

Improving Dementia Care: How acute hospitals in Wessex applied RCN SPACE principles September 2014 - May 2016

Foreword

“It is a pleasure to write a foreword for this report on the care of people with dementia in general hospitals in Wessex.

We know that being admitted to hospital can be a frightening and unnerving experience for people of any age but having difficulties with memory, and perhaps some confusion and disorientation, can exacerbate these feelings. The rationale of the national dementia CQUIN (Commissioning for Quality and Innovation) was to improve the detection and assessment of people with dementia and memory problems in the acute hospital setting. There is no doubt that the profile of dementia has increased significantly and there are examples of excellent care.

This report highlights how concentrating on aspects of dementia care and providing a focus for education and learning can have a real impact on the provision of care. The work described here is a comprehensive summary of what can be done by implementing the principles from the Royal College of Nursing around the care of people with dementia in the acute hospital setting. The addition of signing up to John’s Campaign can be seen to be very powerful.

The things of crucial importance to me from this report are commitment and buy in by the senior leadership team of the hospital, the recruitment of volunteers and developing links outside the hospital. Wessex Academic Health Science Network is to be congratulated on a super piece of work that I think could act as a template for other work in this area.”

Professor Alistair Burns
National Clinical Director for Dementia and Older People’s Mental Health, NHS England

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Executive Summary

Wessex AHSN supports the strong national focus on dementia. The Prime Minister's 'Challenge on Dementia 2020' has encouraged hospitals and trusts to address the care pathway for patients with dementia and to set new targets for the identification and assessment of these patients. The collaborative involvement of staff and the community to ensure that both the patient and their carer receive the treatment and support they need is an ongoing project in the Wessex region. The successes from this dementia care project, combined with the lessons learned, are important steps towards an improved care service for patients with dementia.

All eight acute trusts in Wessex signed up to begin to improve dementia care by collecting data on their dementia patients and sharing this information at quarterly meetings. Of the eight trusts that are involved in the dementia programme in Wessex, seven implemented John's Campaign (supporting 24/7 access for carers of patients with dementia) between September 2014 and May 2016, the eighth hospital is working towards adopting this scheme.

This report has highlighted swifter outcomes achieved in a number of cases. These were:

- where the dementia lead had access to senior management teams - these locations were also able to receive additional resources to support their work; and
- where the systems outside the hospital, both formal and informal, were engaged. For example museums, universities, funding bids, voluntary sector and volunteers.

The pivotal role of a dementia champion at ward level also became evident; their role in changing the culture of the hospital environment and acting as a role model to colleagues must not be underestimated. The support and engagement of carers is also crucial to success; the ongoing improvement in the services delivered to carers is of great benefit to dementia-friendly schemes.

Background

People with dementia in acute hospitals have poorer outcomes in terms of length of stay, mortality and institutionalisation (National Dementia Strategy 2009). The National Audit Office has estimated the excess cost to be more than £6 million per year in an average general hospital (NDS 2009). Healthcare provision in acute hospitals has received considerable attention over the last five years, and significant improvements have been made. Nevertheless, the care of patients who suffer from dementia is still recognised as requiring considerable attention; inconsistencies in the provision of care and support for both patient and carer remain an issue¹.

Wessex AHSN undertook a scoping exercise to assess the performance of acute trusts in the region; results showed a large variation in the levels of care provided.

This exercise proved useful for a number of reasons. Firstly, it enabled the identification of hospitals that were currently excelling in their provision of dementia care, and the methods they successfully employed which would be useful to spread and share across the region.

Secondly, this scoping exercise highlighted the hospitals that might require additional support during the programme in order to ensure consistent quality of dementia care across the Wessex region. Discussions with Clinical Commissioning Groups (CCGs) and hospital leads showed that they would welcome and support a community of practice programme.

The Royal College of Nursing has successfully undertaken a similar programme in nine hospitals across England, evaluated by the University of Worcester. Following its success, Wessex AHSN worked with clinicians to develop and apply the foundations of the RCN programme across a smaller geography.

¹ National audit of dementia care in acute settings undertaken in 2012/13 showed low levels of care and many “best practice” standards remained unmet (*National Audit of Dementia: National Report 2013*) see also *Counting the Cost, 2009*. The latest audit is described in *Cracks in the Pathway* (2014) CQC.

Objectives and rationale

Wessex AHSN identified dementia care in acute settings as a priority area in its first two years of engagement. The overarching aim is:

To improve health and care outcomes for people with dementia and their carers

We will achieve this aim by:

- **identifying relevant best practice in dementia**
- **assisting in the spread and implementation of best practice across the eight acute trusts in Wessex.**

Historically, hospital trusts in Wessex have developed differing approaches to dementia care with little systematic evaluation occurring. As a result, best practice in dementia care has not been formally identified and shared across Wessex.

By applying implementation science, Wessex AHSN has assisted in the systematic identification, evaluation and spread of best practice across all eight acute trusts in the region.



Project Structure and Content

Hospital	Website and link to Dementia Action Alliance work plans	Total number of beds	General and acute beds
Dorset County Hospital NHS FT	www.dchft.nhs.uk	336	302
Hampshire Hospitals NHS FT	www.hampshirehospitals.nhs.uk	966	853
Isle of Wight NHS Trust	www.iow.nhs.uk http://tinyurl.com/h7j5sb4	343	262
Poole Hospital NHS FT	www.poole.nhs.uk	494	459
Portsmouth Hospitals NHS FT	www.porthosp.nhs.uk http://tinyurl.com/zd9ragu	993	943
Royal Bournemouth and Christchurch Hospitals NHS FT	www.rbch.nhs.uk http://tinyurl.com/gsxg9ou	607	602
Salisbury NHS FT	www.salisbury.nhs.uk http://tinyurl.com/g7tlsq	452	428
University Hospital Southampton NHS FT	www.uhs.nhs.uk http://tinyurl.com/zkcj9rz	1140	1078

Table 1 - Hospitals involved in the Wessex AHSN Dementia Care Project

Format of meetings

The programme followed a regular pattern of quarterly meetings with a mixture of speakers and time to discuss and work on issues in each hospital. Wessex AHSN employed three staff to support this work; Katherine Barbour, Joanna Bazalgette and Viv Tomlinson, who together provided project management expertise, training, and operational event management for the dementia conferences.

Meeting NHS England's commissioning targets (CQUIN - Commissioning for Quality and Innovation) and support to carers arose regularly on the meeting agendas. Community of Practice workshops were held to bring together the leads and to allow opportunities to share and to learn from each other. Wessex AHSN staff visited teams on site, maintained regular contact in between meetings and supported leads with projects such as John's Campaign and writing board papers to unlock further resources for dementia projects.

Topics discussed

- technology in health care
- value of research and evaluation
- innovative training initiatives
- commercial products, and
- projects underway in the Wessex region.

Dementia Champions Conferences

Three conferences for dementia champions were held; one in both Dorset and Hampshire (November and December 2015), and one in Salisbury (March 2016). Wessex AHSN and the Dementia Leads worked collaboratively to plan these conferences.

Conference aims:

- To increase knowledge and understanding of person centred care
- To celebrate the role of the dementia champion
- Networking across organisations
- Learning about and sharing dementia care practices to agree actions to pursue on return to respective work place
- Teams and individuals to agree actions to pursue on return to workplace.



Round table discussions gave delegates an opportunity to discuss their experiences of dementia care in their hospital, the challenges presented and the best course of action for the future. Highlights of the conferences were the presentations by Neil Valentine who initiated the *Music for a While* music therapy project in Hampshire Hospitals, Queen Alexandra (Portsmouth) and Poole hospitals. Staff were encouraged to complete their own ‘*This is Me*’ summary information document, used to help professionals tailor care to individual patient needs and experiences.

Feedback from these events was overwhelmingly positive.

A link to the two films produced at the Salisbury conference can be found on the Wessex AHSN website at www.wessexahsn.org.uk/programmes/3/dementia.

Four 30 minute workshops were run during these conferences:

- **John's Campaign**

This workshop looked at the origins of John's Campaign and how one local hospital had implemented this scheme, sharing the benefits John's Campaign had brought to people with dementia and their carers. Information, literature and an action plan was discussed to support other hospitals to either implement or improve John's Campaign in their area.

- **Role of the Dementia Champion**

This workshop explored the current understanding of this role and how influential people feel this is within their place of work. It explored both strengths and weaknesses of the role and using this knowledge suggested the actions that are most beneficial. This information was collated together into a draft guidance document outlining the role of a Dementia Champion (see below).

- **Value of Life Stories**

This workshop looked at the challenges faced in acute settings, and offered an opportunity to find solutions to these. The benefits of collecting Life Stories (for the patient, family, friends and staff) were highlighted. The workshop rounded off with Jo's Story, an amazing man whose life book enabled him to engage with others for the first time in years and really turn his life around. A demonstration of a system to show just how easy this important work can be, and how it can be implemented within an acute setting to improve care.

- **Completing 'This is Me'**

The aim of this workshop was to fill in the Alzheimer's Society '*This is Me*' document. By completing one of these for themselves, people will be able to acknowledge their importance in the care of the patient as an individual. It is crucial for staff to know the

patient’s personal history, their needs and their family relationships alongside their medical requirements. This is so that everyone is not just seen as a patient, but as a unique human being with a unique history, despite communication difficulties or memory problems.

Conference Outcomes

Evaluating each conference was pivotal to measuring value. All delegates were given an evaluation form to complete before they left, and time allocated for them to pledge an action as a result of attending the conference.

Feedback from evaluation forms for each conference was collated, and each delegate was emailed a month following the relevant conference requesting an update on their action.

Dementia Champion Role Guidance

Feedback from the workshops was collated, and is summarised in the table below. Current dementia champions felt that the function of the role required further refinement to avoid confusion.

As a result, we drew up a clear set of guidance to help staff either recruiting a Dementia Champion or already working in the role.

SKILL	ESSENTIAL	DESIRABLE	COMMENT
Sound education of dementia	To have completed Tier 2 dementia training (HEE/DH) To increase ongoing dementia knowledge through training	Tier 3 dementia training completed	At this level of training the champion would have knowledge in end of life care, dementia friendly environment, CQUINS, and how to access research tools.
Able to problem solve	As above		Acknowledging and understanding the challenges people with dementia face. Awareness of the difficulties, and support staff and patients when appropriate and be able to sign post to the relevant professionals when necessary.

<p>Able to share knowledge with others, to include patients, staff and carers.</p>	<p>Demonstrate different approaches that may be required depending on target audience</p>	<p>Experienced speaker/presenter</p>	<p>A designated person within the department who has the confidence and ability to speak to a variety of people with regard to dementia awareness. They may be required to speak to groups e.g. at a carers café.</p>
<p>Promoting positive changes.</p>	<p>Self confidence. Belief and knowledge in their own ability.</p>	<p>Example of change management</p>	<p>Well respected among their peers, a strong leader within the team. Can be persuasive.</p>
<p>Good communication skills</p>	<p>Can demonstrate; integrity, good listening skills, able to challenge positively, able to speak up for themselves, verbal and non verbal communication, patient advocate, self confidence</p>	<p>Achieved level in communication</p>	<p>A person who is easily recognizable by their ability to communicate to a variety of people within the organisation. Someone who stands out from the rest. A good role model.</p>
<p>Networking within an organisation</p>	<p>To attend planned meetings Knowledge of who's who For those working in isolated departments, give examples of how they will achieve links to dementia lead.</p>	<p>Knowledge of the dementia organisations outside of their Trust E.g. Carers UK, Alzheimer's Society</p>	<p>Able to manage own time and obtain support from their manager to attend planned meetings/workshops/conferences Attend peer groups Signposting to relevant person</p>
<p>Emotional</p>	<p>Demonstrates passion for working with a vulnerable group of patients. Caring, humorous, compassionate, patient, kind, creative and visionary.</p>	<p>Recognition from another source e.g. thank you letter, award winner.</p>	<p>The champion should be someone who agrees to undertake this role, and in the case where they have been approached the reasons explained to them why they have been chosen to be a dementia champion. This should be carried out in a formal process as in appraisal.</p>
<p>Strategic Working</p>	<p>Professional manner and awareness of own professional boundaries. Knowledge of Trust's values and vision Examples of how changes can be embedded into the culture of the Trust</p>	<p>Give an example of benefits to patients/carers when a change has been implemented, e.g. Twiddle muffs, John's Campaign</p>	<p>The champion should have a reliable track record of working in the Trust.</p>

Dementia Projects: examples



'Singing for the Brain'

A structured community singing activity, with proven social and emotional benefits for anyone with dementia and their carers to enjoy. It aims to bring people together in a friendly and stimulating environment.



Knit for Peace 'Twiddle Muffs'

A Twiddle muff is a knitted woollen muff which provides a stimulation activity for dementia patients, who often have restless hands. The double thickness hand muff has a number of items such as ribbons, buttons and textured fabrics attached.



John's Campaign

During the period of the intervention, *John's Campaign* was initiated by Nicci Gerrard and Julia Jones, and highlighted via the Observer newspaper. The campaign was embraced by seven of the eight hospitals in Wessex, with the eighth currently working towards implementation.

Further details can be found at www.johnscampaign.org, and a short film is available here:

<http://wessexahsn.org.uk/videos/show?tag=Dementia>

Hospital	No. of acute beds	Project 1	Project 2	Project 3	Project 4	Project 5
Dorset County Hospital NHS FT	302	John's Campaign				
Hampshire Hospitals NHS FT	853	Arts in Health	Young Dementia volunteers	Memory Boxes	John's Campaign	Twiddlemitts
Isle of Wight NHS Trust	262	Butterfly Scheme	Dementia Champions	Coloured plate scheme	Twiddlemuffs	John's Campaign
Poole Hospital NHS FT	459	Arts in Health	John's Campaign			
Portsmouth Hospital NHS Trust	943	Arts in Health	Dementia care workers supporting ED/MAU	Memory Lane	John's Campaign	
Royal Bournemouth and Christchurch Hospitals NHS	602	Memory Boxes	John's Campaign	Coloured plate scheme	Dementia Champions	
Salisbury Hospital NHS FT	428	Carer's Café	Blue plate scheme	Dementia volunteers/ befriending service		
University Hospital Southampton NHS FT	1,078	Carer's Café	Memory Boxes	Ward based training	'My Dementia' (young volunteers)	'Buddy system' ward based

Table 2 - A selection of dementia projects currently in place at each of the hospitals involved in this study. Note: other projects are also in action

Evaluation and outcomes

From March 2013 to March 2014, the Royal College of Nursing and the University of Worcester Association for Dementia Studies undertook an improvement programme for dementia care. The *Transforming Dementia Care in Hospitals* project assessed nine hospitals across England and revealed improvements in the quality of dementia care throughout the project (full report at <http://tinyurl.com/gube8by>) . Following the success of the RCN programme, Wessex AHSN adopted a similar structure in its evaluation of the eight hospitals in Wessex. Each of the eight hospitals signed an agreement to be part of the evaluation and to collect and share data.

Quantitative evaluation

Quantitative data were collected from April 2015 - March 2016 on a monthly basis. This data aimed to provide more information about patients with dementia during their stay in hospital.

The measures recorded were:

- Number of admissions
- Number of falls
- Length of stay (days)
- Number of ward moves
- 1-1 Specials
- Incidence of challenging behaviour
- Number of those returning to the same address
- Number of readmissions within 30 days
- Number of dementia champions/friends
- Number of staff trained

Qualitative evaluation

Wessex AHSN commissioned Bournemouth University Dementia Institute (BUDI) to conduct a qualitative evaluation of this programme. This comprised patient, carer and staff feedback about the projects. The qualitative evaluation team spent two days in each hospital conducting focus groups, interviews with key staff and direct observations of projects.

Evaluation Outcomes

Outcomes were grouped and assessed according to the **SPACE** principles:

Staff who are skilled and have time to care
Partnership working with carers
Assessment and early identification
Care that is individualised
Environments that are dementia friendly

Staff who are skilled and have time to care

Quantitative analysis results revealed that overall staff training is being undertaken in each of the eight hospitals involved in this project. Over 16,000 people received either Tier One, Tier Two or Tier Three training during this period. Wessex AHSN created a job description and person specification to help the recruitment and training of a designated Dementia Champion.

Salisbury NHS FT and Hampshire Hospitals NHS FT undertook ward-based training. Tt Royal Bournemouth and Christchurch Hospitals the dementia lead completed Tier Three training and volunteers were trained in dementia care.

The film '*Finding Patience*' aims to improve and facilitate the early detection of dementia in Afro-Caribbean communities; this video aligns with Tier One dementia training supporting staff to be better equipped to detect early signs of dementia. Watch the film here: <http://tinyurl.com/jjhd8ql>



Partnership working with carers

John's Campaign has been implemented in seven hospitals, the eighth is currently underway - policies are in place at Hampshire Hospitals FT, Poole and Royal Bournemouth and Christchurch Hospitals. Queen Alexandra Hospital in Portsmouth has carers services based in the hospital. Alzheimer's Cafés are present at Salisbury Hospital and Isle of Wight Hospital as an information drop in service for patients and carers, with the aim of providing support and reducing isolation.

Hampshire Hospitals has developed carers' passports, subsidised meals and parking & identity cards. Alongside these schemes various short films have been made, providing advice on caring for a patient or family member with dementia. For example, Royal Bournemouth and Christchurch Hospitals have created a film called Caring for people with dementia, which can be viewed at <http://tinyurl.com/hlva6hl>.

Poole Hospital NHS FT is also offering information sessions teaching the public how to become *Dementia Friends*.

Assessment and Early Identification

Poole Hospital has introduced the CQUIN target, alongside an increased investment in staff including more detailed job descriptions and business cases to support dementia care. Additionally, Poole has begun to use the Abbey Pain Scale for all patients, and the pharmacy performs an audit of all patients prescribed with anti-psychotics and passes this information onto the dementia team to ensure optimum care. Hampshire Hospitals now have a dementia team working seven days a week to ensure that the quality of care is consistent.

Care that is individualised

Hampshire Hospitals, Royal Bournemouth and Christchurch and University Hospital Southampton have introduced memory boxes to their patients. Similarly, Hampshire Hospitals, Queen Alexandra in Portsmouth, and Poole Hospitals all tested the Music for a While and Arts for Health schemes. Other approaches included the introduction of dementia volunteers at Hampshire Hospitals, Isle of Wight and Royal Bournemouth and Christchurch Hospitals to support friendships and social activity. Poole referred patients to social care in order to support the discharge process.

Environments that are dementia friendly

Many options were employed across the hospitals. Salisbury used the coloured plates scheme to reduce mealtime confusion and improve dietary intake, whereas Portsmouth implemented the Memory Lane scheme, an allocated room offering information and advice drop-in sessions facilitated by multi-specialty organisations.

As a result of the dementia care improvements, many ward-based environmental changes occurred, particularly at the Dorset, Isle of Wight, Hampshire, Poole, Queen Alexandra, Royal Bournemouth & Christchurch, and Southampton hospitals (see links for details of the environmental changes at Poole - <http://tinyurl.com/z6vaf56> - and Salisbury <http://tinyurl.com/ztkb6cr>).

Isle of Wight also amended signs in care homes and hospitals to ensure continuity between the two. Queen Alexandra created links between the sixth form college, museum and deanery fellows to benefit the overall scope of the dementia-friendly project.

Location specific evaluation outcomes

1. Bournemouth conference outcomes

Staff who are skilled and have time to care - it was agreed that Trusts would benefit from having a dementia champion on the ward. More training days and regular meetings with Dementia champions are planned. Bournemouth will also be using the '*Forget me not*' dementia identification scheme on their wards. Nurses allocated purposely to encourage fluids and offer food.

Partnership with carers - hospital- wide meetings are set to resume to ensure that carers are taken into consideration.

Assessment and early identification - there has been an increased number of referrals to Memory Services in Bournemouth.

Care that is individualised - memory and treasure boxes have been introduced at Bournemouth; a dementia box is currently present in the Emergency Department in Poole with resources being continuously added. For example, a scrapbook of household memories from the 50s is being created including items such as a replica ration book. The memory box has been positively received by staff. Patients are also being given small tasks to complete to give them a greater sense of purpose. The introduction of finger food and twiddle mitts also benefits patients to give them something to concentrate on.

Environments that are dementia friendly - therapists are working on putting together some activity boxes for use on the wards to give people with dementia something meaningful and of interest to do whilst an inpatient. A CD player will be introduced for patients who may benefit from music; it is lovely to see a patient benefiting from listening to the CDs available to them.

2. Winchester conference outcomes

Staff who are skilled and have time to care - activity boxes are underway; so far they have colouring materials and board games but these will improve with time. A CD player is also going

to be bought for the ward alongside appropriate CDs. Staff are very excited about these new additions and some have been very involved with sourcing materials. Organise a dementia conference - this was done at University Hospital Southampton and was very successful. Hampshire Hospitals NHS FT is also planning to hold one 1919.

Partnership with carers - in promoting John's Campaign, we can also ensure that a family member or a nurse familiar to the patient accompanies them.

Assessment and early identification -

Care that is individualised -

Environments that are dementia friendly - there is a dementia notice board which employs dementia friendly literature on the ward. Staff are also encouraged to leave the radio on in inpatients as the music can be soothing, this was especially noticeable over the Christmas period; the older patients loved singing along. The ward recently won the Hampshire Hospitals Dan Putty Award for Dementia Care and hope to receive funding to help improve their resources.

- Other sites are also implementing new schemes to help develop and improve the quality of dementia care. Basingstoke Hospital teams are discussing the use of Twiddle Mitts and they plan to trial them with patients.

Conclusions and recommendations

"Once you've met a person with dementia, then you've met a person with dementia"

There have been a number of successes to take from this study; the introduction and implementation of John's Campaign throughout the study region is a notable example.

Using the SPACE methodology, the eight hospitals involved in this study have been able to systematically improve their approach to dementia care, including changes to staffing, partnerships with carers, how dementia patients are assessed, the care they are given and the environment in which these events occur. The relationship between staff and carer is important in ensuring that they are receiving the support they need in order to provide good care to the patient.

As a result of the conferences held throughout the year, information on how to recognise a distressed patient and tips on tackling challenging behaviour were identified and spread throughout the region.

Conclusions

- Progress benefits from CEO interest and support, and from maintaining positive working relationships between the key dementia leads
- Exploring the formal and informal networks that exist around the hospital can also improve the success of the programme - for example external carers, dementia charities, museums, universities
- Volunteer recruitment at ward level can benefit the quality of care received by dementia patients; these volunteers can help with feeding, mobility and general companionship
- An open and supportive relationship between staff and carers is essential
- Dementia Champions need to be proactive and be given the power to make change happen.

Issues encountered

Understandably with a study of this nature, some issues were encountered which can be used to benefit future project planning. The quantitative analysis presented challenges in agreeing the initial measures to collect from each hospital; these measures needed to be meaningful yet easy to collect.

It also became apparent that the guidelines on what to collect needed to be clearer in order to ensure a uniform dataset across all locations. The variation in data collected hindered the efficiency of the evaluation and conclusions; the anecdotal conclusions from this study are a result of this variability. In order to draw more robust conclusions, a sound dataset is required.

Secondly the time scale for data collection was not feasible for all eight hospitals, resulting in some late data collections which hindered the evaluation process. A recommendation for future studies might therefore be to ensure that all deadlines are approached with a realistic view to the current work pressures and commitments of each contributing body.

Recommendations

Following this study, a few suggestions for further actions are apparent.

- Mandatory induction training for all staff, with additional specialist training outside the hospital. Training also needs to be delivered innovatively to maximise the benefit to dementia patients. This may involve allowing certain staff members to attend training courses and conferences on a more regular basis than currently occurring

- More efficient evaluation of the work place, including any complaints in order to achieve the best possible outcomes
- Empowering ward champions and facilitating these staff to contribute to service development
- Sign up to John's Campaign at hospital-scale; create a more carer-focused environment e.g. with carers cafés and services
- Utilise the available tools more effectively (e.g. *This is Me*) to enable all staff to engage with the patient and their carer appropriately. The suggestion of a recognised symbol at the hospital bedside to indicate dementia, so that care adjustments can be made discreetly (in terms of nutrition and hydration, for example). Some trusts are already employing the Forget Me Not scheme in this way.
- Hold dementia steering groups which are open to community colleagues, carers and a wide range of staff from within the hospitals - from HCAs to consultants
- Using the Kings Fund Guidance (see Appendix) to assess whether the physical environment complies - is your hospital dementia friendly? This is a similar approach to the Environments that are dementia friendly element in this study.
- Ensure that the project framework and timeline are feasible, practical and clear for all those involved in the study; this will greatly improve the outcomes and ability to draw sound conclusions.

Appendix

National guidance on creating dementia friendly care in acute settings

- Royal College of Nursing SPACE principles
<http://tinyurl.com/hupeevo>
- How to use SPACE

<http://tinyurl.com/z6ad53k>

Kings Fund: Enhancing the healing environment (EHE) Is your hospital dementia friendly?

(Download the guidance at <http://tinyurl.com/zdzt98s>)

- **Guide to carrying out the assessment**

The EHE assessment tools contain seven overarching criteria and a set of questions to prompt discussions between clinical/care staff, managers, estates and maintenance colleagues, people with dementia, their families and carers.

It is recommended that the environmental assessment should be carried out jointly by a lay person, ideally a carer of a person with dementia, together with clinical/care and estates/maintenance staff. Involving a range of people in the assessment is recommended because the process of undertaking the assessment will enable discussions that are likely to encourage improvements in both the physical environment and the quality of care delivery.

The time required to undertake the assessment will vary according to the size of the area(s) being assessed but should take no longer than an hour to complete. A section has been provided for comments to identify areas of good practice and issues of concern.

- **Design principles**

Supporting the assessment tools, the design principles have been developed using the experience gained from the EHE programme to build on the evidence and international best practice in creating more supportive care environments for people with cognitive problems and dementia.

The design principles are presented as a wheel with five sections grouped around the desired outcomes of: easing decision-making; reducing agitation and distress; encouraging independence and social interaction; promoting safety; and enabling activities of daily living.

Listed under each of the section headings are a series of elements that are known to support, encourage and enable people with dementia in unfamiliar buildings.

It is unlikely that every element can be introduced at once unless a new build or comprehensive refurbishment is planned. However, many of the principles are simple and can be introduced with very little financial outlay.

The design principles have been incorporated into each of the EHE assessment tools (<http://tinyurl.com/zdvyfsh>).

Stirling University resources

- Guidance on how to make the hospital setting dementia friendly
<http://tinyurl.com/omxrb4s>
- The importance of design incorporating lighting, colour and contrast, signage and orientation, getting outside and communal areas
<http://dementia.stir.ac.uk/design>

Training resources

Getting to Know Me: Manchester HIEC

The 'Getting to Know Me' training programme has been developed with funding from the Greater Manchester Health Innovation and Education Cluster (GM-HIEC). The project took place during 2010-2013, and was a collaboration between the University of Manchester, Royal Bolton Hospital NHS Foundation Trust and Greater Manchester West Mental Health NHS Foundation Trust. The aim of the project was to pilot and evaluate dementia awareness training for staff working with

people with dementia in general hospitals. The ‘Getting to Know Me’ training materials are free to download and use.

Guidelines for downloading and using this training:

The ‘Getting to Know Me’ training programme can be targeted at staff of all grades who have regular contact with hospital patients who may have dementia. It is anticipated that the staff that you train will have had little - or no - previous training in dementia care, and as such it provides a foundation of knowledge and skills.

To deliver this training effectively, it is recommended that you have a good understanding of dementia and person-centred practice, and the confidence and skills to facilitate a training session.

SCIE awareness course

The Social Care Institute for Excellence offers a free-to-use online learning course in dementia awareness, aimed at all audiences and providing a general introduction to the condition and the experience of living with it.

<http://tinyurl.com/jyeze6j>

Guys and St Thomas’s Hospital

This hospital recognised their dementia care needed attention and developed this film to be used in training. It has been shown across the UK and abroad, winning several awards:

Barbara’s Story <http://tinyurl.com/hdftaof> _

Audit and standardised approaches to Dementia Care

Royal College of Psychiatrists - audit of dementia care

The National Audit of Dementia (<http://tinyurl.com/kjt5roa>) works with hospitals providing general acute inpatient services to measure care delivery criteria known to impact patients with dementia.

Criteria include policies and governance that recognise and support the needs of people with dementia, elements of comprehensive assessment, carer involvement, discharge planning, and changes to the admission pathway. The first round of audit in 2010 saw 99% of acute Trusts/ Health Boards in England and Wales register one or more sites to participate. Results led to further audits in 2013 and May 2016 saw an audit of acute care.

South West standards for Dementia care in hospitals

The South West Standards for Dementia Care in Hospital have been developed in response to the many concerns expressed about poor quality care experienced by people with a dementia when they are in hospital. This is a Plan, Do, Study, Act cycle and comprises a number of resources developed in the south west of England to address quality dementia care.

<http://tinyurl.com/gna5s54>