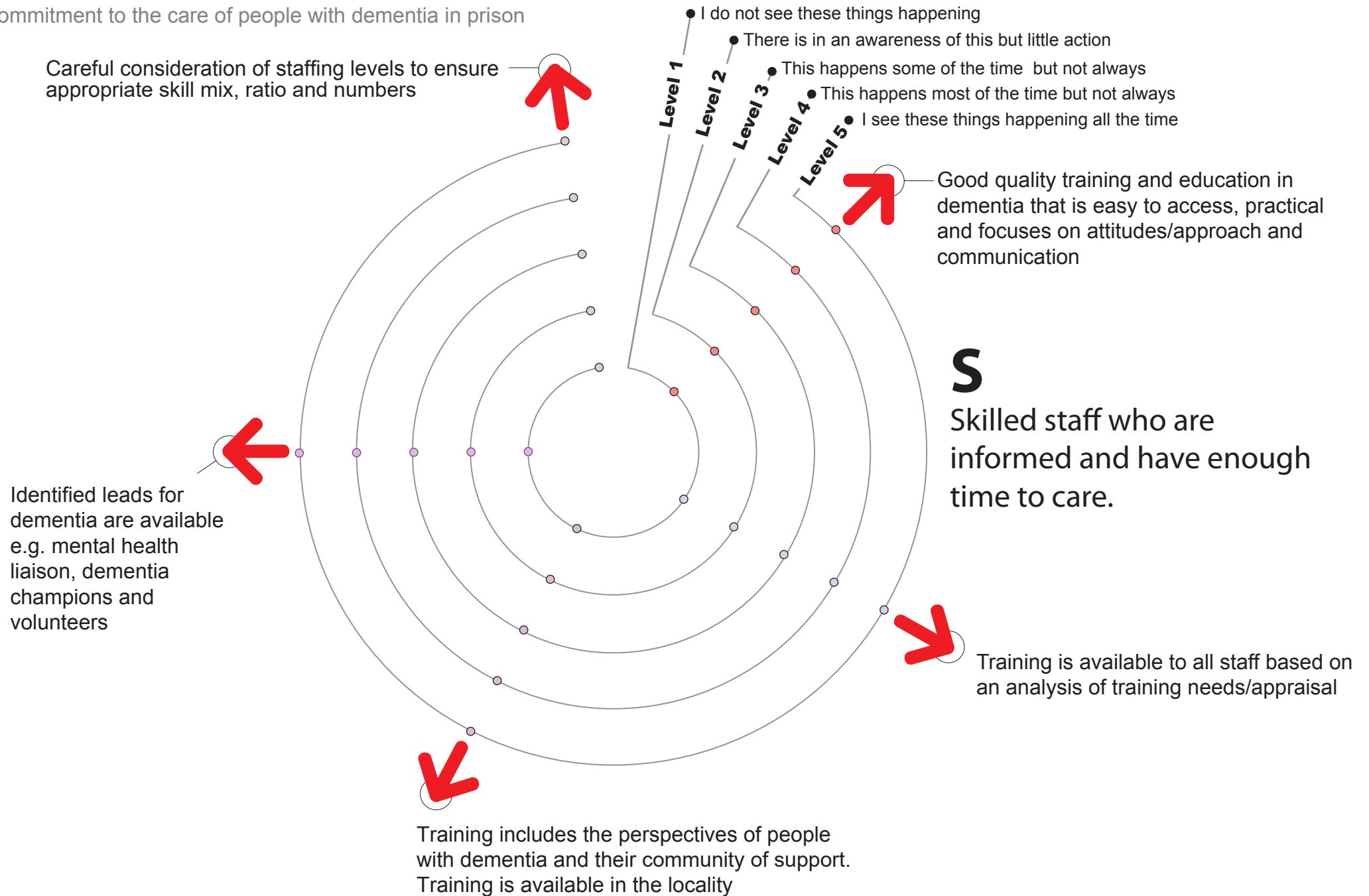


Transforming dementia care in prison

Please write in the name of your prison

Date completed

Commitment to the care of people with dementia in prison



Commitment to the care of people with dementia in prison

Support is available for significant carers
e.g. support groups, carer leads etc.

- Level 1 • I do not see these things happening
- Level 2 • There is an awareness of this but little action
- Level 3 • This happens some of the time but not always
- Level 4 • This happens most of the time but not always
- Level 5 • I see these things happening all the time

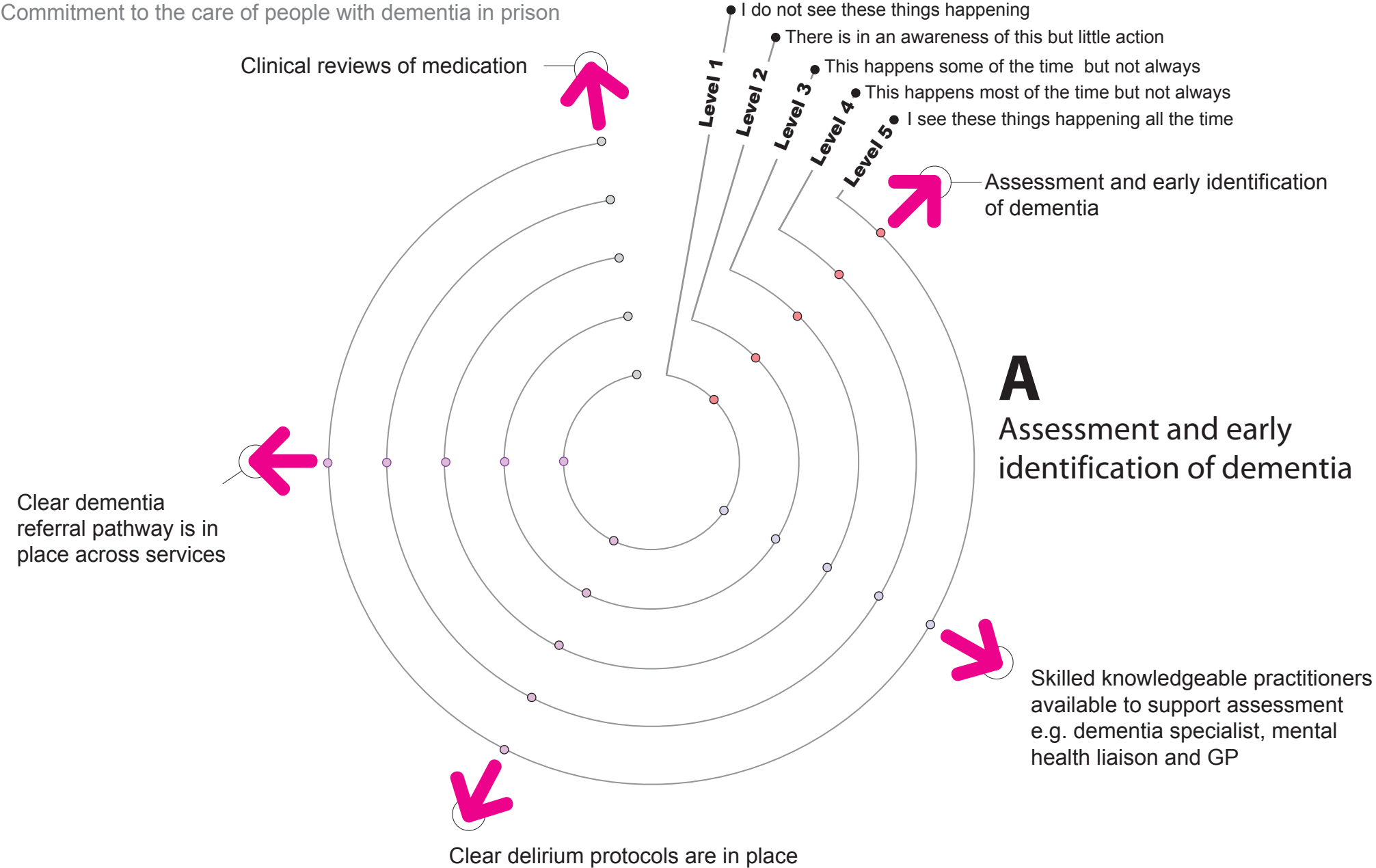
Process in place for the recognition and assessment of the needs of significant carers

P
Partnership working with appropriate significant carers.

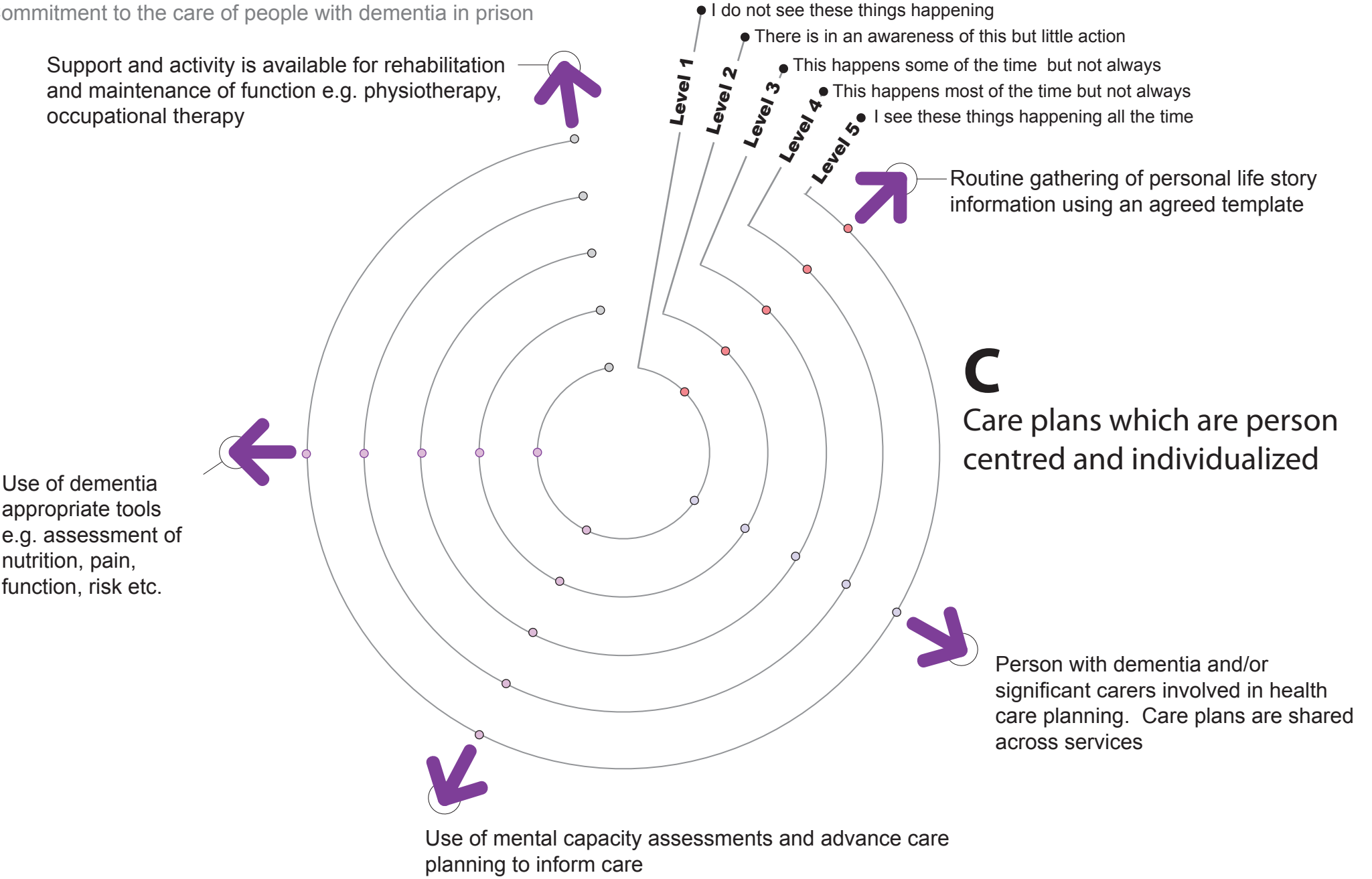
Flexible visiting appropriate within prison guidelines for family and friends

Involvement of appropriate significant carers in health care planning and decision making, including end of life care

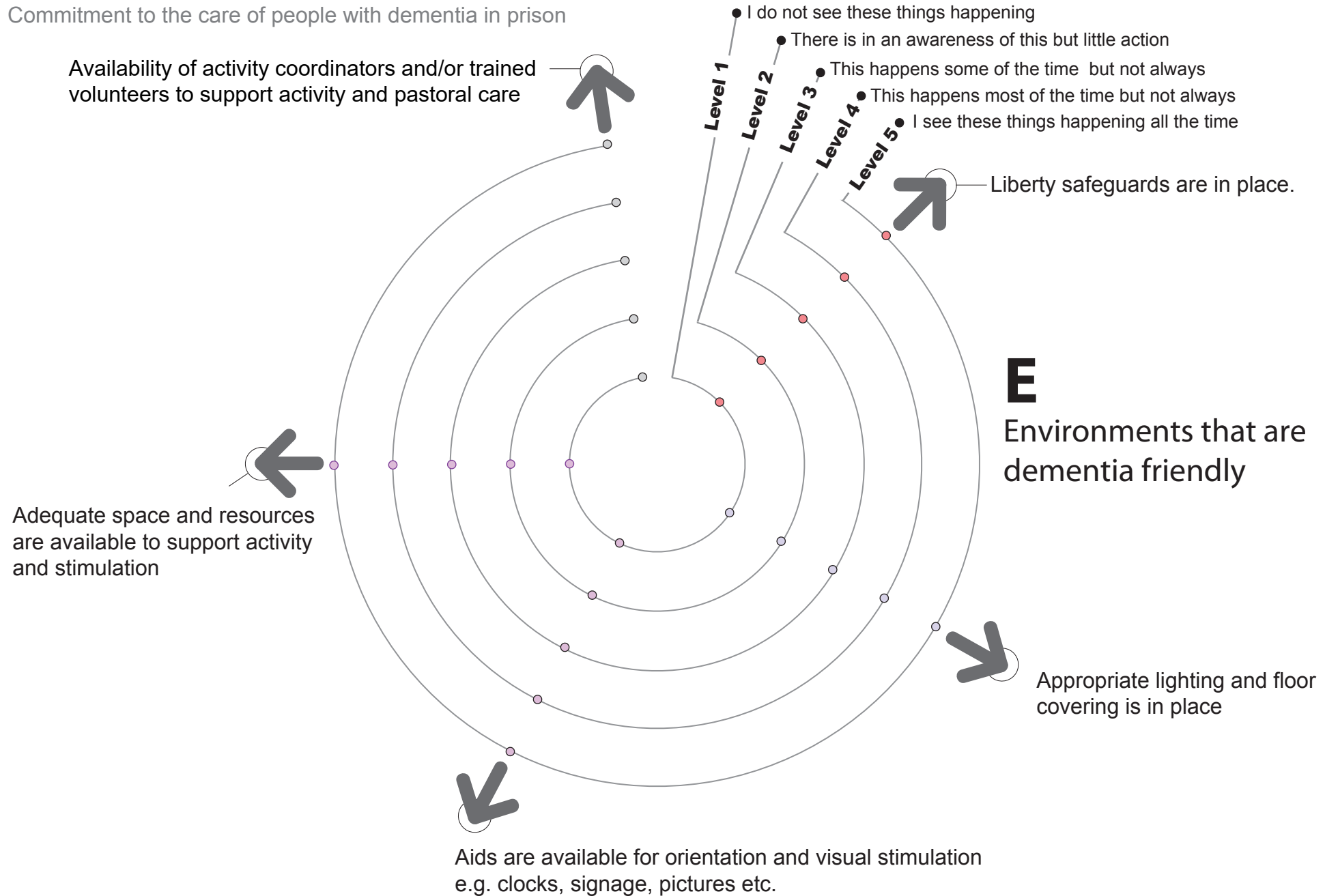
Commitment to the care of people with dementia in prison



Commitment to the care of people with dementia in prison



Commitment to the care of people with dementia in prison





S Skilled staff who are informed and have enough time to care.



Good quality training and education in dementia that is easy to access, practical and focuses on attitudes/approach and communication.

Training is available to all staff based on an analysis of training needs

Training includes the perspectives of people with dementia and family/friends.

Identified clinical leads for dementia are available e.g. dementia specialists/nurses, mental health liaison, dementia champions

Careful consideration of staffing levels to ensure appropriate skill mix, ratio and numbers

What we are doing well

What we are doing not so well

What can we do about it



P Partnership working with family/friends

Process in place for the recognition and assessment of the needs of family/friends.

Involvement of families/friends in assessment, care planning and decision making , including end of life care.

Flexible visiting for family/friends.

Flexible approaches to care which include and involve family/friends i.e. direct involvement where requested

Support is available for family/friends e.g. support groups, carer leads etc.



What we are doing well

What we are doing not so well

What can we do about it



A Assessment and early identification of dementia



Assessment and early identification of dementia

Skilled knowledgeable practitioners available to support assessment e.g. dementia specialist, mental health liaison, GP

Clear delirium protocols are in place

Clear dementia referral pathway is in place across services

Clinical reviews of medication

What we are doing well

What we are doing not so well

What can we do about it



C Care plans which are person centred and individualized



Routine gathering of personal life story information using an agreed template

Person with dementia and/or family/friends involved in care planning

Use of mental capacity assessments and advance care planning to inform care

Use of dementia appropriate tools e.g. assessment of nutrition, pain, function, risk etc.

Support and activity is available for rehabilitation and maintenance of function e.g. physiotherapy, occupational therapy

What we are doing well

What we are doing not so well

What can we do about it



E Environments that are dementia friendly

Deprivation of liberty safeguards are in place

Appropriate lighting and floor covering is in place

Aids are available for orientation and visual stimulation e.g. clocks, signage, pictures etc.

Adequate space and resources are available to support activity and stimulation

Availability of activity coordinators and/or trained volunteers to support activity and pastoral care



What we are doing well

What we are doing not so well

What can we do about it