

Dementia Care Conference 2023

Delivering Meaningful and Person-Centred
Care: Tailoring Dementia Support to Each
Individual

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Delivering meaningful and person-centred care

- ❖ Incorporating people living with dementia into the decision-making process – meet the important people
- ❖ Delivering person centred care in acute hospitals
- ❖ Education and experiences for care givers
- ❖ Developing an individualised person-centred care plan in a care home for **Edna**



Dementia Engagement and Empowerment Project - DEEP



- Established 2011 as a one year project simply to find out how many engagement groups there were in the UK and how they worked. They found **17**, and from 2012 the DEEP network took shape.
- DEEP today consists of around **80 groups** of people with dementia – groups who initially come together for support and friendship many often finding a voice in campaigning and raising awareness of dementia.
- Local groups can be found via the A-Z on the website
- www.dementiavoices.org.uk



Dementia NI



Empowering local people with dementia to live well and have their voices heard

In The Same Boat



- As soon after diagnosis as possible
- In the Same Boat zoom call or home visit
- A person with dementia (Dementia NI Member) accompanied by a facilitator
- Helps to provide hope and reduce fear
- Buddy system to build confidence and encourage participation



Empowering local people with dementia to live well and have their voices heard

Empowerment Groups



6 – 8 people with dementia

Dementia inclusive environment

Peer support

Consultation with organisations and health professionals – how to engage with people with dementia and improve practice

Information sharing

Feedback to Dementia NI

Empowering local people with dementia to live well and have their voices heard

Dementia Companion Team



We are Dementia Companions, The overall purpose of our role is to enhance the safety and experience for patients by providing compassionate person centered care.



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What we do ?

- Befriend and spend time with patients, provide reassurance
- Learn about their likes / dislikes
- Support with activities of interest provide meaningful engagement
- Encourage our patients to eat and drink
- Liaise with families and carers

How can this be beneficial to patients / relatives and staff?

- Patients report feeling less worried , unsettled and isolated
- Improving communication with families and carers
- Increasing patient safety with a reduction in falls
- Our patients may get better and home quicker! Reduced length of stay



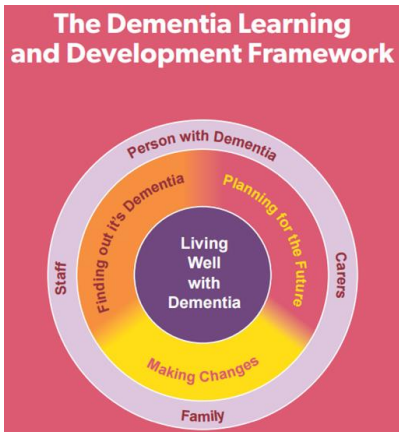
Creating a Dementia Enabling Ward in Acute Hospital setting

- Baseline environment audit
- Signage / Lighting / colour contrast
- Yellow name badges
- Orientation Clocks / calendars / mirrors
- Coloured crockery / walking aids / toilet frames/ linen
- Noise reduction
- Ward social space



The real impact of person centred care





Developing knowledgeable care givers

Tier 1 Introductory

This tier provides a baseline of dementia knowledge for every person who works within health and social care. This includes porters, reception staff, dementia friends, families and informal carers.

Tier 2 Foundation

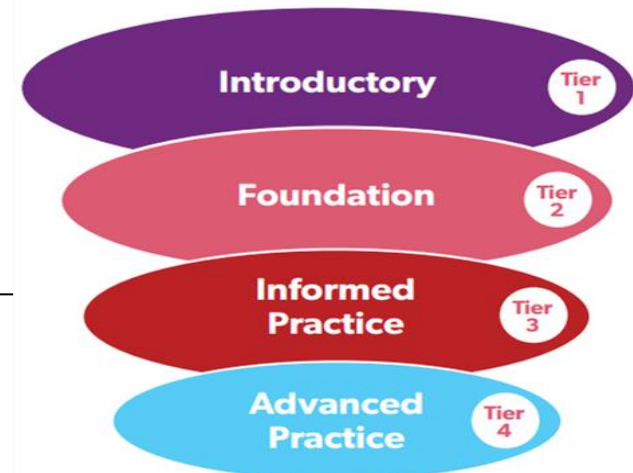
Builds on introductory level. General aimed at registered and on registered staff who are involved in any aspect of care for a person living with dementia.

Tier 3 Informed Practice

Aimed at health and social care staff in specialist settings and teams who work with people living with dementia and deliver person-centred dementia care.

Tier 4 Advanced Practice

Targets Health and Social Care staff working at an advanced level of expertise, playing a key role in leadership and dementia service development.



Quality care for people living with dementia begins with caregivers who are sensitive, patient and kind.

Some examples of training opportunities at each level:

Tier 1

- Dementia friends' courses
- Dementia organisation's Fact sheets e.g. Alheimers Society
- Any introduction to dementia courses: online or local
- Self directed reading: journals, large array of books available
- Carer information programmes
- Virtual Dementia Tour experience

Tier 2

- Dementia related courses from employer's training directory
- Connect with other groups within health settings e.g. frailty / delirium
- Regionally run courses, PHA, NHS
- Online courses: e.g. NHS England
- Dementia Capable Care course

Tier 3

- E-learning packages
- Professional body / union training programme for members
- Specialised courses; CST, Sonus, DCM etc
- Journal articles and research papers
- Video's e.g. Barbaras story
- Develop local directory of dementia related courses?
- Dementia Apps

Tier 4

- Open University courses
- University modules BSc/MSc/PhD
- Work regionally with other Organisation
Leads to both share good practice and lobby for dementia services



Experiential learning: Embracing new technologies and innovations



Building empathy among caregivers and healthcare providers is an important aspect of treating dementia, and **Virtual Reality (VR)** offers a way for people to experience what it's like living with these conditions. Participants are taken through a person with dementia's experience, immersed in their reality for that moment.



The '**Virtual Dementia Tour training**' is a scientifically proven method of helping others **understand** what people with dementia experience every day and is 'a window into their world'. The attendees experience at first hand the physical and mental challenges facing those living with dementia.

“What an eye opener it was!”

“Can't praise the experience enough - very insightful & offered good practical advice in dealing with persons with dementia.”



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“Needed to understand more about dementia. This was achieved.”

Delivering meaningful and person-centred care for someone experiencing BPSD in a care home

Clear Dementia Care[®]

CLEAR Dementia Care[®] is a model to help carers to understand behaviour from the perspective of the person with dementia.

This helps carers to offer appropriate support which reduces distress and improves quality of life.

Using simple assessment and recording tools help assess what factors may be contributing to behaviour to facilitate timely formulation and intervention.



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Cognition

Orientation
Attention
Communication / Language
Memory
Delusions
Hallucinations

Life Story & Personality

Previous occupations
Roles within the family
Personality
Normal routines
Hobbies / Interests
Likes and dislikes

Emotional & Physical Wellbeing

Physical health history & current
Infection / Pain
Constipation / Dehydration
Medication
Mood - history & current
Anxiety - history & current
Other mental health

Activity & Environment

Personal Care
Typical day
Activities of Daily Living
Participation in activities
Changes in environment
Noise / Overcrowding
Privacy / Signage

Relationships

Relationships with family
Relationships with residents
Relationships with staff
Does the individual feel safe & secure?



Developing person-centred care

Case Study:

Introducing Edna

- Edna is a 78 Year old lady diagnosed with Alzheimers disease
- Edna moved into a care home six months ago.
- Before this Edna lived at home alone following the death of her husband nine years previously.
- Edna had become increasingly vulnerable and was at risk of financial abuse at home and following a fall, a decision was made in Edna's best interests to move into a nursing care home.
- Edna has frequently attempted to leave the care home unaccompanied. She also becomes distressed that she owes people money and bills haven't been paid.
- Staff and family are providing reassurance and support

Reasons for referral: attempting to leave the home and fixation on finances causing Edna distress



Information gathering

- Review of records and discussion with care staff
- Contact and discussion with family
- Contact with Psychiatrist
- Observation by practitioner
- Complete medication review chart
- Complete an initial behaviour record chart



Time/Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8-9	A	C	C	S	C	C	A
9-10	C	A	C	C	C	C	C
10-11	C	C	C	A	C	C	C
11-12	S	C	C	C	A	A	A
12-13	C	A	C	C	C	A	A
13-14	C	C	A	C	C	A	A
14-15	A	A	C	A	A	A	A
15-16	A	A	A	A	A	A	A
16-17	C	C	C	A	A	A	C
17-18	C	A	A	C	C	A	A
18-19	A	A	A	A	C	A	A
19-20	A	A	A	A	A	A	A
20-21	A	A	A	A	A	C	A
21-22	A	A	A	A	A	C	A
22-23	A	A	A	A	C	S	A
23-00	A	A	A	A	C	S	A
00-1	C	A	C	C	S	S	C
1-2	S	A	S	S	S	S	S
2-3	S	C	S	S	S	S	S
3-4	S	S	S	S	S	S	S
4-5	S	S	S	S	S	S	S
5-6	S	S	S	S	S	S	S
6-7	S	A	S	S	S	S	S
7-8	S	A	S	A	S	A	A

Pre - chart

A – Asking about bills / go home

C – Content

S – Sleeping



Main findings

- Edna gets particularly distressed in the night time, her daughter Catherine has agreed to come every evening to support her.
- Edna worries about bills and frequently asks to leave the care home.
- Edna has had three falls recently and her mobility has deteriorated.
- Staff have tried to engage Edna in activities when she wants to go home or is becoming distressed, however they find this difficult as Edna's concentration is poor.



Main findings

- Physical health issues include hypertension and osteoarthritis. Edna does not tell staff if she is in pain.
- Is encouraged to use her walking frame when mobilising but often declines.
- During the observation Edna frequently ‘how much did it cost’ to stay
- Would appear relieved when reassured about not having bills but was unable to retain this information.



Facilitated meeting

All findings are presented to the care home staff, activity staff and family together.

Followed by a facilitated discussion around understanding Edna's recent behaviours, potential triggers, causative factors and possible solutions.

These possible solutions are agreed and worked into a new care plan.



Recommended Actions for Edna's Personalised Care Plan

Pain and mobility

- Facial expression is a good indicator of pain.
- Continue to administer analgesia four times daily as prescribed including ibuprofen before bed and PRN gel.
- Monitor for signs of pain using pain checklist.
- Family will get Edna new shoes as hers no longer support her feet.
- Keep walking frame within Edna's eyesight as a reminder.

Asking about home bills

- When Edna asks about going home ask if she is missing home and engage in conversation about home, family etc.
- If Edna mentions bills, remind her that she is in a care home and all the bills have been paid.
- Be prepared to repeat these reassurances often.



Recommended Actions for Edna's Personalised Care Plan

Activities

- Continue to include Edna in the morning activities she enjoys.
- After lunch, say hello and introduce yourself. Offer her to join you in an activity.
- Activities Edna enjoys include: putting pages into folders, sorting items into categories, going for a walk, listening to folk music, looking through family photographs, jigsaws, rummage bag.
- If not completing an activity with Edna, check in on her every 10 minutes. Engage in conversation and give her encouragement and feedback for doing a good job.

Night time routine

- When Edna is in be remind her that the care home doors are locked and she is safe. Remind her that staff are there all night and if she needs them she can call them.
- Tell her you will be back with her when you have checked on the other residents.
- Check on Edna every 30 minutes, if she is awake remind her who you are and that you are there to check everything is OK.



Time/Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8-9	C	C	C	S	C	C	C
9-10	C	C	C	C	C	C	C
10-11	C	C	C	C	C	A	C
11-12	S	C	C	C	C	C	A
12-13	C	C	C	A	C	C	A
13-14	C	C	A	C	C	C	C
14-15	A	A	C	C	A	A	C
15-16	C	A	C	C	A	C	C
16-17	C	C	C	C	C	C	C
17-18	A	C	C	C	C	C	C
18-19	C	C	A	C	C	C	C
19-20	C	C	C	C	C	C	C
20-21	C	C	C	C	C	C	C
21-22	C	S	C	S	C	A	C
22-23	A	S	S	S	C	C	C
23-00	C	S	S	S	C	S	A
00-1	S	S	S	S	S	S	C
1-2	S	C	S	S	S	S	S
2-3	S	C	S	S	S	S	S
3-4	S	S	S	S	S	S	S
4-5	S	S	S	S	S	S	S
5-6	S	S	S	S	S	S	S
6-7	S	S	S	S	S	S	S
7-8	S	A	S	S	S	A	S

Post - chart

A – Asking about bills / go home

C – Content

S – Sleeping



Final review summary for Edna

- Staff advised that Edna is doing better overall. Can be unsettled two or three times per week but not to the same extent.
- Daughter Catherine said she doesn't need to visit every night now and can come up more in the afternoons now, improving the quality of visits.
- Is sleeping better since the introduction of Ibuprofen at night.
- Physio assessed Edna, has a three wheeled walking aid which holds her handbag.
- No further falls and family have provided new shoes.
- Staff created an 'office space' and Edna is occupied there for up to 30 minutes.
- Staff confidently and consistently engage with Edna if she asks about home, bills or family.
- Edna has been spending more time with another resident who has good language skills. Sometimes they talk or just sit together.



So what can we do to help get individualised person centred care right?

- ❖ Listen to people living with dementia – they are the experts.
- ❖ Get the environment right – it's important.
- ❖ Develop your own knowledge and skills within dementia care. Have fun with this, there are great tools to help.
- ❖ Really get to know the person living with dementia who is in your care – it is vital.
- ❖ Work together, communicate, gather relevant information, formulate ideas together based on observations and facts, develop an individualised care plan and then ensure it is followed **consistently** by everyone.

Thank you for listening

