INTRODUCTION

The Orders of St John Care Trust is committed to providing high quality, person-centred care for older people from all sections of the community, irrespective of race or religion. Our dementia services have a specialist understanding of the best way to support people who are living with the many types of dementia.

The Dementia Framework draws on previous learning from within OSJCT with input from colleagues, volunteers, and families, collaborating partners and published best practice. It sets out a framework for our employees who work with people living with dementia, their families and carers to support delivery of the aspirations and change actions outlined in the OSJCT Corporate Plan 2017/18.

The Dementia Framework provides guidance for our employees, detailing the knowledge and skills that our employees should aspire to achieve in relation to the specific role they play in supporting people living with dementia. The Framework has been designed in a way that recognises the existence of various sector specific standards and frameworks, the principles of the National Dementia Declaration, The National Dementia Strategy, NICE Dementia Quality Standards which describe what good dementia care should look like.

WHAT IS DEMENTIA?

Dementia is a broad umbrella term used to describe a range of progressive neurological disorders. There are many different forms of dementia and some people may present with a combination of types. Regardless of which is diagnosed, each person will experience their dementia in their own unique way.

Dementia symptoms are caused when the brain is damaged by diseases, such as Alzheimer’s disease, which is the most common irreversible type of dementia. Prevention of Alzheimer’s disease is not presently possible, however there are known risk factors for developing the disease such as advancing age.

Vascular dementia is the second most common form of dementia, where blockages or interruptions of blood flow within the brain cause multiple strokes. Vascular dementia is often related to high blood pressure, high cholesterol, heart disease and diabetes; treating these conditions can slow down the progress of vascular dementia.

Other irreversible medical conditions that can cause dementia include Parkinson’s disease, Huntington’s disease, Frontotemporal dementia, or Creutzfeldt-Jakob disease.

There are many different types of dementia and some people may present with a combination of types.

Each person will experience their dementia in their own unique way.
OUR VISION
To be the leading care provider, trusted to create places where people love to live and work. We aspire to be at the forefront of developing further evidence to support best practice and innovation. We will work with other organisations to develop this evidence.

OUR MISSION
We will continuously strive to provide high quality person-centred care and services to everyone with dignity, respect and compassion. We will support independence in an atmosphere of warmth, security, companionship and laughter.

WE DO WELL
OSJCT has developed considerable expertise in supporting people living with dementia and their families. OSJCT’s person-centred approach to care tends itself to supporting people living with dementia who must cope with both the normal effects of ageing and the challenges of dementia that cause a threat to their personhood and result in the loss of identity.

OSJCT new build care homes have adopted the household model with a person-centred approach that shapes the environment, organisational structure and interpersonal relationships in ways that create an atmosphere of a genuine home, while providing our residents with clear opportunities to direct their own lives.

OSJCT is committed to adapting existing care homes to ensure that the environment is welcoming and dementia friendly. We are building capacity and competence in all employees and volunteers to enable them to provide person-centred care for people living with dementia. Our well-established dementia cafés reach out to family carers and benefit hugely from our committed volunteers.

OSJCT plans to grow in areas of high demand, such as specialist dementia care and is well positioned to build on its reputation as a strategic partner to the public sector in the modernisation and development of care and support of older people.

BUILDING ON SUCCESS
This Dementia Framework details the knowledge and skills all OSJCT employees aspire to achieve in relation to the role they play in supporting people with a diagnosis of dementia, and their families and carers.

This Framework details our current dementia service provision and our aspirations to explore new ways of working for employees to ensure we enable people living with dementia, and their families and carers, to maximise their rights, choices and health and wellbeing at all stages of their unique dementia journey.

The development of the Framework was informed by several activities including:
- Evidence, best practice guidance and literature reviews
- Reviews of existing competency frameworks
- Reviews of existing models of dementia care
- Links being made with wider UK dementia work programmes
- Stakeholder consultation and engagement

There is well documented evidence that dementia has a recognised pathway of progression and the Framework has incorporated this, as the needs of a person living with dementia, and their family and carers will be different at different stages of the condition.

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The four stages of the ‘dementia journey’ identified in the Framework are:
- Keeping well, prevention, and finding out it’s dementia
- Living well
- Living well with increasing help and support
- End of life and dying well

Of most importance is that the Framework is underpinned by values and principles that reflect what people living with dementia, and their families and carers have said are most important to them.
Care homes offer accommodation and personal care for people who may not be able to live independently. Some homes also offer care from qualified nurses or specialise in caring for particular groups such as people living with dementia and younger adults with learning disabilities. Living in a Care Home can be funded publicly, but many people pay for their own care. The Care Quality Commission (CQC) state that there are two main types of care homes.

**RESIDENTIAL CARE HOMES**
- Range in size from very small homes with few beds to large-scale facilities.
- Offer care and support throughout the day and night.
- Employees help with washing, dressing, at meal times and with continence management.

**CARE HOMES WITH NURSING**
This type of care home will normally offer the same type of care as residential ones but with the addition of:
- 24-hour care from a qualified nurse.

Care Homes with nursing support people who are identified as having a care need that can only be provided by or be supervised by a qualified nurse such as injections, dressings and complex care requirements.

OSJCT offer both services.

OSJCT is also a specialist provider of dementia care, offering an innovative, but practical approach to caring for people living with dementia, and providing support for family and friends through the transition of coming into long term care.

We understand that living with dementia brings its own challenges and each person’s experience is unique; however, we are committed to ensuring that everyone can still enjoy an independent and fulfilling life.

Our dementia specialist care homes offer care in safe, supportive, specially adapted environments that maximise a person’s independence and enhance their well-being. Residents have the opportunity to move around safely and enjoy their home to the full, utilising themed destinations areas, the use of colour contrast and appropriate signage that is worded and pictorially illustrated. We focus on what people can do rather than what they can’t, providing what is needed at that moment in time.

**OUR SERVICES**

The Care Quality Commission (CQC) state that there are two main types of care homes, residential care homes and care homes with nursing.

Offer care and support throughout the day and night.

We understand that living with dementia brings its own challenges and each person’s experience is unique; however, we are committed to ensuring that everyone can still enjoy an independent and fulfilling life.

Residents have the opportunity to move around safely and enjoy their home to the full, utilising themed destinations, the use of colour contrast and appropriate signage that is clearly worded and pictorially illustrated.

CARE HOMES WITH NURSING
In our new home designs, we include small household units so that there is a consistency of seeing the same people most days and it feels more like a traditional home.

Reinforced by various studies suggesting a small ‘homelike’ environment is beneficial for older people living with dementia, the ‘household’ model developed for OSJCT new build care homes incorporates the above design features. A unit size of sixteen was established for the household model. However, a central domestic kitchen allows the household to be broken down further into two smaller households of eight people – creating a small and homelike care setting. The kitchen is designed to create a safe environment to actively encourage resident participation in activities of daily living such as baking, cooking, washing-up, etc. In addition to en suite bedrooms and other ancillary areas, each household has its own dining room, lounge and separate sitting room. Residents are also provided with direct barrier-free access to a safe and secure garden on the ground floor and external balconies on upper floors.

With advancing dementia, people may encounter difficulties in retrieving a mental image of a place they cannot see. Therefore, the household design adopts the concept of ‘total visual access’. For example, the dining room and lounge are designed with a combination of solid walls, half-height walls and timber screening, providing maximum visual access into the rooms whilst maintaining both privacy and the mitigation of noise transfer.

The small-scale environment not only encourages residents with limited mobility to walk and maintain independence, but also assists with way-finding and orientation. Careful consideration is given to the interior design, with the inclusion of themed areas and variances in décor further assisting orientation and way-finding.

In our older homes, we have adapted and refurbished different areas in specific themes, for example an old-fashioned tea room, an indoor potting shed or a beach scene. This not only provides greater variety but also helps bring back fond memories. The use of colour and other visual cues, with signage and tactile decoration helps residents to find their way around the home.

Residents are actively encouraged to bring with them into the home, as many familiar and treasured items as they wish, for example, maybe a favourite cushion, a bedspread, ornaments and photographs, so that they feel at home. We will even help to hang any precious pictures in their room.

The use of colour and other visual cues, with signage and tactile decoration helps residents to find their way around the home.

Residents are actively encouraged to bring along as many familiar items as they wish - maybe a favourite cushion, a bedspread, treasured ornaments and photographs - so that they really feel at home with us.

The importance of providing a well-designed environment for people living with dementia is well supported by research literature. Evidence suggests that quality of life for older people is influenced by the environment in which they live, with good design increasingly recognised as an important aid in the care of people living with dementia.

Agreement on the ‘features’ of designing for dementia includes:

- Small households
- Familiar, domestic, homely in style
- Plenty of scope for ordinary activities eg kitchens, washing lines, garden sheds, etc
- Unobtrusive concern for safety
- Different rooms for different functions
- Age appropriate furniture and fittings
- Safe and secure outside space
- Single rooms big enough for lots of personal belongings
- Good signage and multiple cues where possible, i.e. sight, smell, sound
- Use of objects rather than colour for orientation
- Enhancement of visual access
- Controlled stimuli, especially noise

Evidence suggests that quality of life for older people is influenced by the environment in which they live, with good design increasingly recognised as an important aid in the care of people living with dementia.

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The knowledge and skills outlined at each level are constructed in an incremental way, for example employees that operate at the 'Dementia Enhanced Practice' level would also possess the knowledge and skills, attitudes and behaviours described at all preceding levels.
4 TIER DEMENTIA PATHWAY

GROUP 4: Expertise in Dementia Practice Level such as Admiral Nurses

TIER 3:
Enhancing the knowledge, skills and attitudes for key employees (experts) working with people living with dementia designed to support them to play leadership roles.

GROUP 3: Enhanced Dementia Practice Level
Registered Managers and other social care leaders who are managing care and support services for people living with dementia. This includes Care Leaders, Dementia Leads and nurses.

GROUP 2: Dementia Skilled Practice Level
People working in social care who are providing personalized direct care and support to people living with dementia. All care employees.

GROUP 1: Dementia Informed Practice Level
The entire social care workforce. All employees.

TIER 2:
Knowledge, skills and attitudes for roles that have regular contact with people living with dementia

TIER 1:
Dementia awareness raising, in terms of knowledge, skills and attitudes for all those working in health and care settings.

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Target Audience

<table>
<thead>
<tr>
<th>Group</th>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP 1</td>
<td>Dementia Informed Practice Level</td>
<td>The entire social care workforce. All employees.</td>
</tr>
<tr>
<td>GROUP 2</td>
<td>Dementia Skilled Practice Level</td>
<td>People working in social care who are providing personalized direct care and support to people living with dementia. All care employees.</td>
</tr>
<tr>
<td>GROUP 3</td>
<td>Enhanced Dementia Practice Level</td>
<td>Registered Managers and other social care leaders who are managing care and support services for people living with dementia. This includes Care Leaders, Dementia Leads and nurses.</td>
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<tr>
<td>GROUP 4</td>
<td>Expertise in Dementia Practice Level</td>
<td>Knowledge, skills and attitudes for roles that have regular contact with people living with dementia</td>
</tr>
</tbody>
</table>

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Role Scope for Within Training Programme

<table>
<thead>
<tr>
<th>Subject</th>
<th>All employees</th>
<th>All care employees</th>
<th>All Homes</th>
<th>Admiral Nurse (AN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dementia identification, assessment and diagnosis</td>
<td>Living well with dementia</td>
<td>Living well with dementia</td>
<td>Walk with Me</td>
<td>Support from Dementia UK</td>
</tr>
<tr>
<td>Dementia risk reduction and prevention</td>
<td>Living well with dementia</td>
<td>Living well with dementia</td>
<td>Healthy Lifestyles workshop</td>
<td>Support from Dementia UK</td>
</tr>
<tr>
<td>Person-centred dementia care</td>
<td>Care Certificate</td>
<td>Care Certificate, Walk with Me</td>
<td>Walk with Me, Life story and daily record workshop</td>
<td>Support from Dementia UK</td>
</tr>
<tr>
<td>Communication, interaction and behaviour in dementia care</td>
<td>Living well with dementia</td>
<td>Living well with dementia, Walk with Me, Understanding distress</td>
<td>Walk with Me, Understanding distress</td>
<td>Support from Dementia UK</td>
</tr>
<tr>
<td>Health and well-being in dementia care</td>
<td></td>
<td></td>
<td>Healthy Lifestyles</td>
<td>Support from Dementia UK</td>
</tr>
<tr>
<td>Pharmacological intervention in dementia care</td>
<td></td>
<td></td>
<td>Pain management workshop</td>
<td>Support from Dementia UK</td>
</tr>
<tr>
<td>Living well with dementia and promoting independence</td>
<td>Living well with dementia</td>
<td>Living well with dementia, Walk with Me</td>
<td>Walk with Me</td>
<td>Support from Dementia UK</td>
</tr>
<tr>
<td>Families and carers as partners in dementia care</td>
<td>Living well with dementia</td>
<td>Living well with dementia, Walk with Me</td>
<td>Walk with Me</td>
<td>Support from Dementia UK</td>
</tr>
<tr>
<td>Equality diversity and inclusion in dementia care</td>
<td></td>
<td></td>
<td>Walk With Me, Sexual Relationships and Dementia workshop, Mental Health Awareness workshop</td>
<td>Support from Dementia UK</td>
</tr>
<tr>
<td>Law, ethics and safeguarding in dementia care</td>
<td>MCA/DoLS - Face to Face and E-Learning</td>
<td>MCA/DoLS - Face to Face and E-Learning</td>
<td>MCA/DoLS - Face to Face and E-Learning</td>
<td>Support from Dementia UK</td>
</tr>
<tr>
<td>End of life dementia care</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Research and evidence based practice in dementia care</td>
<td></td>
<td></td>
<td></td>
<td>Support from Dementia UK</td>
</tr>
<tr>
<td>Leadership in transforming dementia care</td>
<td></td>
<td></td>
<td>DL meetings, NICE booklets, HM leadership courses</td>
<td>Support from Dementia UK</td>
</tr>
<tr>
<td>Research and evidence based practice in dementia care</td>
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Learning and Development
This three-hour session will introduce learners to the most common types of dementia, the symptoms that people may experience and introduces people to best practice in dementia care.

Aims
- Understand what dementia is and what it is not
- An insight to the lived experience of dementia
- An understanding of lifestyle risk factors
- Information on the Trust’s dementia specialist services

Learning outcomes
- Learners will gain an understanding of what dementia is and what it is not
- Learners will understand the symptoms which people living with dementia might experience and learn how to support them using best practice
- Learners will be confident in how to best support people living with dementia to live well
- Learners will know how to use the Trust’s dementia specialist services to support the person living with dementia, their family and others

Know how to use the Trust’s dementia specialist services to support the person living with dementia, their family and others.

Overview
This programme has been developed to increase the knowledge of employees who have completed Living Well with Dementia. It takes learners on the journey with a person living with dementia as their condition progresses. This two-day programme gives the learners a more in-depth understanding of the different types of dementia and the neurological impairment caused by these. It emphasises the importance of knowing the person, not only as they are now but also learning about their past. We explore the significance of the environment and ask learners to start to look at the world through the eyes of the person living with dementia.

Aims
- Identify fact from fiction about dementia
- Understand that everyone’s experience is individual and unique
- Understand the impact of the neurological damage that dementia has on the brain
- Understand how the memory works and how different types of dementia effects its function
- Understand how the past has made the individual the person they are today
- Understand how life story work should be used to improve wellbeing
- Understand how the senses are affected by dementia
- Explore how we can utilise the environment to support people and maintain independence
- Understand that not all communication is verbal and learn how to adapt the method of communication we use to meet the needs of the person living with dementia

Learning outcomes
- Learners will have an extensive knowledge of the signs and symptoms of different types of dementia
- Learners will understand that a person’s history makes them who they are today, how this may impact on building relationships and effective communication
- Learners will understand the importance of how the environment can support wellbeing
- Learners will have gained confidence when supporting the families of people living with dementia
LEARNING AND DEVELOPMENT

BASIC DE-ESCALATION WORKSHOP

Overview
When a person living with dementia shows distress, often it is misunderstood and labelled as difficult behaviour. In the past, medication was often used to control this behaviour, which only benefitted the carers and not the individual.

Aims
• To be able to define and recognise distress reactions
• Understand what might trigger changes in behaviour
• Learn ways and have tools to support residents when they become distressed
• Recognise that all behaviour is a communication of a need
• Learn basic principles of de-escalation techniques and thinking about safety
• Understand basic principles of documentation
• Changing the language we use when describing distressed behaviour to re-focus on what the behaviour may be communicating rather than simply looking at ways to make apparently ‘negative behaviour’ stop. To have greater understanding of the principles of documentation relating to distressing situations

Learning outcomes
• Learners will have an understanding of what distress reactions are and how they can be avoided
• Learners will be confident when using documentation to identify triggers and understand what the resident is communicating
• Learners will feel competent on how to use different techniques to avoid the person living with dementia showing signs of distress and reduce the use of medication
• Learners will have confidence in the correct behaviour monitoring and documentation processes

This three-hour session enables the learners to recognise what distress reaction is and how it can be a reaction to triggers which can be avoided. It explains that when someone living with dementia is experiencing pain and uses the pain prompt as a useful reminder of what to look out for.

This workshop looks at basic de-escalation and how to recognise signs of distress and how to respond.

RECOGNISING PAIN IN PEOPLE LIVING WITH DEMENTIA

Overview
People living with dementia are just as likely to suffer from pain as people living without dementia. However, they may find it more difficult to communicate their pain. This training covers different types of pain, pain signals, assessments and treatments. It then focusses on how to identify whether someone living with dementia is experiencing pain and uses the pain prompt as a useful reminder of what to look out for.

Aims
• Recognise the signs that could indicate pain in people living with dementia
• Discuss the underlying conditions that could cause pain
• Assessment and management of pain for people living with dementia
• Note body language

Learning outcomes
• The learner will have the knowledge, skills and confidence to recognise pain in residents living with dementia
• The learner will act appropriately upon recognising pain in people living with dementia in order to improve the quality of life for residents

SEXUAL RELATIONSHIPS AND DEMENTIA WORKSHOP

Overview
For some this may seem to be a controversial subject, but to others, it’s a way of thinking and engaging with residents more effectively and sensitively, while encouraging us to look at our own attitudes, beliefs and values as well as the culture and ethos of our Homes.

Aims
• Discuss the perception of sex in old age
• Briefly review issues related to sexuality in people living with dementia
• Discuss the question of mental capacity in relation to sexual relationships for people living with dementia

Learning outcomes
• Learners who have the knowledge, skills and confidence to support residents in our Homes to live full lives with dignity and respect
ADVANCED DEMENTIA AWARENESS

Overview
This is a 90 minute interactive workshop for senior care employees and above working in a dementia care environment, which includes group activities, discussions and a slide presentation.

It looks at the four most common types of dementia in greater depth, looking at the effects and damage to the brain, specific symptoms are discussed for each of the dementias and the treatments available.

The attendees are introduced to HIV related dementia and alcohol related brain damage, again exploring the symptoms and potential treatments.

Aims
• Builds on other dementia training provided by OSJCT
• To give attendees greater knowledge and understanding of different dementias
• To build confidence into employees attending this workshop

Learning outcomes
• Learners will have an increased ability to identify symptoms that are a progression of a resident’s dementia
• Learners will have a greater knowledge and confidence when caring and advocating for residents with these conditions
• Learners will be able to support other members of their care team to meet the needs of these residents

MENTAL HEALTH CONDITIONS WORKSHOP

Overview
Nationally 1 in 4 people will experience some form of mental illness during their lifetime and care residents are no exception and often move into a care home at a time when they are mentally at risk due to life events.

These mental illnesses can be stand alone or present alongside a dementia and/or other physical conditions.

This 90 minute workshop gives the attendees an insight into the most common types of mental illnesses, their signs, symptoms and treatments. Guidance is shared on ways to care for residents with these conditions.

Aims
• Gain an insight into the most common types of mental illnesses
• Be aware of potential treatments for these illnesses
• Understand that some symptoms of mental illness are similar to dementia and a mis-diagnosis can happen

Learning outcomes
• Learners will have an understanding of mental illnesses and treatments.
• Learners will be more confident in caring for these individuals
• Learners will be aware of how to seek help when a resident is suspected of having a mental illness as well as dementia

QCF MEDICATION WORKSHOP

Overview
This session will outline the most common medications used to treat symptoms of dementia, describe how commonly used medications affect individuals living with dementia and explain the risks and benefits of anti-psychotic medication for individuals living with dementia. It will explain the importance of recording and reporting side effects/adverse reactions to medication, describe how “as required” (PRN) medication can be used to support individuals living with dementia who may be in pain. It will describe person-centred ways of administering medicines whilst adhering to administration instructions and explain the importance of advocating for an individual living with dementia who may be prescribed medication.

It will explain ways of monitoring the effectiveness of treatments and outline non-pharmacological interventions that may be appropriate and the benefits of these.

Aims
• Understand the common medications available to, and appropriate for, individuals living with dementia
• Understand how to appropriately and effectively provide medication to individuals living with dementia in a person-centred way to meet their care and support needs

Learning outcomes
• Learners will have a deeper knowledge around the use of medications to support people living with dementia.
• Learners will be more equipped to identify effects and side effects of medications
• Learners will have knowledge of alternative treatments to support people living with dementia

This session will outline the most common medications used to treat symptoms of dementia.

Explain the importance of advocating for an individual living with dementia who may be prescribed medication.

Learners will have a deeper knowledge around the use of medications to support people living with dementia.
Workshop one revisits the basic principles of MCA and DoLS to ensure that all senior carers have a good understanding, before moving on to look at the complex issues within workshop two.

Those attending are encouraged to bring case studies to ensure that best practice is embedded within the care provided to OSJCT residents.

Workshop two: Learning outcomes

- Learners will understand the requirements of MCA in relation to DoLS.
- Learners will be aware of circumstances that may prompt a request for a DoLS review.

The importance of taking a resident’s life story into account when providing care and support is discussed, as is the variety of ways that information is obtained.

Writing of daily records is discussed, what a person-centred recording should look like and how it reflects the resident’s day.

As a group, they get the opportunity to practice writing in a life story document and writing person-centred daily records.

Aims

- Attendees understand the importance of life story work
- How life story links to the care and care planning for a resident
- How to write person-centred daily records that reflect a resident’s day

Learning outcomes

- Learners will understand the importance of keeping the ‘Life Story’ alive and adding to it
- Learners will understand the life story remains a live document and anyone can add to it
- Learners will understand and be able to write person-centred daily records

LIFE STORY AND DAILY RECORD WORKSHOP

Overview

This workshop is an interactive group based workshop which incorporates discussions and practical group work. The importance of taking a resident’s life story into account when providing care and support is discussed, as is the variety of ways that information is obtained. During the workshop, it is made clear that whilst a resident continues to live in the care home their life story is not complete.

Writing of daily records is discussed, what a person-centred recording should look like and how it reflects the resident’s day.

Aims

- Understand the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)
- How these apply within the context of care delivery

Learning outcomes

- Learners will understand and apply the two-stage capacity test
- Understand the basic principles that underpin DoLS
- Learners will understand and be able to write person-centred daily records that reflect a resident's day
- Learners will understand the importance of keeping the 'Life Story' alive and adding to it
- Learners will understand the life story remains a live document and anyone can add to it
- Learners will understand and be able to write person-centred daily records

WORKSHOP OVERVIEW

Overview

The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) workshops aim to increase the confidence and competence of care leaders and senior members of the care team with regard to the MCA and DoLS. It comprises of two workshops. Workshop one revisits the basic principles of MCA and DoLS to ensure that all senior carers have a good understanding, before moving on to look at the complex issues within workshop two. Those attending are encouraged to bring case studies to ensure that best practice is embedded within the care provided to OSJCT residents.

Aims

- Understand the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)
- How these apply within the context of care delivery

Workshop one: Learning outcomes

- Learners will be able to state and understand the Five Key Principles of the Mental Capacity Act
- Learners will understand and apply the two-stage capacity test
- Learners will understand the two types of Lasting Power of Attorney and how this applies in the context of care delivery
- Learners will understand what is meant by the term positive risk taking and how this applies to mental capacity
- Learners will understand the basic principles that underpin DoLS

Workshop two: Learning outcomes

- Learners will understand the requirements of MCA in relation to DoLS
- Learners will identify what does and what does not constitute a DoLS using real case examples
- Learners will be aware of circumstances that may prompt a request for a DoLS review
- Learners will understand and apply policy and guidance with regards to covert medication and safe holding
- Learners will understand the DoLS process and can complete a DoLS application

HEALTHY LIFESTYLES WORKSHOP

Overview

To understand that for everyone, making positive lifestyle choices can impact on the risks of developing dementia and other health conditions. Frailty is a condition related to the ageing process. The result of this is a vulnerability to sudden changes in health which can be triggered by events such as infection or medication changes.

Aims

- Understand lifestyle factors which may increase risk of developing some types of dementia
- Health Promotion and what motivates people to make changes to lifestyle
- Acknowledge challenges to healthy living that may be experienced by different groups within society
- Understanding frailty as a condition

Learning outcomes

To give our workforce the knowledge and information to understand the importance of health promotion and to make informed decisions and choices about their own health and the health of our residents.
INTRODUCTION

The Admiral Nurse Service has been developed through collaboration between OSJCT and Dementia UK.

The service is based in Oxfordshire, Lincolnshire, Wiltshire and Gloucestershire. It is operational between 8.30 and 17.00 hours Monday to Friday.

The Service is provided for employees of OSJCT working with people living with dementia; we also provide support to family or informal carers of residents living in a OSJCT Care Home or Extra Care Housing Scheme.

People living with dementia in the community, along with their informal or family carer can access the Admiral Nurse Service via the Memory Cafés facilitated in some Care Homes. These individuals and their carers will not be accepted on to a caseload, but will be signposted to alternative services if more regular support is required.

ROLE OF THE ADMIRAL NURSE

Admiral Nurses are Registered Nurses that specialise in dementia care. The role has four main functions:

- Nursing interventions based on specialist assessment and complex problem-solving skills
- Emotional support through reflective support and practice
- Dementia specific training and education
- Consultancy work with other health and social care professionals

The Admiral Nursing Service aims to support and empower families of people living or employees working in an OSJCT care setting by providing:

- Emotional support through the transitional process of entering long term care
- Emotional and educational support around disease progression
- Expert guidance throughout the journey of dementia

The community based Admiral Nurses support family carers in the community by providing:

- Clinical and emotional support to families living with dementia
- Expert guidance and practical solutions to support the person with dementia
- One-to-one work with informal carers
- Advice on communication skills and techniques
- Signposting to other services
- Liaison between health and social care professionals
- Facilitation of Memory Cafés
- Advice and support with finances and benefits available

The Admiral Nurse Service operates an open referral system and welcomes discussions with and referrals from Home Managers, Care Home employees, Operational Teams, Care Quality Team and external professionals.

The community based Admiral Nurses operate an open referral system and welcome referrals from healthcare professionals and self-referrals from family carers.

ADMIRAL NURSE SERVICE
THE ROLE OF THE HOME DEMENTIA LEADS

Dementia Leads support residents with dementia, care teams and relatives by:

- Role modelling care and leading by example
- Having a positive attitude
- Being motivated and proactive
- Having good values and passion for improving life for residents with dementia
- Being assertive and acting as an advocate for people who may be unable to speak up for themselves
- Having an open mind, respecting people’s choices and values
- Being excellent communicators
- Being involved in influencing positive change
- Having empathy and understanding
- Attending quarterly county meetings facilitated by the Admiral Nurses
- Having opportunities to develop knowledge and skills

LIFE STORY WORK

Our life experiences shape us as individuals and this helps others to understand who we are as a person. People living with dementia sometimes need help to communicate important aspects of their identity – like background, interests, who and what is important to them – due to problems with memory loss and communication. The greatest benefit of this work is that it lifts a person’s mood – enabling them to talk about the ‘good old days’ and share their experiences of growing up, working, holidays and family get-togethers.

At OSJCT Life Story work is an activity in which the person living with dementia is supported by the care team and family members to gather and review their past life events and build a personal biography. It is used to help the person understand their past experiences and how they have coped with events in their life. It can help people living with dementia share their stories and enhance their sense of identity. This is especially useful when they are having difficulty in sharing this information themselves.

Life Story work can help encourage better communication and an understanding of the person’s needs and wishes. This will inform their care and ensure that it is provided in a positive and person-centered way. It will also help the person develop closer relationships with family carers and the care team through sharing stories.
THERAPEUTIC APPROACHES TO CARE

We support individuals in keeping their identity and interests, by helping to continue with daily living skills such as baking, sandwich making and household skills such as dusting and polishing; enabling people to be the domestic “goddess” that they’ve always been.

We use objects of attachment such as dolls, blankets, soft toys and other items; Attachment Therapy is another way for us to help provide comfort to people living with dementia. Research identifies that people living with dementia can gain great comfort from the use of dolls and soft toys.

We have visiting Therapy Dogs in most of our Homes; some Homes have their own pets such as dogs, cats, rabbits and chickens. There may also be an option for people to bring their own pet to come and live with them.

DEMENTIA AWARENESS WEEK

Dementia Awareness Week aims to raise awareness and to educate people about dementia and those living with the condition so they feel valued, confident and can retain as much of their independence as possible.

Throughout the week there is national and regional press coverage, awareness-raising and fundraising events across England, Wales and Northern Ireland, and a national advertising campaign.

The Trust embraces this by promoting positive interaction between the people living in our homes and the wider community. This may be achieved by having an open coffee morning, healthy walks, sensory awareness days and “All About Me” life-story reminiscence sessions. Additional educational and support material is also available in the homes during the week to open discussion about dementia. Admiral Nurses support this week alongside the dementia leads and Activities Coordinators to make it fun for all.

ANTIPSYCHOTIC MEDICATION AUDIT OVERVIEW

This audit is undertaken twice a year, January and July; a snapshot is taken of the residents taking antipsychotic medication for behavioural and psychological symptoms of dementia (BPSD) and long standing mental illnesses, such as schizophrenia, bi-polar disorder and psychotic disorders.

The audit identifies individual residents, the medication they are taking and the reason for prescribing. Over the last four years the audit has identified a training and development need across the organisation, as well as areas where the Trust’s Admiral Nurses need to provide more intensive support to Homes. From the audit, the organisation can see how it is performing in line with recommendations from the National Dementia Strategy, 2009.

These audits have been undertaken since 2012; at that time 12% of residents were prescribed antipsychotic medication for BPSD. In July 2017 the average across the Trust was 3%, which is half the figure recommended by the Dementia Strategy.

Achieving this low level of antipsychotic medication usage for BPSD has taken a multi-pronged approach.

All employees receive baseline training on dementia as part of their induction; further training is available for employees depending on their role and responsibility within the care home.

A workshop is also available for all employees in the care homes, to recognise when a resident living with dementia is distressed. This gives learners an understanding of BPSD and alternative techniques to implement before considering antipsychotic medication.

With support and advice from the Trust’s Admiral Nurses, Homes have a better understanding and are confident in asking for these medications to be reviewed and inappropriate prescribing stopped. They have also been educated to recognise potential side effects to these medications.

The information from the audit has helped to identify a growing population of residents across the organisation with long-standing mental health conditions. Using this information a training workshop has been formulated to give care home employees an overview of some of the more common mental illnesses.

The audit identifies individual residents, the medication they are taking and the reason for prescribing.

All employees receive baseline training on dementia as part of their induction; further training is available for employees depending on their role and responsibility within the care home.
OUR ASPIRATIONS FOR 2018

SPECIALIST DEMENTIA NURSING CARE

We will explore new models of care for those people living with dementia who have complex care needs. We aspire to have care homes with specialist nursing households for people living with severe behavioural and psychological symptoms of dementia. We recognise the value of a multidisciplinary team working that includes Registered Mental Health Nurses. This will explore the evidence base and best practice, with a focus on developing a model that promotes the inclusion of the resident in social and occupational activities designed to enhance, stimulate, develop and maintain the highest quality of life and enjoyment within the homes. Within our new build programme we will determine the most appropriate design that is small and homelike and assists with way-finding and orientation.

WELL-BEING AND DEMENTIA ACCREDITATION

The framework for this accreditation uses the Senses Framework. Each of the section headings in this accreditation process refers to one of the six senses; where an enriched environment exists, residents, their families and paid carers all experience these six senses. It recognises the importance of a positive relationship between older people, their families and paid carers as well as between the care home and the wider community.

This is a new accreditation available for our care homes to complete once they have achieved the required standard on the OSJCT Care Quality Baseline audit. Any home wishing to apply for the accreditation will do so with the knowledge of their Area Operations Manager; an assessment will then be undertaken by a member of the Care Quality Team and an Admiral Nurse.

The assessment explores the overall life in the care home, focusing on what it is like to live and work in the home and the relationships between residents and all the care team.

This accreditation has been endorsed by Dementia UK, the charity that supports Admiral Nurses; it is valid for one year from the date of being awarded the accreditation.

POSITIVE BEHAVIOUR MANAGEMENT AND DE-ESCALATION TRAINING

We will explore opportunities to work with experts who can support us to build on the OSJCT training programmes in Understanding Distress and Basic De-escalation training.

We will design training that provides learners with proactive and reactive strategies to support residents when care is being provided in their best interests.

We will develop a programme of learning that has both a theoretical and practical element, ensuring learners are able to focus on least restrictive practices and the use of physical interventions and strategies. We aim to increase the understanding and use of reassuring de-escalation techniques, personal safety and least restrictive holding skills to minimise risk and maximise safety during difficult situations builds on to our Understanding Distress and Basic De-escalation training.

The training is designed to offer learners proactive and reactive strategies to support residents when care is being provided in their best interests.

The course has a theoretical and practical element and teaches learners to focus on least restrictive practices and the use of physical interventions and strategies. The course aims to increase understanding and the use of reassuring de-escalation, personal safety and least restrictive holding skills to minimise risk and maximise safety during difficult situations.

HEAD OF DEMENTIA CARE

We will develop a role in our specialist dementia units that is responsible for the provision of person-centred care in the residential dementia households. They will have a specific focus on ensuring independence and choice of residents in the dementia households and building the capability and capacity of employees to respond effectively to residents and their families.
BEST PRACTICE EXAMPLES

- NAPA Living Life
- Admiral nurses in dementia care
- The shift from challenging behaviour to distress reaction
- Supporting care teams to understand distress reactions & improve the lived experience in care homes
- Sexuality in Dementia: Sharing good practice, practice development and the competency framework
- Cognitive Stimulation Therapy
- All About Me - Care Management Matters
- Support worker care within the household model
- Integration and independence: a new approach to autonomy and social inclusion within care homes
- Distinguishing between Knowledge Gaps and Misconceptions of Alzheimer’s disease among caregivers in the UK
- Welcome to Apple Trees Care and Reablement Centre
- Life Story - 21st Century Care
- Compassion Award
- Building a Bridge between the Care Home and the Community

These are just a few of the best practice examples available on the OSJCT intranet.