Corton House
City Road Norwich Norfolk NR1 3AP

Review Sheet

Last Reviewed	Last Amended	Review Interval
4 Feb 2025	4 Feb 2025	Annual

Business Impact:	LOW
Reason for this Review:	Scheduled review
Changes Made:	Yes
Summary:	This policy will support staff to help Residents living with dementia. It has been reviewed with no significant changes. References have been checked and updated.
Relevant Legislation:	• The Care Act 2014 • Equality Act 2010 • The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 • Health and Safety at Work etc. Act 1974 • Human Rights Act 1998 • Management of Health and Safety at Work Regulations 1999 • Mental Capacity Act 2005 • Mental Health Act 2007 • UK GDPR
Underpinning Knowledge:	• Author: Elizabeth Parkin and Carl Baker, (2016), Dementia: policy, services and statistics • Author: The British Psychological Society, (2013), Alternatives to Antipsychotic Medication: Psychological approaches in managing psychological and behavioural distress in people with dementia [Online] Available from: https://explore.bps.org.uk/content/report-guideline/bpsrep.2013.inf207 [Accessed: 04/02/2025] • Author: National Institute of Health and Care Excellence, (2018), Dementia: Assessment, management and support for people living with dementia and their carers [Online] Available from: https://www.nice.org.uk/guidance/ng97/chapter/Recommendations#pharmacological-interventions-for-dementia [Accessed: 04/02/2025] • Author: National Institute for Health and Care Excellence, (2019), Dementia: Quality Standard QS184 [Online] Available from: https://www.nice.org.uk/guidance/qs184 [Accessed: 04/02/2025] • Author: Skills for Care, (2013), Supporting People in the Advanced Stages of Dementia [Online] Available from: https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Care-topics/Dementia/Supporting-people-in-the-advanced-stages-of-dementia.pdf [Accessed: 04/02/2025] • Author: NHS England, (2020), NHS England Dementia: Good Personalised Care and Support Planning (version 2) [Online] Available from: https://www.england.nhs.uk/publication/dementia-good-care-planning-information-for-primary-care-and-commissioners/ [Accessed: 04/02/2025] • Author: Skills for Health, (2021), Dementia Training Standards Framework [Online] Available from: https://www.skillsforhealth.org.uk/wp-content/uploads/2021/01/Dementia-Core-Skills-Education-and-Training-Framework.pdf [Accessed: 04/02/2025] • Author: Skills for care, (2021), The Care Certificate: Mental Health, Dementia and Learning Disabilities - What you need to know - Standard 9 [Online] Available from: https://www.skillsforhealth.org.uk/wp-content/uploads/2021/01/Standard-9-Awareness-of-mental-health-dementia-and-learning-disability.pdf [Accessed: 04/02/2025] • Author: Skills for Care, (2011), Common Core Principles for Supporting People with Dementia [Online] Available from: https://www.gov.uk/government/publications/common-core-principles-for-supporting-people-with-dementia [Accessed: 04/02/2025] • Author: Alzheimer's Society, (2025), Learning Disabilities and Dementia [Online] Available from: https://www.alzheimers.org.uk/about-dementia/types-dementia/learning-disabilities-dementia [Accessed: 04/02/2025] • Author: NHS England, (2017), Accessible Information Specification v.1.1 [Online] Available from: https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/ [Accessed: 04/02/2025]

Suggested Action:	• Encourage sharing the policy through the use of the QCS App
Equality Impact Assessment:	QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due to regard to the need to eliminate lawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.

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1. Purpose

1.1 To provide a clear overview and understanding of how staff at Corton House can support people with dementia to live well.

1.2 To set out the ambition and standards of Corton House for excellent, compassionate care for people with dementia and recognise the vital role that carers and families provide.

1.3

Key Question	Quality Statements
CARING	QSC1: Kindness, compassion and dignity
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EFFECTIVE	QSE2: Delivering evidence-based care & treatment QSE3: How staff, teams & services work together
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RESPONSIVE	QSR1: Person-centred care
RESPONSIVE	QSR1: Person-centred care
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SAFE	QSS4: Involving people to manage risks QSS5: Safe environments
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WELL-LED	QSW5: Governance, management and sustainability
CARING	QSC4: Responding to people's immediate needs

1.4 Relevant Legislation

- The Care Act 2014
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974
- Human Rights Act 1998
- Management of Health and Safety at Work Regulations 1999
- Mental Capacity Act 2005
- Mental Health Act 2007
- UK GDPR

2. Scope

2.1 Roles Affected:

- All Staff

2.2 People Affected:

- Residents
- Residents with Dementia

2.3 Stakeholders Affected:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS

3. Objectives

3.1 To improve the Resident's dementia journey and provide a dementia-friendly environment, where care is delivered to Residents by trained, competent, compassionate and knowledgeable staff.

3.2 To support the national agenda to improve awareness, support earlier diagnosis and intervention and provide a higher quality of care for people with dementia.

3.3 To ensure that Corton House supports Residents and their families, friends and carers.

3.4 To raise the standards of care and promote meaningful activity provision.

4. Policy

4.1 Corton House will create a dementia-friendly community that improves awareness among the public, drives improvements in health and care, delivers high standards and provides accessible information for Residents and their families as well as supporting the carers of Residents. The physical environment will comply fully with the Disability Discrimination Act.

4.2 Every person living with symptoms of dementia will have meaningful care and this will be based on inclusive, informed decision-making processes.

4.3 Accessible information standards and communication techniques will be applied when supporting Residents to be as fully involved as possible. Due consideration will be given to accessing interpreters or advocates as necessary, to allow inclusivity.

4.4 People with learning disabilities, particularly those with Down's syndrome, are at increased risk of developing dementia. If a Resident with a learning disability develops dementia, they will face different and additional challenges to people who do not have a learning disability.

4.5 In accordance with the Care Act, local authorities have a duty to provide support to carers of Residents with dementia. Corton House will support carers by signposting to the appropriate authority to access this support if they have not already accessed it.

4.6 Corton House will ensure that staff receive the education and training required to safely, competently and compassionately meet the needs of Residents with dementia. Staff will act with professionalism at all times and remain non-judgemental. Behavioural expressions of emotions will be viewed as needs to be met rather than behaviour to be managed.

4.7 Corton House will work in partnership with the Resident's GP, consultants and medical professionals to reduce polypharmacy and to minimise the prescribing of antipsychotic drugs for people with dementia, in order to improve their quality of life.

4.8 Corton House will work in partnership with other healthcare professionals to reduce the number of inappropriate hospital admissions that could result in disruption and distress to the Resident.

4.9 In line with the NICE Guideline (NG97): Dementia - assessment, management and support for people living with dementia and their carers, Corton House will promote a service that enables:

- Involving people with dementia to give their own opinions and views about their care
- Access to assessment if dementia is suspected, early diagnosis and regular monitoring and review
- Information provision so that good decisions can be made when considering the future
- Access to a named member of staff who is the main contact and who keeps the person and their family at the centre of all decisions
- Residents to get the support and treatment that is best for their condition and for their life
- Families and loved ones to be supported and looked after
- Residents to be treated with dignity and respect at all times
- Residents to be empowered to help themselves and understand who can help them
- Corton House to maintain links with the community
- End of life wishes to be respected so that Residents can expect a good death
- Residents to be supported to take part in research where they have expressed a wish to do so

4.10 Staff will deliver care and support without discrimination and exclusion. Care will be person-centred and promote Residents' human rights. Care Plans and management will be individualised and seen from the perspective of the Resident. Staff will recognise that the relationships of Residents with those close to them will be maintained to aid wellbeing. They will also recognise that they have a duty of care to oversee the needs of carers, families and friends. Therefore, their delivery of care and support will use the 'relationship-based care' approach.

4.11 Resident Care Plans will reflect diversity, gender, ethnicity, age, religion, sexuality and personal care needs.

Corton House will not be risk averse but will balance independence and choice with minimising risks and ensuring that staff have the tools and knowledge to support this approach.

4.12 Jason Parker will ensure that Residents have a named member of staff to oversee the coordination and management of the Care Plan. The Care Plan will be endorsed by the Resident and/or their family or legal representative.

4.13 Jason Parker will coordinate and integrate working across all agencies involved in the treatment and care of people with dementia and their carers, including jointly agreeing written policies and procedures where appropriate.

Corton House will ensure that all data and information sharing, including personal information, is done so with consent and in line with UK GDPR and the policies and procedures at Corton House.

4.14 Any purposeful breach of the content of this policy and procedure by staff will result in disciplinary action.

4.15 Support During an Infectious Outbreak

Corton House recognises the challenges of providing dementia-friendly care during an infectious outbreak but will ensure that the principles of this policy and procedure are adhered to. Specifically, Corton House will undertake the following actions to mitigate the impact on the quality of the service being provided:

- Person-centred care will be maintained in all circumstances, and staff will receive information and training on how to continue to deliver person-centred care during what may be complex, extraordinary situations that make it more challenging to manage Resident requests
- The Residents' environment will be reviewed and adapted to promote safe and effective care for Residents with dementia
- It is recognised that maintaining social distancing is a challenge, but staff will encourage Residents to use their own space and, if meeting with others, to maintain the recognised distance apart
- Activities will continue to take place in line with any social distancing restrictions. If Residents are required to re-isolate, individual activities will be provided. Where Residents are able to mix socially, group activities that take into account any distancing requirement will be provided
- Personal protective equipment (PPE) will be used by staff as appropriate, but when face coverings and other PPE are used, these may reduce the opportunity to develop or maintain relationships. In these cases, staff will clearly explain to the Resident why they are being used and promote the understanding of the Resident
- The principles of the Mental Capacity Act 2005 will continue to be followed at all times and an individual approach to capacity will be maintained
- Any limitations on visitors during an infectious outbreak will be mitigated through the use of technology to promote contact. Staff will clearly explain, in an appropriate way, why it is necessary to limit visitors
- All Residents that require external health professionals' input will receive the support they require, and Corton House will liaise with the relevant professionals to ensure that the safety of staff and Residents is maintained at all times
- Individual risk assessments and Care Plans will be reviewed and updated when situations, guidance or conditions change
- Organisational risk assessments will be reviewed and updated to reflect the challenges presented when supporting Residents with dementia during an infectious outbreak

5. Procedure

5.1 Communication

Dementia may affect a Resident's ability to understand and use language accurately and appropriately. This is often seen as difficulty with remembering words or using them accurately, repetition of thoughts and lack of coherence. As the condition progresses, communication can become increasingly difficult.

Effective communication is vital for building relationships, understanding Residents and allowing them to express their views, wishes, feelings and beliefs.

All staff will be competent in communicating effectively with all Residents, following best practice guidance and if needed, through additional or modified ways of communicating (i.e. visual aids, simplified text etc.). The Accessible Information Standard must also be adhered to and staff must refer to the Accessible Information Standard (AIS) Policy and Procedure at Corton House.

Staff should:

- Always make time for Residents with dementia and remain patient in every situation
- Make use of the Resident's past experiences and life story to support communicating with them
- Take into account a Resident's usual communication skills and background culture
- Try to keep the environment calm and as quiet as possible when communicating, allowing plenty of time to have conversations
- Always face the Resident in conversations and be reassuring in their expressions, tone of voice and words, to reduce frustration

When speaking, staff should:

- Speak clearly using short sentences, not give too much information or ask too many questions, use simple vocabulary and avoid jargon. It takes time for people with dementia to take in a question
- Find the right words and frame the reply, not use more explanations as this will cause more confusion, just wait and try not to finish a Resident's sentence unless asked to do so
- Try to avoid negative statements such as "Don't…", instead try to reinforce positive behaviour, remembering to monitor their tone of voice carefully, enjoy interacting together and use humour to communicate this pleasure
- Listen carefully to grasp the meaning and tone of the Resident's conversation
- Use non-verbal communication such as gesture, facial expression and written communication
- Take account of any hearing or visual problems or second language difficulties
- Use images, pictures, symbols or music to enhance communication and facilitate understanding

Staff may need to frame any questions so the Resident can answer 'yes' or 'no' in specific situations, but they should avoid using this technique extensively.

If the Resident is already receiving other services, communication should be undertaken according to any communication guidelines that have been already developed to support the Resident such as information in their Care Plan.

5.2 Pre-assessment and Admission

At the point of initial enquiry, the level of involvement that a Resident is able to have in the process will be identified. It will always be assumed that every Resident has capacity, unless proven otherwise. Staff can refer to the care planning suite of documents at Corton House for further details.

If a Resident has been proven to lack capacity due to dementia, evidence will be made available that it has been deemed a best interest decision to move into a care home. Where this is not available, a multidisciplinary approach must be taken in accordance with the Mental Capacity Act 2005.

If a Resident has a diagnosis of dementia, they will be supported to talk about how this affects them, identify what support systems are in place and what their support requirements will be. Staff completing the assessment can also identify if there are any Advance Care Plans in place or powers of authority. Gathering this information will enable Corton House to establish that needs can be fully met before accepting care and the commencement of a Care Plan that aims to provide continuity.

Any legal powers that the Resident has in place will be established at the earliest opportunity and this will be recorded within the Resident's care records.

5.3 Early Signs, Symptoms and Diagnosis

As part of the ongoing support provided to Residents, staff will monitor for any changes in symptoms and observe for signs of reduced cognitive functions. Staff will report to the Resident's GP or medical professional any concerns in relation to the potential risks of dementia.

The signs and symptoms of dementia vary; however, the common things to look out for are:

- Loss or lapses of recent memory
- Mood changes or uncharacteristic behaviour (in later stages this will become more pronounced)
- Poor concentration
- Problems communicating
- Getting lost in familiar places
- Making mistakes in a previously learned skill (e.g. cooking)
- Problems telling the time or using money
- Changes in sleep patterns and appetite
- Personality changes
- Visio-spatial perception issues (i.e. the brain does not process images as normal). In later stages these signs will be more pronounced, and it can become more difficult for Residents to live well with dementia

All staff within Corton House who support people living with dementia must have the necessary training to monitor these changes which may indicate further assessment.

Staff will also have an awareness of other symptoms that may present in a similar way to dementia but are caused by other conditions, such as urinary tract infections, diabetes, the impact of medication, vitamin B deficiency, underactive thyroid and delirium (refer to section 5.4). Within their scope of practice, they should consider the possible causes and discuss with the Resident's GP.

Early diagnosis is an important step for Residents as it enables access to support services and appropriate care planning and management. Staff will ensure that completed care records and assessments evidence the changes in the Resident to support a timely referral to the Resident's GP.

5.4 Delirium

Staff must have an awareness of and the ability to observe for signs of delirium in Residents. Delirium could be confused with dementia due to its symptoms. People with dementia can also get delirium and staff should be able to identify, through the provision of care, the minor to moderate changes that could be signs and symptoms of delirium or advancing changes due to dementia.

When Residents first present to Corton House, staff will assess them for the following risk factors. If any of these risk factors are present, the person is at risk of delirium:

- Age 65 years or older
- Cognitive impairment (past or present) and/or dementia. If cognitive impairment is suspected, confirm it using a standardised and validated cognitive impairment measure
- Current hip fracture
- Severe illness (a clinical condition that is deteriorating or is at risk of deterioration)

The risk of delirium will be recorded within the Resident's care record.

5.5 Delirium can develop within hours or days and needs to be managed in a timely manner.

The following symptoms may present:

- Being more confused than normal
- Changes in alertness – such as being either unusually sleepy or agitated
- Having a lack of concentration or becoming easily distracted
- Becoming disorientated – not knowing where they are or what day it is
- Rambling speech
- Showing changes in behaviour
- Having disturbed patterns of sleeping and waking
- Being prone to rapid swings in emotion
- Experiencing hallucinations
- Having abnormal or paranoid beliefs

This list is not exhaustive and staff who have any doubts or concerns, as well as observing any of the above symptoms presenting, should refer the Resident to their GP for advice.

5.6 Person-Centred Care

In line with national guidance, Corton House will ensure that all staff deliver their roles with the following principles in mind:

- Maintaining the human value of people with dementia, regardless of condition, age or cognitive ability
- Treating Residents as individuals
- Seeing the Resident's perspective
- Sustaining and promoting relationships and interactions in order to enhance wellbeing
- Supporting carers and families and enhancing their relationships with the Resident

5.7 Care Plans and Risk Assessments

All activities of daily living Care Plans will cross-reference to the supporting mental wellbeing Care Plans, as this relates to the abilities of the Resident as well as the support required by staff.

Residents will be encouraged to be involved as much as possible, with the content of the Care Plan kept simple, clear and precise and in line with record keeping standards. Staff can refer to the Record Keeping Policy and Procedure at Corton House for further details. Where possible, small goals will be agreed with the Resident in order to promote self-management.

Residents will have a Care Worker assigned to coordinate the Care Plans and subsequent management.

It is important that staff capture the main priorities and concerns of the Resident as well as giving consideration to the following:

- Likes, dislikes, routines and personal history
- The Resident's ability to be involved, their choices, consent and capacity
- Other people involved in their care and/or legal powers of authority, advocacy etc.
- Other health or social care professionals involved in their care
- Contingency plans
- Specific individual care needs and risks and how these can be managed

The use of assessment tools can be a meaningful way to gather information to form a Care Plan. These include behaviour records and cognition tools for example. It is vital that staff are trained to:

- Understand how these assessment forms are used
- Use them on an individual, time-specific basis
- Know the action to take in the event that the assessments identify concerns. In these situations, staff should seek the advice of the Resident's GP or mental health professional

5.8 Risk Assessment

Corton House promotes a culture where Resident empowerment and choice will be balanced with managing risks safely.

Staff will refer to the Risk Assessment Policy and Procedure at Corton House in relation to the 5-step process for assessing risk. Risk assessments will be produced with Resident involvement where possible. However, if the Resident is unable to be involved, decisions will be made in accordance with the Mental Capacity Act and best interest decisions.

Staff will take due consideration in relation to risks and safeguarding. Where there are any concerns, staff will discuss these immediately with Jason Parker and safeguarding policies and procedures will be followed.

Staff should refer to the Behaviour that Challenges Policy and Procedure for further support.

Further support and guidance on positive risk taking for people living with Dementia, the Department of Health guidance 'Nothing Ventured, Nothing Gained' (2010), can be found in the Further Reading section of this policy.

5.9 Alternative Treatments and Therapies

Staff will have an awareness of the various treatments and therapies available in order to advise the Resident and/or their families. Staff should not recommend specific treatments. However, they can signpost to resources and support the Resident to discuss these further with their GP.

As per the National Institute for Health and Care Excellence (NICE) guidelines (2018), staff must not offer Acupuncture, Ginseng, Vitamin E or herbal formulations. Further advice and support should be sought from the Resident's GP.

Staff will not practice any alternative therapies unless they are trained and competent to do so and if this has been agreed by Jason Parker and/or the GP.

5.10 Assistive Technology

There are many different technologies that can be adapted to the needs of someone with dementia, such as:

- Automated prompts and reminders
- Clocks and calendars
- Location aids
- Medication aids
- Communication aids
- Tracking devices and sensor systems

Any use of assistive technology will be recorded within the Resident's care records and staff will be responsible for ensuring that the technology remains in good working order and is subject to any relevant electrical tests and servicing.

Where devices are used to alert others to the location of the Resident, due consideration must be given to the Resident's rights to choice and the consent obtained. Where a Resident is subject to continuous monitoring by assistive technology and not free to leave, staff will refer to the Deprivation of Liberty Safeguards Policy and Procedure.

5.11 Capacity, Consent and Choice

Staff will always seek valid consent from the Resident. This will include informing the Resident of the options, providing information in accessible formats to meet the communication needs of Residents and checking that they understand, that there is no coercion and that they continue to provide informed consent over time. The MCA Code of Practice will be applied where it is proven that the Resident is unable to provide consent, express choice or does not have the capacity to make decisions. Every effort will be made for the Resident to be part of the decision-making process in everyday decisions such as choice of clothes, meals etc. and local procedures will be in place to promote this. The Care Plan will clearly detail the abilities of each Resident around choice.

Where decisions are made on behalf of a Resident who lacks capacity, staff will follow the Mental Capacity Act (MCA) 2005 Policy and Procedure at Corton House as well as best interest principles.

5.12 Physical Environment

Corton House will work in partnership to help create a suitable, dementia-friendly health and care environment.

Where possible, communities within Corton House will be structured based on where the Resident is within their journey of dementia. For example, it would not be of benefit to have Residents with early onset dementia residing with Residents in the advanced stages of dementia or presenting with behaviours that may challenge, as this could make their condition worse and they may feel frightened and scared for their own future prospects.

Residents will be fully included in making decisions about the design and layout of Corton House. This will be via resident meetings, observation of likes and dislikes and through informal discussions etc.

Any design and structure regarding the layout of the environment will be based on recommendations and best practice. The following should be considered:

- Appropriate signage
- Meaningful spaces
- Noise
- Lighting
- Hazards and health and safety
- Enabling and orientation
- Colour schemes
- Flooring
- Garden design and access to the outside

Jason Parker can refer to the 'Further Reading' section for relevant resources.

Jason Parker will also take into consideration the size of Corton House, the mix of Residents and the mix of staff to ensure it promotes a supportive and therapeutic environment.

Staff can refer to the 'Further Reading' section of this policy and to the 'Environmental Considerations Particular to Dementia Care' Form for further guidance, inspiration and ideas.

5.13 Memory Boxes or Books

Where used, memory boxes accompany the personal history and can be a useful aid. The box should contain personal items such as photos, newspaper cuttings, books or ornaments. Memory boxes should be held safely to help orientate the Resident to their room and can be a talking point for staff and the Resident.

In the same way, a memory book can also be put in place to help the Resident remember special times and this may include photos, newspaper cuttings and other documents that will help orientate the Resident and be a talking point between them and the Care Worker.

5.14 Advocacy

Where there is a need for an independent view from someone who acts on behalf of the wishes and perspective of the Resident, staff will ensure they are able to source advocacy support. Staff can refer to the Advocacy Policy at Corton House for further details.

5.15 Physical, Cognitive and Mental Wellbeing

Corton House should offer a suite of activities and social stimulation to promote physical, cognitive and mental wellbeing. The activities should be based on knowledge of the person's interests and take into account their physical and cognitive abilities and difficulties in order to offer activities at the right level. The appropriate activities will be detailed within the life history and Care Plans.

Jason Parker can refer to the resources within the 'Further Reading' section of this policy for further guidance around managing a suitable programme of activity. Where Residents do not participate in meaningful group activity, staff should ensure that they monitor for any risks of social isolation.

Residents will be provided with up-to-date information on local services and events and understand how to access them. Staff will be available to support with this. They should also be offered information that is relevant to their own circumstances and stage of the dementia journey.

Staff will offer time to allow Residents to talk about their diagnosis, fears, concerns and wishes and provide ongoing support to cope.

5.16 Support provided will be holistic and cover physical, emotional, spiritual and cultural care.

A full personal history will be completed to ensure that staff can:

- Build a better understanding of who the Resident is
- Identify what and who is important to the Resident
- Have a foundation to build meaningful conversations and social stimulation from
- Empower Residents in relation to health and wellbeing

Residents will be as involved as much as possible in building their personal history and this can be captured over a period of time as staff get to know the Resident better. Families and loved ones also play a valuable part in the production of the personal history and staff should ensure that they are involved.

The personal history can be located within the care planning suite at Corton House.

5.17 Advance Care Planning and Legal Powers

Where possible, Residents will be supported to consider completing:

- An Advance Care Plan in readiness for when the dementia journey progresses and they may be unable to share their views, wishes and beliefs about the future
- A Lasting Power of Attorney (a legal document that allows people to state in writing who they want to make certain decisions for them if they cannot make them for themselves, including decisions about personal health and welfare)
- A Preferred Place of Care (which allows people to record decisions about future care choices and the place where the person would like to die)

For Residents who do not have any of the above in place and who do not have the capacity to be involved, a multidisciplinary approach should be taken to complete a version in their best interest. Consideration should be given to the use of an advocate.

Staff can refer to the Advance Care Planning Policy and Procedure for further details.

5.18 Medication

Medication for dementia might include antipsychotics, antidepressants and pain killers.

Antipsychotics should only be prescribed by the GP or consultant for Residents living with dementia who are either:

- At risk of harming themselves or others **or**
- Experiencing agitation, hallucinations or delusions that are causing them severe distress

Staff will work in conjunction with the Resident and their GP in relation to ensuring that medications are reviewed at least every 6 months, or sooner if new medications are introduced or there are concerns with the health and care needs of the Resident.

The review frequency must be recorded in the Resident's Care Plan and any changes documented.

If Residents are prescribed antipsychotics, then the GP or consultant has a responsibility to reassess the Resident at least every 6 weeks to check whether they still need medication. It is therefore important that staff record the effectiveness if this is administered. Where antipsychotics are prescribed, staff will work with the GP to aim to keep them in use for short periods only.

Staff must monitor for any side effects of new medication introduced to help manage the dementia and act upon any concerns in a timely manner by discussing with the GP.

Staff should refer to the suite of medication management policies and procedures for further information.

5.19 Transfers and Discharges

Any change in environment is known to disrupt Residents with dementia and can escalate symptoms.

All efforts will be made to meet the changing needs of Residents within Corton House.

Timely, appropriate access to existing and new support services and healthcare professionals will be provided as a means of managing changes to health for as long as possible at Corton House.

Where it is deemed that a hospital transfer is necessary, staff will provide the following:

- A fully complete transfer form
- A copy of the life history
- Copy of the Hospital Passport, Communication Passport (if applicable)
- Details of the current Care Plan
- A copy of the medication administration records
- Where applicable, copies of any high-risk behaviour assessments and management plans

This list is not exhaustive and staff should refer to the Hospital Admission and Discharge Policy and Procedure at Corton House.

Staff will work with the hospital to streamline a speedy and efficient return to Corton House.

5.20 Supporting Carers

Staff supporting Residents also have a duty to support their carers, families and friends. This could include:

- Taking the time to listen to concerns and fears
- Providing information and support such as that referenced in the 'Further Reading' section of this policy
- Signposting to other professionals, so that carers can be offered an assessment of their own needs
- Ensuring that they feel involved in the ongoing care and support of the Resident

Staff will document any support provided to the carers, families or friends and discuss any areas of concern with their immediate line manager.

5.21 Staff Support

Systems will be in place to support all staff working at Corton House.

In the first instance, staff will report to their line manager any concerns they may have with regard to their own health and wellbeing so that they can be supported accordingly.

Following events such as the death of a Resident, behaviours that may challenge, etc., Jason Parker should offer staff the opportunity to debrief and cope with their feelings.

Reflective practice is encouraged and incorporated into supervision sessions to allow staff to discuss their experiences.

There will be a positive teamwork culture within Corton House and colleague support should also be seen as a facility to cope with the challenges of their roles and responsibilities.

Jason Parker will refer to the suite of HR policies to aid supporting staff.

5.22 Supporting Distressed Behaviours

Residents with dementia can become distressed, which can lead to symptoms such as increased aggression, anxiety, apathy, agitation, depression, delusions, hallucinations and sleep disturbances. But these behaviours may have other causes, including pain, delirium or inappropriate care. Understanding the causes of these behaviours and addressing them before offering treatment can prevent things getting worse and prevent any harm. It can also avoid the use of unnecessary interventions, such as antipsychotic medication and antidepressants, which may not manage the symptoms effectively.

Staff should:

- Be aware that this type of behaviour can be managed and supported in a variety of different ways, not just through the use of antipsychotic drugs
- Be able to support Residents with dementia in a person-centred way which should help to identify any triggers that cause distressed behaviour
- Always consider whether there is an unmet need that is causing the distressed behaviour
- Be able to identify the cause of confusion or any unmet needs that may be causing distressed behaviour
- Try to remember that all behaviour is a reaction to a feeling and try to understand why the Resident may feel the way they do
- Be aware that the following could cause distressed behaviour:
  - Misunderstanding their environment - feeling frustrated at being unable to understand others or make themselves understood
  - Feeling frightened
  - Loss of inhibitions
  - Self-control and decreased awareness of rules about appropriate behaviour
  - Responding to what they feel to be over-controlling care
  - Past history and experiences
  - Being in pain, including chronic pain
  - Staff and other people's responses to their actions

Staff should:

- Support a Resident with distressed behaviour by using the following approach:
  - Find ways to react calmly if this type of behaviour has occurred
  - Work out what triggers the behaviour
  - Manage the triggers
  - Take time to manage own feelings
  - Be creative in finding alternative activities to help them move on from feelings of anxiety

5.23 Learning Disabilities and Dementia

Down's syndrome

The symptoms of dementia in people with Down's syndrome are broadly similar to those seen in the general population, although there are some differences. Changes in behaviour and personality (e.g. becoming more stubborn, irritable or withdrawn) or loss of daily living abilities are common. Memory loss, the most common early symptom of Alzheimer's disease among older people generally, is seen less often as an early symptom in people with Down's syndrome. This may be because most people with Down's syndrome will already have poor short-term memory.

People with Down's syndrome are more prone to epilepsy (seizures) than others. However, if a Resident with Down's syndrome starts to develop epilepsy later in life, it is almost always a sign of dementia and staff should arrange for a referral to the GP.

The middle and later stages of dementia in people with Down's syndrome are similar to these stages in the general population. However, there is some evidence that dementia in people with Down's syndrome progresses more rapidly. They may have earlier loss of basic skills such as walking, becoming incontinent and having swallowing difficulties.

Other Learning Disabilities

How can you tell if someone with a learning disability might be developing dementia?

A Resident with a learning disability will already have some differences in their thinking, reasoning, language or behaviour, and their ability to manage daily living. It is a change or deterioration in these - rather than a single assessment - that may suggest dementia. This means carers, friends and family play an important part in helping to identify early signs of dementia, such as changes in behaviour or personality and loss of day-to-day abilities. They should raise any concerns promptly with their GP or learning disability team.

It is recommended that every adult with Down's syndrome is assessed by the time they are 30 to provide a record or 'baseline' with which future assessments can be compared.

As well as this baseline assessment, an adult with Down's syndrome should routinely be offered an annual health check with their GP. This health check will include:

- A physical health check of the Resident's weight, heart rate and blood pressure, as well as blood and urine tests
- Eyesight and hearing tests
- A review of any medicines the Resident is taking
- An assessment of the Resident's communication skills
- An assessment of the Resident's behaviour, including their lifestyle and mental health (such as possible depression)
- An assessment for possible dementia

The health check should lead to referral to a specialist if needed, and an agreed health action plan that outlines what the Resident can do to stay healthy.

The process of assessment and diagnosis for possible dementia in someone with a learning disability other than Down's syndrome is similar to that for the general population.

However, a learning disability does make the diagnosis more complicated. It is important not to assume that a Resident with a learning disability has dementia simply because they fall into a high-risk group or because they are getting older. Equally, it is important that symptoms of dementia are not missed because they are mistakenly seen as part of the learning disability.

5.24 Dementia and Diversity

LGBTQ+ Residents Living with Dementia

Corton House will ensure that staff understand that some of the symptoms of dementia may have particular implications for LGBTQ+ people. This could be because of changes that they have experienced in their past, or because of things that they have to think about on a day-to-day basis. For example, memory problems might make it harder for them to remember who they have told about their sexual orientation or gender identity.

Residents may need support to plan to help prepare or manage their dementia and there may be some specific things to consider if the Resident is lesbian, gay, bisexual or transgender, for example, getting a Gender Recognition Certificate.

Ethnic Minority Groups

- There may be a stigma connected with dementia and diagnosis in some cultures/communities
- Some languages and cultures do not recognise dementia - research has found that simple explanations are the best way to manage this
- Residents may be more reluctant to access advice and services - sensitive communication will be needed
- Particular events may have a particular significance for some cultures. A good example would be the Holocaust for people of Jewish faith
- As the dementia progresses, Residents will regress to a previous time/times in their life. If this was in a different culture/country/language, it is likely to have a profound impact. It is particularly important to engage family and friends in finding out as much information as possible
- It is important to be aware of communities within communities – e.g. the traveller communities within Irish communities

With respect to both groups, it is important that staff are aware that their own experiences and beliefs will shape their own perspective. While this is entirely appropriate, staff need to ensure this does not negatively influence the care and support provided. Equally, just as the Resident with dementia from a different culture and background has a moral and legal right to have their beliefs respected, so does a member of the workforce who is from a different culture and background to the Resident with dementia.

5.25 Learning and Development

Standard 9 of the Skills for Care - Care Certificate will be completed by new Care Workers working at Corton House.

Jason Parker will have access to the 'Dementia Training Standards Framework' to support the design and implementation of training programmes within Corton House. (A link can be found in the Underpinning Knowledge section)

All staff will have training on dementia which is appropriate to their role, and should include:

- Model of dementia care at Corton House
- Care planning and risk assessment approaches
- Monitoring and responding appropriately to changes in condition
- Types of dementia, stages and impact on daily life
- Person-centred care
- Communication skills
- Supporting family members and carers
- Roles of healthcare professionals and accessing support
- Supporting behavioural expressions of emotions including anger, fear, frustration, boredom, pain and distress
- Freedom of movement and restraint
- Safeguarding, DoLS, MCA, consent and choice, data protection and confidentiality and sharing of information
- Multi-sensory stimulation

All training received will be recorded on the training matrix at Corton House. Development and ongoing learning will take place via the other learning opportunities on offer at Corton House, such as via supervision and meetings. These forums should provide an opportunity to offer feedback from practice and discuss specific situations.

Family members or carers of Residents at Corton House should be encouraged and supported to be involved in staff training in dementia care.

When required, Residents should have access to a range of resources available in different formats such as easy read versions, audio etc.

5.26 Audit and Evaluation

Jason Parker will ensure that dementia care forms part of the quality assurance programme.

Feedback from Residents' and relatives' meetings, as well as information obtained via the complaints procedure, will help to identify the level of satisfaction in relation to the care and support provided to Residents with dementia.

Jason Parker will make use of the national dementia mapping tools available to formally audit practice and use this to benchmark and set targets in the continuous improvement of the Service. Resources are available in the 'Further Reading' section of this policy. Findings will be shared with staff and an action plan commenced. Changes will be implemented using a SMART approach. The use of the dementia mapping tool will be repeated to evidence and assure that good practice has been implemented and embedded.

Corton House will make use of the NICE Baseline Assessment Tool available on the NICE website to audit current practice with dementia care.

6. Definitions

6.1 Delirium

- Delirium is a common, serious but often treatable condition that starts suddenly in someone who is unwell. It causes a person to become easily distracted and more confused than normal. Delirium can be very distressing for the person and their family

- Delirium is different from dementia. For someone with delirium, symptoms come on over a matter of hours or a few days. The symptoms of dementia come on slowly, over a period of months or even years
- Delirium is much more common in older people, especially those with dementia

6.2 Dementia

- Dementia describes a set of symptoms that may include memory loss and difficulties with thinking, problem solving or language. These changes are often small to start with, but for someone with dementia they have become severe enough to affect daily life. A person with dementia may also experience changes in their mood or behaviour
- Dementia is caused when the brain is damaged by diseases, such as Alzheimer's disease or a series of strokes. Alzheimer's disease is the most common cause of dementia, but not the only one. The specific symptoms that someone with dementia experiences will depend on the parts of the brain that are damaged and the disease that is causing the dementia

6.3 Relationship-Based Care

- Relationship-Based Care (RBC) is a model of delivering healthcare that has transformed the practice of nursing by returning to basic purpose: caring for and connecting with all other human beings. Therefore, this is not just about meeting the holistic needs of the {Service_user_text} but taking into account their families, loved ones and friends

6.4 LGBTQ+

- This refers to lesbian, gay, bisexual, transgender, queer or questioning and + leaves the term open-ended to include as many identities that exist in the community

6.5 Distressed Behaviour in Dementia

- Behaviour that may be aggressive or angry. It can include physical and verbal aggression or continually calling out for someone, repeating the same word or repetitive screaming and can be caused by extreme anxiety, sorrow or pain

7. Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Dementia is very individual to the person, and a robust, person-centred Care Plan that is completed with the Resident can enable the Resident to feel empowered, in control and have the support they wish and need
- Dementia is recognised under the Disability Discrimination Act and Residents have every right to access services without discrimination, exclusion or inequality
- Someone in the world develops dementia every 3 seconds. There were an estimated 50 million people worldwide living with dementia in 2018 and this number is expected to rise to 152 million by 2050
- Staff need to have the skills to understand the symptoms of dementia and the best approaches to supporting Residents
- All staff should have the necessary training, skills and knowledge as per the Dementia Core Skills Knowledge - Skills for Care education and training framework (2018)
- Carers and loved ones also need the support of staff and staff need to take the time to ensure that they have access to all the information and guidance necessary as well as ensuring that they feel included in the care offered to Residents

8. Key Facts - People Affected by The Service

People affected by this service should be aware of the following:

- You will be fully involved in all aspects of your care and support. Corton House will focus on your abilities and the support you require to be as independent as possible
- You have the right to be supported and cared for by professional, knowledgeable and competent staff
- It is acknowledged that for some, living with dementia can limit involvement in decision making. However, staff are trained to ensure that any decisions are made in your best interests in accordance with the law

Further Reading

Government 10 Year Plan for Dementia (May, 2022):
https://www.gov.uk/government/news/health-secretary-announces-10-year-plan-for-dementia
Skills for Care - Supporting People with Dementia and Other Conditions (2015):
https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Care-topics/Dementia/Supporting-people-with-dementia-and-other-conditions.pdf
Department of Health - 'Nothing Ventured, Nothing Gained': Risk guidance for people with dementia:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215960/dh_121493.pdf
Alzheimer's Society - Supporting an LGBTQ+ Person with Dementia - Changes in Society for LGBTQ+ People:
https://www.alzheimers.org.uk/get-support/help-dementia-care/changes-society-lgbt-people
Alzheimer's Society - Communicating (Factsheet 500LP August 2020):
https://www.alzheimers.org.uk/sites/default/files/2020-03/communicating_500.pdf
Alzheimer's society - The Dementia Guide: Living Well After your Diagnosis:
https://www.alzheimers.org.uk/info/20111/publications_about_dementia/790/the_dementia_guide
NHS Choices - Dementia Guide:
https://www.nhs.uk/conditions/dementia/social-services-and-the-nhs/
National Dementia Helpline 0300 222 1122
Alzheimer's Society - Delirium:
https://www.alzheimers.org.uk/info/20029/daily_living/370/delirium
Delirium - 4AT Rapid Clinical Test for Delirium:
https://www.the4at.com/
SCIE - Dementia Environment in a Care Home:
https://www.scie.org.uk/dementia/supporting-people-with-dementia/dementia-friendly-environments/video-environment-care-home.asp
North West Dementia Centre - Activity in Care Homes for People with Dementia - Factsheet:
https://www.pssru.ac.uk/pub/MCpdfs/Activities_factsheet.pdf
Royal College of Occupational Therapists - Living Well in Care Homes 2013:
https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/living-well-care-homes
NHS England - Implementation Guide and Resource Pack for Dementia Care:
https://www.england.nhs.uk/mental-health/dementia/implementation-guide-and-resource-pack-for-dementia-care/

Outstanding Practice

To be "outstanding" in this policy area you could provide evidence that:

- High-quality care is provided that preserves dignity, treats people with respect and promotes independence
- 100% of the staff at Corton House are Dementia Friends
- A lead dementia role is assigned and this person ensures that Residents receive high-quality dementia care and supports staff to develop their knowledge further
- Dignity champions are in use at Corton House to ensure that staff deliver care and support with respect, ensuring dignity and privacy
- Dementia care mapping tools are used to evaluate the effectiveness of dementia care within Corton House, areas of concern are addressed and changes embedded in practice
- In addition to common core standards in dementia training, specific dementia qualifications are evident in the workforce at level 2 and 3, in addition to the dementia pathways within the level 2 and 3 diplomas
- The wide understanding of the policy is enabled by proactive use of the QCS App

Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Environmental Considerations Particular to Dementia Care - CC40	To be used when considering the environment for a Resident living with dementia.	QCS

The following should be considered when looking at the environment for a Resident with dementia:
Flooring without strong changes of colour that can create barriers to cross
Chairs at the optimum height to enable individuals to sit/stand easily and safely
Have a mixture of chair designs and colours so as to readily identify them to particular Residents and promote “ownership”. Have cushions available
Consider a small kitchen area, e.g. sink, to allow for remembered meaningful daily activities such as washing cups etc.
Critically review all utensils for use by Residents as non-standard items, such as special feeding cups, which may not be recognised for what they are and reduce the Resident’s independence
Avoid reflection and glare
Use colour themes, ornaments and objects to support individuals to recognise their “home” area
Wayfinding Signage - use Sentence Case font that contrasts with the background and include pictures to identify areas such as toilets/bathrooms/dining room
Large clock in public area, not high, numbers and not Roman numerals
Interesting items and seating at the end of a corridor to enable engagement
Lighting – good, and no sudden changes or shadows
Avoid bold patterned curtains
Flooring should not be polished and reflect light – seen as a puddle
Consider dimmer switches
Avoid too many patterns and reflections
Toilets – clear identification, and not too high
Personalised name plates on bedroom doors with meaningful pictures - placed at eye height
Avoid steps
No sudden flooring colour changes
No sharp edges
Seating and activity opportunities in corridors, magazines in sitting rooms
Familiarity/Reminiscence
Sensory garden
Loop system
Large graphics and signage
Dining room design to cue the dining experience with contrasting tablecloth to tableware, menu, centre piece, music

Robust window restraints

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