

# See Me

Use

*All about me* 

Know what  
makes me  
feel better

Welcome  
my Carers



Albert, a patient  
at Queen Elizabeth Hospital

## Talk and Listen to Me

Make every encounter count

Provide person centred  
compassionate  
communication

Hourly care rounds

## Help Me to be Safe and Mobile

And Free from harm

Maintain my privacy  
and dignity

## Enable Me to Eat and Drink

Give appropriate  
support in a social  
setting

- Food diary
- Record drinks



## What is Dementia

Dementia is progressive and is caused by a number of diseases that affect the brain and can result in loss of memory, mood changes, and problems with communication and reasoning. The most common is Alzheimer's but also includes vascular dementia, dementia with Lewy bodies and Frontotemporal dementia.

The number of people with dementia is steadily increasing. Careful planning for the future is needed now to ensure that the right care and support is available (Alzheimer's Society.)

Different types of dementia affect the brain at different rates and in different ways, but other things like someone's personal circumstances, the people around them and the environment in which they live, will affect their experience of dementia. Dementia progresses in a way that is unique to each individual.

Although more people over 65 have dementia, it is not exclusively an older person's disease; younger people get dementia too.

### Five things you need to know about dementia:

1. Dementia is not a natural part of the ageing process.
2. Dementia is caused by diseases of the brain.
3. It is not just about losing your memory.
4. It's possible to live well with it.
5. There is more to the person than the dementia

(Dementia Friends 2013)

**Delirium** is often called acute confusion. It is a common and serious condition. It may be seen in up to 60% of older people in hospital

Prevention of delirium centres on being able to:

- Identify those patients at risk of developing delirium
- Identify the risk factors which put them at increased risk
- Correct any risk factors identified
- Involve the multidisciplinary team.

We have introduced the **See Me: Dementia Care Bundle** at the Trust, so that wherever you are working, you can develop the skills to care for people with dementia and their carers and access a range of resources. **A care bundle** is a set of three to five evidence-based practices or interventions supported by research, that when used together cause significant improvement in patient outcomes. The elements of the See Me: Care Bundle will already be very familiar to many of you.

## See Me: Dementia Care Bundle



### See Me

Invite patient, families/carers to complete the **All About Me**. This document will help you to get to know more about the patient with dementia and their family and help you to care for them.

#### Person centred care

- Value the person with dementia and their carers
- Treat people as individuals
- Look at the world from the perspective of the person with dementia
- Provide a social environment in which the person can experience relative well being

(Brooker 2003, 2007)

#### Welcome carers

Be familiar with the UHB '**Principles for Carers**' and **Guidelines for Carers staying overnight on the ward**.

## Talk and Listen to Me

#### Make every Encounter Count

- Even if you're going into the room just to check something, use the opportunity to say '**Hello, My name is.....**' or remind them who you are and explain why you are there.
- Use the patient's preferred name.
- Engage someone briefly by
  - Making a compliment,
  - Asking for an opinion.
  - Shake hands
  - Ask 'How are you feeling?'

This has been called the Butterfly approach or Best Friends approach.

- **Use Person Centred Compassionate Communication**
  - Respond to how the patient is feeling and say "Lets....."
  - Avoid confrontation and do not argue or confront people with their mistakes.

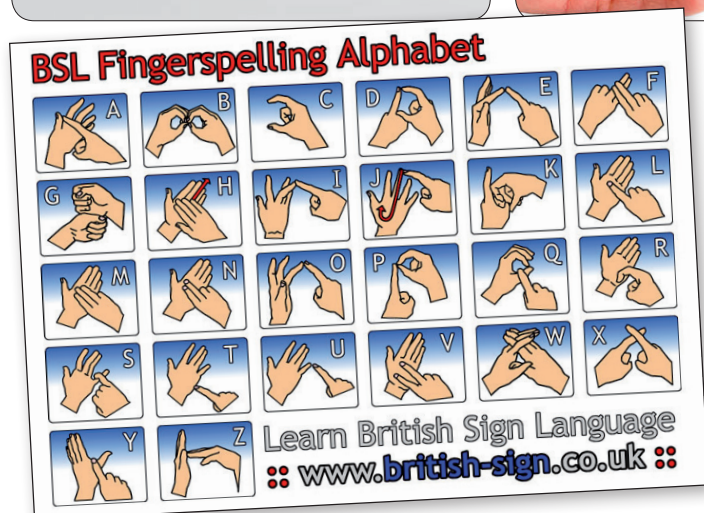
(David Sheard 2013)

Observations of care show that staff exhibit different ways of communicating, this can be

- **Positive** enhancing and compassionate communication e.g. talk about something you like or notice about the person or share something about yourself or comment about what's happening or something funny.
- **Neutral**, just telling them what you are going to do but without any real engagement. "I've come to do your blood pressure"
- **Negative, detrimental or even abusive**. "You must have asked me that 10 times already!"
- Make sure that every opportunity is taken to engage and ensure that most communication is positive, some is neutral but that it is never negative.
- **Activities**  
Use **All About Me** to learn about the persons interests. We have an activities coordinator, lots of volunteers and a huge collection of books, DVDs, games, and crafts. There is a resource on the Intranet called **Have You Tried**, it will explain how to source, use, clean and dispose of any equipment that you use.

## Hourly Care Rounds

- Care Rounds allow us to be proactive in offering timely essential care.
- Care Rounds are particularly important for people who cannot summon help and do not know where they are.
- It is important to communicate at least hourly as well as responding to any distress immediately
- **Use the Communication Box**  
(communication book also available on intranet under Equality and Diversity / Learning Disability)



## Enable Me to Eat and Drink

People with dementia have a high risk of dehydration and weight loss in hospital.

### Give appropriate support in a social setting

- Where possible encourage patients to eat at the table to encourage conversation and social stimulation
- If eating at the bedside ensure someone is at hand to support or encourage
- Welcome relatives to assist at mealtimes
- Encourage use of
  - o Red equipment e.g. magnets, trays, jugs, glasses etc
  - o Dining Companions/volunteers
  - o China cups and saucers
  - o Tablecloths
  - o Adapted cutlery, plates with guards
  - o Offer seconds and snacks
- If someone cannot remember that they've had something to eat and tell their relatives they have not been given anything, it can be very reassuring for the relatives to be able to see the record of what they have eaten. This will give them confidence that their relative is being cared for.  
So please complete
  - o Menus
  - o Food diaries
  - o Fluid balance charts

## Help me to be Safe & Mobile

People with dementia are at particular risk of falls, pressure ulcers and injury

- **Keep Me Free From harm**
  - o Ensure all necessary risk assessments are completed and acted upon
  - o Encourage activities
  - o Ensure appropriate footwear and labelled walking aid
  - o Make the environment as dementia friendly and enabling as possible. Use bright to accentuate doorways and create contrast in the toilets and bathrooms. Signs should be clear and use words and pictures.

**Try to avoid transferring patients with dementia unless it is for their benefit. If unavoidable, aim to do so during the day time allowing patients time to settle in their new environment.**

- **Maintain my privacy and dignity**



## Stay with Me: End of Life Care

A particular challenge of dementia is that the person's communication skills deteriorate, so that the ability to express their views and wishes and to make choices is lost at an earlier stage than with other life limiting conditions.

- Supportive Care Pathway (preferred place of care and particular requests about care and treatment must be discussed early in the disease process)
- Provide essential care including mouth care
- Review medication and prescribe anticipatory drugs
- Support Carers

## Dementia CQUIN

The Dementia CQUIN (Commissioning for Quality and Innovation) encourages us to Find, Assess, Investigate and Refer (FAIR) patients with dementia. There is a national requirement for non-elective admissions of patients aged 75 years and above who are admitted and stay for more than 72 hours to be screened for dementia.

### Why is timely diagnosis important?

Often, the first time symptoms might be noticed and explored (particularly for people who live on their own) is when someone is admitted into a general hospital for care. Knowing that someone has dementia could make a lot of difference to the way they are managed in a hospital setting.

- What if diagnosis opens up opportunities for care or treatment?
- Diagnosis can help to prevent crises and emergency care home and hospital admission
- Diagnosis and information can help to provide support to stressed relatives

### PICS Dementia Tab

There is a Dementia tab on PICS, this will initially be 'red' and the prescribing functions will be disabled until this and all similar 'red' tabs have been dealt with (the dementia CQUIN will apply only for non-elective patients of age 75 and over). The screening question will appear as a mandatory part of this tab, which will also be used to present the current status of the dementia screening process.

## Find

The screening question will appear as a mandatory part of the dementia tab, which will also be used to present the current status of the dementia screening process.

**Have you/has the patient been more forgetful in the past 12 months to the extent that it has significantly affected your/their daily life?**

- **Assess** If the answer to the screening question is yes, use the AMT10.

### **Use Abbreviated Mental Test Score (AMT10)**

- What is your age?
  - What is your date of birth? (day and month sufficient)
  - What is the name of the place where you are now?
  - What is the year?
  - Give the patient an address, and ask him or her to repeat it at the end of the test. (e.g. 42 West Street)
  - What is the time to the nearest hour?
  - Can the patient recognise two persons (the doctor, nurse, home help, etc.)?
  - In what year did World War 2 begin?[1939 – for the benefit of any doctors who don't know]
  - Name the present monarch
  - Count backwards from 20 down to 1.
  - Can you recall the address that you were asked to remember earlier in the test?
- **Investigate** follow guidance to differentiate between delirium and dementia
  - **Refer**
    - o The patients GP letter will be automatically populated from PICS
    - o Additional specialist assessment by Geriatricians, Old Age Psychiatrists etc can be added as free text

## Training

- A **dementia rolling programme**, suitable for any staff or volunteers is delivered every Wednesday in the Faith and Community Centre at 14.00-15.00. Just drop in.
- Other training includes **Dementia Friends Plus, Home & Away**, and **Junior Doctor Workshops**, look out for adverts in "In the Loop".
- **Contact** Dignity in Care/Dementia Educators via [memorylanecafé@uhb.nhs.uk](mailto:memorylanecafé@uhb.nhs.uk)



## National Initiatives

### 1. Call to Action on Antipsychotic Medication

All people with dementia who are receiving antipsychotic drugs must have a clinical review to ensure that their care is compliant with current best practice and guidelines, that alternatives to their prescription have been considered and a shared decision has been agreed regarding their future care. Appropriate use of antipsychotic medication is closely monitored through PICS. In the last 6 months only 6.8% of patients with dementia have been given any antipsychotic drugs at the Trust and we aim to continue to reduce this figure. (Dementia Action Alliance 2011)

### 2. Call to Action on Dementia Friendly Hospital

“People with dementia tell us that coping in a different environment can be confusing for anyone, but for them this is even more challenging. There are 5 key areas hospitals were asked to focus on, to improve the care of people with dementia.” (Dementia Action Alliance 2012)

1. The environment in which care is given
2. The knowledge skills and attitudes of the workforce
3. The ability to identify and assess cognitive impairment
4. The ability to support people with dementia to be discharged back home
5. The use of a person-centred care plan which involves families and carers.

### 3. The Carers Call to Action

The Carers Call to Action highlights the importance of carers of people with dementia and we have been asked to sign up to the shared vision below:

Carers of people with dementia:

- have recognition of the **unique experience** of caring for someone with dementia;
- are recognised as **essential partners** in care - valuing their knowledge and the support they provide to enable the person with dementia to live well;
- have access to expertise in dementia care for personalised information, advice, support and coordination of care for the **person with dementia**. (Dementia Action Alliance 2013)

## Patients whose behaviour may be seen as challenging

### Make Specialling Special

Knowing the person will help staff to understand what triggers behaviour and what helps people to feel calm and relaxed.

- The ‘Make Specialling Special’ project was started to give guidance to staff when they are providing one to one care, often referred to as ‘Specialling’

Every Ward has an activity box to help their staff therapeutically engage patients whilst they are providing one to one care. The activity box should be used along with other resources such as the ‘All About Me’ document.

Also in the activity box is a teaching folder which contains helpful tools for the carer. E.g. 'Have you tried' list offers advice to help staff provide that one to one care, by 'Reducing the risk of falls' and 'Communicating with a patient who has dementia'.

Please access the intranet for relevant documents relating to care of patients who are confused or agitated.

## Patients who refuse care and treatment

Ensure that patients in our care are supported to make their own decisions for as long as possible; that those who lack capacity are given every opportunity to receive the best possible care and those with capacity who refuse care and treatment can be supported in their decision making.

### Mental Capacity Assessment: Two stage test

#### Stage 1:

Does the person have an impairment of, or a disturbance in the functioning of their mind or brain?

If the answer is NO, the patient has got capacity to make the particular decision

#### Stage 2: If the answer to stage 1 is YES:

Does the impairment or disturbance mean that the person is unable to make the particular decision?

1. With all possible help, is the patient able to **understand** the information relevant to the decision?
2. Is the patient able to **retain** the information long enough to be able to make the decision
3. Is the patient able to **weigh up** the information as part of the decision making (understand the consequences of making the decisions or not).
4. Is the patient able to **communicate** their decision - in any way

If it is shown that the person lacks capacity to make a particular decision then someone must act in the person's best interests to make the decision for them. This person is called the decision maker.

Who can be a decision maker?

If it is a surgical procedure, the decision maker will be the surgeon and they will need to demonstrate that they have sought, weighed up and considered all relevant information. They must provide clear and objective reasons why they are acting in the person's best interests and use **Consent Form C**.

# What to do if a patient is refusing care or treatment

Further information is available in the Trust Consent Procedures, the Violence and Aggression and Management of Agitation and Confusion Guidelines.

Regular reassessment must take place.

