

7

What makes a top hospital?

DEMENTIA CARE

MAY 2014



Authors:
Dr Paul Robinson
Julian Tyndale-Biscoe
Part of the CHKS Thought
Leadership Programme

Contents

Foreword - about this report.....	3
Executive summary	4
Introduction.....	5
The rationale for improving experience in hospitals	6
What does good dementia care look like?	10
Standards in dementia care	14
Conclusion	15
References.....	15

About CHKS

CHKS has worked with healthcare organisations across the UK to inform and support improvement for 25 years. This report highlights examples of best practice in dementia care, which we aim to share throughout the NHS.

Foreword

CHKS celebrates success with its annual Top Hospitals awards programme, so we have seen many examples of excellence in the delivery of healthcare in acute sector organisations. The idea behind this series of reports is simply to share these examples of success in the hope that other organisations can take something from each of them.

In 2013 CHKS added a new category to the awards programme: excellence in dementia care. This award identifies high-quality delivery of care for patients with dementia in acute trusts and is made on the basis of a series of outcome indicators, compliance against best-practice standards and site visits.

The rising number of patients with dementia presents a challenge for all acute hospital trusts. Such patients are likely to have longer lengths of stay than others and are also more susceptible to adverse incidents such as falls while in hospital. Aside from the cost implications to the NHS, where trusts do not get to grips with this challenge, the patients are not getting appropriate care – they are not 'living well with dementia'.

The trusts that were shortlisted for the new award are all taking this dementia challenge seriously and our aim is to share their energy and enthusiasm for providing high-quality care to patients with dementia.

This series of reports is designed to give acute sector organisations a better understanding of what is happening in other trusts by highlighting what has already been achieved.

WHAT MAKES A TOP HOSPITAL: THE OBSERVED THEMES

Quality and change

- Cost reduction through quality improvement
- Disciplined execution of change at scale
- Using data for improvement, not judgement

Safety

- "Getting to zero" – zero tolerance of harm
- Deliberate focus on reducing mortality and on other safety measures

Leadership

- Strong, stable leadership with continuity of chief executive
- Distributed leadership model that empowers clinical leaders and shifts power to patients and their families
- Investment in development
- The totality of the approach

Organisational culture

- Profound sense of mission and direction
- A mobilised workforce with a

passion to get things right for patients

- Defining and promoting values and living them every day

External influence

- Seeing the hospital as part of the wider community
- Corporate and social responsibility
- Risk sharing with commissioners
- Learning from other healthcare providers and other industry sectors

- Comparison not just with peers but worldwide

Patient experience

- What good feedback looks like
- Why staff experience is as important
- Measuring the experience of patients and staff
- How successful organisations use feedback
- Triangulating feedback with other data

Executive summary

There are 800,000 people with dementia in the UK, with numbers set to exceed one million by 2021 and increase to 1.7 million by 2050. Couple this with statistics showing that people with dementia in hospital have higher death rates, longer stays and increased likelihood of falls, and the challenge facing our acute sector hospitals becomes clear.

Hospitals have an important role to play in helping to identify patients with dementia, ensuring they are treated with compassion and discharged to an appropriate care setting.

Much has already been achieved thanks to government initiatives such as the Dementia Commissioning for Quality and Innovation (CQUIN) payments as an incentive to improve dementia care in hospitals. The Royal College of Nursing and Alzheimer's Society have also played their part in demonstrating what good dementia care in hospital looks like. Health Education England has been tasked with developing a national programme to raise awareness of dementia among all hospital staff.

However, hospitals are behind the curve in many respects; community service providers have been refining dementia care and pathways for many years. It was always going to be a challenge for acute sector organisations to respond to the complexities of dementia, with their focus being primarily on the bottom line and reducing lengths of stay.

Ask any person with experience of dementia and they will tell you that no two people with the condition are the same. In addition and contrary to much of what we see in day-to-day nursing, research has shown that people can and should be involved in discussion about their own care and treatment.

Most hospitals now recognise that dementia champions contribute to better practice and delivery of quality care for people with dementia. The introduction of such expertise can also help bring about the culture change that is needed to reinforce the importance of taking time with patients. One expert describes this as a “nourishing”, person-centred approach.

As pressure and demand on hospitals continues to rise, it is critical that the care of people with dementia in hospital be appropriate and of high quality. While there is no doubt that some hospitals are setting a good example, the reality is that every hospital is going to have to work to provide good, person-centred dementia care.

Introduction

CHKS's new award for excellence in dementia care is a welcome addition to the Top Hospitals programme. The recognition that action on dementia is an urgent priority has never been greater. With a quarter of hospital beds occupied by people with dementia, excellence in dementia care must become the core business for hospitals. Sharing and celebrating good practice that is happening locally is an important step toward this.

In 2009, Alzheimer's Society's *Counting the Cost* report¹ found that people with dementia were leaving hospital in worse condition than when they entered and that antipsychotic medication was widely, and often inappropriately, being used on wards. Since that time, we've seen the potential for change in the health and care system. Just one example of progress, achieved with sustained and collaborative effort, is that prescriptions of antipsychotics for people with dementia have been reduced by more than half.

The *National Audit of Dementia Care in Hospitals*² has also cast a light on the performance of hospitals. The two years of the audit so far demonstrate that where the organisational drive is there, improvement can be made in a short time. Our calls for hospitals to appoint senior clinical leads and dementia champions on wards are being heard; the majority of hospitals have dementia champions at both ward and directorate level. Uptake of our *This is me* leaflet³ is increasing. The leaflet is just one example of the simple tools that can help health and social care professionals to see the person they are caring for as an individual and to deliver person-centred care specifically tailored to individual needs.

But we know more can and needs to be done. Every person with dementia must have access to a 'top hospital' – one that promotes care centred around the needs of the person, and that offers a lead, not only in the UK but internationally, in innovation and zero tolerance of harm.

Rightly, this report also recognises the external influence that hospitals have. Dementia is an issue that affects every one of us, not only in care settings but across our communities. For this reason, Alzheimer's Society has been driving forward the creation of dementia-friendly communities. Health and social care alone will not solve the dementia challenge. Truly integrated care means establishing hospitals within their communities, leveraging support from housing and leisure services as well as formal care environments. Individuals also have a critical role to play in helping people with dementia live well with the condition.

I commend CHKS for recognising those acute trusts that are breaking convention or challenging the status quo to deliver better care for people with dementia.



Jeremy Hughes
Chief executive
Alzheimer's Society

Dementia - the rationale for improving experience in hospitals

The past five years have seen several important initiatives to tackle the challenge of dementia. One in three people over 65 will die with dementia and costs are estimated at more than £23 billion a year in the UK and predicted to reach £27 billion a year by 2018.

In 2009 the UK's national dementia strategy set out a vision for transforming dementia services, with the aim of achieving better awareness of dementia, earlier diagnosis and high-quality treatment in every setting and at all stages of the illness. The goal was for all people with dementia and their carers to 'live well with dementia' and the strategy recognised that significant improvements were required in all aspects of care, which could be achieved through better education and training for professionals. Among other things, it also pointed to the need to develop a range of services for people with dementia and their carers.

The strategy identified 17 key objectives to improve the quality of services provided to people with dementia and to promote a greater understanding of the causes and consequences of the condition. One of these objectives was specifically related to hospital care – it called for 'improved quality of care for people with dementia in general hospitals' and recommended:

- identifying a senior clinician within the hospital to lead on quality improvement in dementia
- developing an explicit care pathway for the management and care of people with dementia in hospital, led by that senior clinician
- gathering and synthesis of existing data on the nature and impacts of specialist liaison older people's mental health teams to work in hospitals, and then the commissioning of such teams to work in hospitals

The national dementia strategy was followed by the Alzheimer's Society 2009 report on dementia care in general hospitals. *Counting the cost* found that antipsychotic drugs were widely used to treat people with dementia in a hospital environment, while 47 per cent of carers who responded to the society's survey said being in hospital had a significant negative effect on the general physical health of the person with dementia. Other government reports, strategies and policy papers have followed (see box, opposite). The government's 2013 *Dementia: a state of the nation report on dementia care and support in England* highlighted where improvements are needed and where progress has been made. It followed the prime minister's dementia

DEMENTIA – a definition

Global, chronic (at least six months' duration), usually irreversible and progressive impairment of cognitive functioning including memory, orientation, comprehension, learning capacity, language and judgement, in clear consciousness. Alzheimer's disease is the most common type of dementia, affecting 62 per cent of those diagnosed.

“
 One of the greatest challenges of our time is what I’d call the quiet crisis, one that steals lives and tears at the hearts of families, but that relative to its impact is hardly acknowledged. We’ve got to treat this like the national crisis it is. We need an all-out fightback against this disease; one that cuts across society.

Prime Minister David Cameron, March 2012

DEPARTMENT OF HEALTH DEMENTIA STRATEGY AND POLICY PAPERS

Title	Date
Living well with dementia: a national dementia strategy	2009
Report on the prescribing of anti-psychotic drugs to people with dementia	2009
Quality outcomes for people with dementia: building on the work of the national dementia strategy	2010
Living well with dementia: a national dementia strategy – good practice compendium	2011
National dementia strategy: equalities action plan	2011
Dementia: a state of the nation report on dementia care and support in England	2013

challenge – an ambitious programme of work designed to make a real difference to the lives of people with dementia and their families and carers, building on progress made through the national dementia strategy.

The intent throughout is clear: tackling dementia is a priority and hospitals must play their part in helping to identify and care for patients with dementia with compassion, while working in partnership with other parts of the health and social care system.

Recent research by CHKS highlights the need to act. A two-year analysis of hospital episode statistics data found that dementia patients were 10 to 20 per cent more likely to die in hospital than comparable patient groups. Figures from the Care Quality Commission reinforce this finding. Its *State of Care* report⁴ stated that deaths in hospital are 36 per cent higher for patients with dementia than those with matching conditions without dementia.

This increased mortality rate is also coupled with lengths of stay that are on average a quarter longer than for those without dementia. Patients with dementia were found to be

DEMENTIA ACTION ALLIANCE

The Dementia Action Alliance consists of more than 1,000 organisations committed to transforming the quality of life of people living with dementia and their carers in the UK. Members of Dementia Action Alliance (DAA) have signed up to a National Dementia Declaration, which highlights seven outcomes from increased personal choice and control over treatment decisions, to having the knowledge and knowhow to get the support needed. DAA launched a joint initiative in 2012 with the NHS Institute for Innovation and Improvement (now NHS IQ) called The Right Care: creating dementia-friendly hospitals. The goal is for every hospital in England to be committed to becoming a dementia-friendly hospital, working in partnership with their local DAA. Hospitals are recognised for their efforts by being able to use the ‘Working to Become Dementia Friendly’ symbol.

ALZHEIMER'S SOCIETY: THIS IS ME

Alzheimer's Society's *This is me* leaflet is for people with dementia who are receiving professional care in any setting – at home, in hospital, in respite care or in a care home. It was originally developed for people with dementia who were going into hospital.

This is me is a simple and practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests.

It enables health and social care professionals to see the person as an individual and deliver person-centred care that is tailored specifically to the person's needs. It can therefore help to reduce distress for people with dementia and their carers and families. It can also help to promote better communication, and to prevent serious conditions such as malnutrition and dehydration.

This is me was first developed by the Northumberland Acute Care and Dementia Group and is supported by the Royal College of Nursing.

ALZHEIMER'S SOCIETY DEMENTIA ADVISER

Alzheimer's Society's Dementia Adviser service provides people with dementia and their carers with a named contact throughout their journey with dementia. The adviser helps to navigate and access appropriate services, ensuring contact with the right professional. As dementia care transcends health services, an adviser can support a more integrated experience of care.

The main aims of the service are:

- Provision of a quality information and signposting service that is tailored to individual need.
- Focus on the individual – empowering them to access the information they need, promoting independence, self-help, wellbeing, choice and control.
- Collaboration with other health and care professionals and active development of these partnerships to promote the best possible outcome for the person with dementia.
- Accessibility – seeking out those affected by dementia that have traditionally been found to be hard to reach.

Evaluation has shown that dementia adviser services are successful in meeting the needs of people with dementia and carers. The services have a positive impact on mental wellbeing and quality of life, and are highly valued by service users.

almost twice as likely to be readmitted following either elective or non-elective admissions.

Staying in hospital longer than necessary often has a detrimental impact on the health of patients with dementia, as they are more prone to experience complications such as dehydration, urinary tract infections and hospital-acquired infections. CHKS researchers believe one reason for the longer stays is that patients with dementia are three times as likely to have a fall while in hospital as other patients. A fall in hospital it is likely to double the patient's length of stay, from less than two weeks to one month on average.

In fact, these figures might be an underestimate, as not all patients with dementia have the diagnosis recorded on admission. The study, which looked at all admissions for people aged over 45 between 2010 and 2011, found just 3.5 per cent of patients had a diagnosis of dementia recorded for their latest stay, yet investigation into previous admission records found a further 30 per cent actually had dementia that went unrecorded in their most recent admission records.

In February 2014 NHS England announced it had set aside £90 million to boost diagnosis and care, hoping by March 2015 to diagnose two-thirds of people who have dementia. Hospitals have an important role in reaching these ambitions, for example by making progress on the goals set out in the national Dementia CQUIN.

CASE STUDY 1

PUTTING DEMENTIA AWARENESS INTO PRACTICE

Bradford Teaching Hospitals NHS Foundation Trust's Royal Infirmary was the first hospital in the country to receive official recognition for the work it has done to improve the environment and care provided to patients with dementia.

Since 2012, more than 900 hospital staff have attended dementia-awareness sessions focusing on person-centered care. Some have taken part in interactive education by wearing an old-age simulation suit to gain a better idea of what it is like to have dementia. The suit mimics the ageing body so staff can experience the impact on a person's daily living and understand how much more difficult it is to perform tasks that can be taken for granted.

Danielle Woods is dementia project manager at the trust. According to Danielle, one of the most important factors has been the support of senior management. "It's very important they are on board with what we do. Initially, it was the head of nursing who engaged with the project. The chief executive visits our projects sites and the chief nurse is on the project board, looking at dignity and respect, and helping to ensure we adopt person-centred care," she says.

The trust's dementia project board consists of individuals from different parts of the organisation and it is involved in a number of different workstreams, from education and training

to environment. As far as environment is concerned, the Royal Infirmary has undergone major renovations in a bid to boost its dementia-friendly credentials. The hospital's two elderly-care wards and its orthopaedics/geriatrics ward have been transformed under The King's Fund's 'Enhancing the Healing Environment' scheme.

"The renovation is only part of what we have been doing. As with all trusts, the CQUIN targets mean we are identifying patients with dementia and we have adopted the Forget Me Not training service, which means we have plastic badges that go above the beds on wards, prompting staff that the patient has additional communication needs. We also use stickers on patients' notes and on requests for scans or other tests. Patients are given a Forget Me Not bag with information signposting community services that are available."

Danielle explains that the trust has developed a dementia pathway mirroring a tube map, showing what might happen to a patient who is exhibiting signs of dementia. "If we have someone in A&E at three o'clock in the morning who we think would normally be admitted but we think would be better off at home in familiar surroundings, we can get them home with a package of support. This involves integration with community services."

What does good dementia care look like?

Acute hospital trusts have made significant improvements in the way they identify, assess and care for people with dementia, and have responsibly reduced the prescription of antipsychotic medication.

The Department of Health has used Dementia Commissioning for Quality and Innovation (CQUIN) payments as an incentive to improve dementia care in hospitals. The payments, introduced in April 2012, are made for all patients over the age of 75 admitted to hospital for more than three days. The payments incentivise the identification of patients with dementia (and other causes of cognitive impairment) alongside their other medical conditions and ensure appropriate referral and follow-up after they leave hospital. As part of the CQUIN for 2013/14, hospitals must confirm they have a named lead clinician for dementia and an appropriate staff training programme. They must also undertake a monthly audit of carers of people with dementia, including how supported carers feel, and the findings must be reported to the trust board at least twice a year.

The Dementia CQUIN payment is triggered in three stages. The first stage is to meet the target of undertaking case-finding to identify 90 per cent of all patients aged 75 and over with delirium and dementia. The second stage is the diagnostic assessment and investigation of 90 per cent of those patients who have been assessed as 'at risk' of dementia. The third stage is the referral of 90 per cent of those for specialist diagnosis of dementia and appropriate follow-up.

However, identification, assessment and referral is only part of the challenge. Improving the environment is another aspect of dementia care that many hospitals are seeking to address. Adapting hospitals and care-home environments to make them dementia friendly can help people live well with their condition for longer. Currently, 116 projects are under way across health and care organisations in England, supported by a share of £50 million funding from the Department of Health. These projects are expanding the range of dementia-friendly environments.

However, some dementia specialists feel that even though a great deal has been achieved, acute hospitals are still lagging when it comes to the care of people with dementia.

Having dementia doesn't mean automatically losing your decision-making ability and this

THE BUTTERFLY SCHEME

One initiative that is helping with identification of dementia sufferers is the Butterfly Scheme. Whether a patient has a dementia diagnosis, delirium or simply displays signs of confusion on admission to hospital, they can choose to be identified as having memory problems with a small butterfly motif. This at-a-glance symbol helps to ensure that people with dementia get the right treatment and support from all the healthcare professionals involved in their care.

The scheme was devised by carer Barbara Hodgkinson, who recognised that patients with dementia do not get effective and

appropriate care, increasing their stress levels which, in turn, can lead to a longer stay. The discreet butterfly symbol indicates the patient has specific care needs related to their memory and those who interact with the patient are provided with a specific, five-point targeted response.

Where the Butterfly Scheme is in place, the impact has been positive. Hospitals report that staff from all disciplines now talk to the patients more and are able to make a far better connection. Behaviours are better understood and continence and general skills are maintained more successfully.

needs to be considered as each decision arises. Professionals and carers need to facilitate the involvement of people with dementia in decision-making.

Karen Harrison Dening is Director of Admiral Nursing and has a background in community mental health nursing. She joined the panel of judges for the CHKS Top Hospitals programme award for excellence in dementia care. She says: "A lot of the targets for acute-sector hospitals in respect of dementia are often about detection and raising awareness among staff groups and expediting discharge. I think there is a lot more to it than that."

For Karen, hospitals that provide excellent care for patients with dementia are addressing the issue of communication and involving patients in decisions. "The situation often arises where you have someone on a ward with multimorbidities, one of which may be dementia. The tendency is often to treat the disease and fail to see the person."

She says Admiral Nurses working in the acute-care setting can support nursing and other disciplines to see beyond behaviours that challenge them and to facilitate an understanding of the need that is motivating a patient to behave in that way. This helps staff understand dementia in practice and thus often reduces the need for further intervention.

Reflecting that no two individuals are affected by dementia in the same way, she warns that those who appear quiet and withdrawn could be at risk of seeing their needs go unrecognised as those whose behaviours are challenging are likely to draw the attention of staff. "They might not show distress in a typical way and simply withdraw, which might lead ward staff to interpret this as them having no immediate needs, such as pain. A withdrawn person with acute pain may also

HEALTH EDUCATION ENGLAND AND DEMENTIA TRAINING

Health Education England has been tasked by the Department of Health to set out the work programme for foundation-level dementia training for all NHS staff (Tier 1 training). This means helping staff to recognise and understand dementia, improving communication with patients who have dementia and being able to signpost patients and carers to appropriate support. The outcome of this training will be:

- staff will have greater awareness and confidence to support patients affected by dementia
- better diagnosis, treatment and care of those with dementia
- earlier identification of the symptoms of dementia
- better staff awareness of the needs of patients affected by dementia and their families and carers to enable them to provide safe, dignified and compassionate care
- GPs better able to identify and work with patients affected by dementia
- staff better able to signpost patients to the most appropriate care
- increased awareness of mental health problems in those with long-term conditions

Definitions of Tier 2 intermediary dementia training and of Tier 3 advanced dementia training will be agreed and is set to be rolled out from April 2014.

have a delirium – someone who is cognitively intact is more likely to be able to express needs and discomfort in respect of pain and other symptoms. Those that present in such a withdrawn and apathetic state are at high risk of their needs being overlooked, especially on a busy ward, where staff are under pressure.

“We have to go beyond dementia awareness and work out what knowledge and skills ward staff need to deal effectively with the needs of people with dementia on their wards. It can be difficult to work with people with dementia but also highly rewarding.”

This view is reflected by Jeni Bell, the UK’s first hospital-based Admiral Nurse specialist, at University Hospital Southampton NHS Foundation Trust. In her role Jeni shadows clinical staff and oversees a training and development programme that looks at understanding patients’ body language and how to handle those who do not interact verbally. She believes care could be transformed if nurses were given the opportunity to talk to patients as individuals rather than be restricted to purely medical interaction.

“People with dementia don’t go into hospital because they have dementia, they are there because they are physically unwell. Unfortunately, acute hospital staff have been ill-equipped to deal with the added needs that dementia presents, both for the person with dementia and their carers,” she says.

CASE STUDY 2

MEETING THE DEMENTIA CHALLENGE IN LONDON

The board at Chelsea and Westminster Hospital NHS Foundation Trust has made improving the treatment and care of patients with dementia one of its core aims alongside meeting other performance indicators for safety and clinical effectiveness. In 2013 it appointed nurse specialist Sarah Bryan as dementia case manager to help maintain this focus on managing patients with dementia. Sarah’s role is to ensure assessments have been completed and embed an awareness of the needs of patients with dementia among all staff.

Sarah says: “Support for this initiative has come from the top of the organisation. My line manager is the lead nurse for mental health and both our director of nursing and director of operations are intent on increasing dementia awareness among staff.

“We have put an emphasis on education and training and, in common with other trusts, our aim has been to make sure all staff are trained to Tier 1 level. We recently secured funding to have dementia champions trained through Sterling University on a six-month accredited course.”

The trust’s full-day training programmes are available to all clinical and non-clinical staff. In addition, it runs an Excellence in Care course, which includes a three-hour slot on dementia for healthcare assistants. The figures for the number of staff trained up

to the end of December 2014 look promising, with 177 healthcare assistants trained to Tier 1 and 26 registered nurses, nine allied health professionals and seven clinical support staff trained to Tier 2. The aim for 2014 is to have a further 90 nurses, 50 allied health professionals, 50 clinical support and 40 administration staff trained to Tier 2.

The trust has seen a steady improvement in screening patients for dementia and cognitive impairment, and has also improved the way the information is recorded and reported. This, in turn, has given managers and clinicians greater confidence in the figures.

It is also putting an emphasis on environment, with colour-coded bays in upgraded wards. Artwork has been commissioned for entrance and exit doors. Alongside this, the trust is training hospital volunteers and using dementia discharge packs for carers so they are aware of support in the community.

“Ultimately we want to ensure patients with dementia do not stay in hospital longer than other patients and that when they are discharged back to the home environment, there is adequate support for them. This means improving support for carers and enabling patients to have more of a say. The challenge for every trust is that no two patients with dementia are the same and it is up to our staff to make the experience for this group of patients better,” Sarah says.

“Many hospitals have lost that sense of creativity to think in simple terms about how to meet the physical and psychological needs of patients, so much so it has almost eradicated relationships between nurses and patients in some settings.”

This person-centred approach was described by the Royal College of Nursing in its 2013 document *Commitment to the care of people with dementia in general hospitals*.⁵ This commitment is made up of five principles, which form a shared commitment to improving care. The principles are:

- staff who are skilled and have time to care
- partnership working with carers
- assessment and early identification of dementia
- care plans that are person-centered and individual
- environments that are dementia friendly

Each principle is considered essential to ensure the appropriate delivery of care, and factors are identified that will support their delivery based on guidance and best practice.

CASE STUDY 3

USING A PATIENT STORY TO HELP STAFF UNDERSTAND DEMENTIA AT GUY'S AND ST. THOMAS' NHS FOUNDATION TRUST

In 2011 Guy's and St. Thomas' NHS Foundation Trust set up a dementia and delirium (DAD) clinical group to raise awareness of the needs of patients with dementia or delirium, working in line with the national dementia strategy, NICE guidance and the trust's own quality strategy. The DAD group works to ensure a consistent and efficient approach to recognising and responding to the needs of patients with memory issues and, in particular, those with dementia and delirium. This means making sure there is a detection system in place to identify patients with memory issues. The group has also implemented a framework to support and review the development of the trust's dementia pathway.

Eileen Sills, chief nurse and director of patient experience at the trust, says: “Over the past three years we have implemented a number of initiatives to ensure that our older patients and those with dementia are getting the care they need.”

All clinical and non-clinical staff are expected to have a good understanding of the issues faced by patients with dementia. This awareness has been helped by the development of the trust's dementia training film, called *Barbara's Story*.

Almost 10,000 staff from across the trust have attended

training sessions to see the film, which follows a fictional patient with dementia during her hospital visit. Eileen says: “*Barbara's Story* has had such a positive impact within our trust, with staff doing things differently. It is very humbling to watch and *Barbara's Story* has struck the heart of the organisation in a way which could never have been imagined.”

Eileen believes it has made the job of the DAD group much easier because there is much greater awareness and members of the group are pushing at an open door when they talk to staff about caring for people with dementia. The film is now being used as a training tool as part of the campaign to raise awareness of dementia for all staff in hospitals and in the community.

The training film is one example of what the trust is doing to improve the experience of patients with dementia. Other initiatives include: changes to the ward environment, complete with colour-coded bays and symbols to help patients remember their way back to their bed; blue wristbands so staff can easily identify a patient with dementia; and red meal trays and jugs as a sign to staff that the patients using them need support with eating and drinking.

Standards in dementia care

CHKS has developed an assurance programme with standards for the care of patients with dementia in an acute setting. The programme combines a framework of standards detailing organisational structures and processes in acute settings with analysis of performance and outcome data. The standards arise from national policy developments, research evidence, professional guidance and consultation with people working in the field.

The five standards were informed by the national audit of dementia care developed by the Royal College of Psychiatrists and the Royal College of Physicians. They cover: governance and leadership; risk awareness; staffing; support and training; patient pathway; and care environment.

The assurance programme provides a framework of care for hospitals to ensure the specific care needs of patients with dementia are met and that the quality of care provided by trusts is continually improving through a review of processes and governance.

The Alzheimer's Society has worked with CHKS on this programme and provides analyses of training needs and training to hospitals following the review carried out as part of the assurance programme.

The CHKS assurance process covers:

1. Baseline self-assessment: initial compliance with standards and criteria completed by the trust
2. External survey: surveyors assess evidence against the standards and record their findings and compliance ratings
3. Survey report: surveyors and the trust discuss the accuracy of the survey findings. The survey report is finalised and used for discussion and development of action plans in the context of the information on performance and outcomes from the CHKS dementia indicators dashboard
4. Action plan and feedback to the trust: a report with proposed actions is discussed and presented to the executive team. This will include recommendations as a result of the assessment against standards and the performance against the indicators

For more information about the assurance programme please call CHKS on +44 (0) 1789 761600, or email information@chks.co.uk



The CHKS Dementia Dashboard

Conclusion

Dementia affects a significant proportion of our elderly population and efforts are being made to promote care at home or in suitable community settings. However, hospitals need to ensure they provide high standards of diagnosis and care, and fully support an integrated care pathway that offers people with dementia a seamless transition between home and place of care, high-quality treatment and appropriate lengths of stay where required. This will include working with primary care on the 'named GP' and unplanned admissions enhanced service, which are initiatives aimed at vulnerable patients in the new GP contract.

This means we have to change the way that hospitals care for people with dementia. At present, our hospitals are not set up to respond to the complexities of dementia. There have been improvements and hospitals are much better at identifying, assessing and discharging patients with dementia, but there is more to do. Changes to the hospital environment, such as colour-coded bays, will make a difference. Better training will help; the success of the *Barbara's Story* film at Guy's and St. Thomas' is testament to the impact this can have.

However, hospitals need to address barriers that hinder staff in the delivery of person-centred dementia care, such as a lack of training and time, a focus on tasks rather than people and poor support at organisational level. One option is to bring experts onto wards so they can talk to staff and offer strategies for the care of patients whose behaviour might otherwise present challenges. Communication is the key and this means giving healthcare professionals the time and opportunity to explain, to listen and to act with compassion.

There are many resources available for those trusts wanting to improve dementia care. The Royal College of Nursing's 'Transforming dementia care in hospital' programme shares best practice from nine hospital trusts. The aim is to provide practical tools and a real understanding of how to implement improvements in care for people with dementia and their families.

In addition, CHKS has developed an assurance programme for dementia care to ensure the specific care needs of patients with dementia are met, and it has partnered with Alzheimer's Society to provide training needs analyses and deliver training to hospitals.

This focus on dementia needs to be maintained. Its central goal of providing person-centered care has the potential to help the wider healthcare system develop a service that is fit for the future – one that is based around the person and the multiple factors that affect wellbeing.

References

1. Alzheimer's Society. *Counting the cost: caring for people with dementia on hospital wards*. 2009
2. Royal College of Psychiatrists. *National audit of dementia care in general hospitals, 2012- 2013*. 2013
3. Alzheimer's Society. *This is me*. 2010
4. Care Quality Commission. *The state of health care and adult social care in England*. 2012
5. Royal College of Nursing. *Dementia: commitment to the care of people with dementia in general hospitals*. 2013



CHKS

Insight for better healthcare

Celebrating 25 years in 2014



Assurance in Dementia Care

Achieving excellence in care quality

We can help you meet the challenges of dementia care in hospital settings. Our Assurance in Dementia Care Programme is a powerful package of support designed to benchmark your organisation, provide an independent assessment of quality standards and offer guidance as to where improvements can be made.

Find out more

Visit www.chks.co.uk, call 01789 761600 or email info@chks.co.uk.

In partnership with

Alzheimer's Society | Leading the fight against dementia