

Dementia

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



Dementia

General hospital environments can be particularly confusing for people living with dementia. It is therefore essential that unnecessary admissions are avoided and every effort made to support people with dementia in their own environments.

However, at times treatment may be required in a hospital setting. When this happens, people with dementia need to have their dementia recognised so that appropriate care and treatment is delivered, irrespective of the reason for admission.

The following principles have been identified by people with dementia, family carers and friends, as well as by professionals. They are intended for all those people responsible for care.¹

They form a shared commitment to improving care and are supported by a range of stakeholders who have been involved in the development of this work.²

Each principle is considered essential to ensure the appropriate delivery of care, and factors are identified which will support their delivery based on guidance and best practice.

1

Staff will 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.^{3 4}
- availability of identified clinical leads for dementia eg dementia specialists/nurses, mental health liaison, dementia champions.⁵
- 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 needs⁶
- 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 planning will be person-centred and 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 support with feeding
- provision of appropriate activity to encourage social engagement, maintenance of function and recovery
- availability of dementia specialists/leads
- 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.





References and further information

- ¹ Based on findings of surveys from over 700 professionals and almost 1500 family carers, supporters and people with dementia. See **www.rcn.org.uk/dementia**
- ² Stakeholders supporting this work have included DH, RCP, RCPsych, College of Occupational Therapists, College of Emergency Medicine, BGS, Kings Fund, Alzheimer's Society, Age UK, Dementia UK
- ³ See Dementia Commissioning pack for supporting better care in general hospitals. Available at:
www.dh.gov.uk
- ⁴ Scottish Government (2011) *Promoting excellence: a framework for health and social care staff working with people with dementia, and their families and carers*, Scottish Government, Scottish Government: Edinburgh. Available at **www.scotland.gov.uk**
- ⁵ National Institute for Clinical Excellence and Social Care Institute for Excellence (2006) *Supporting people with dementia and their carers in health and social care*, NICE clinical guideline 42, NICE and SCIE: London. Available at **www.nice.org.uk**
- ⁶ NHS Institute for Innovation and Improvement and Dementia Action Alliance (2011) *The right prescription: a call to action on the use of antipsychotic drugs for people with dementia*, NHS and DAA: London. Available at **www.institute.nhs.uk**

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) **S**taff who are skilled and have time to care
- 2) **P**artnership working with carers
- 3) **A**ssessment and early identification of dementia
- 4) **C**are plans which are person centred and individualised
- 5) **E**nvironments that are dementia friendly

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