

**Study Session: Manager
& Compliance Study
Session: Dementia Care
Best Practice in
residential and nursing
settings**

Starting 09.30

Please tell us where you are
from

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#2511 701



Welcome

Study Day: Manager & Compliance Study Session: Dementia Care Best Practice for Care Managers and Champions

Date: 18th September 2024

This Session will begin shortly





Housekeeping



Please keep your mobiles on silent during the presentations



Exits



Comfort Break



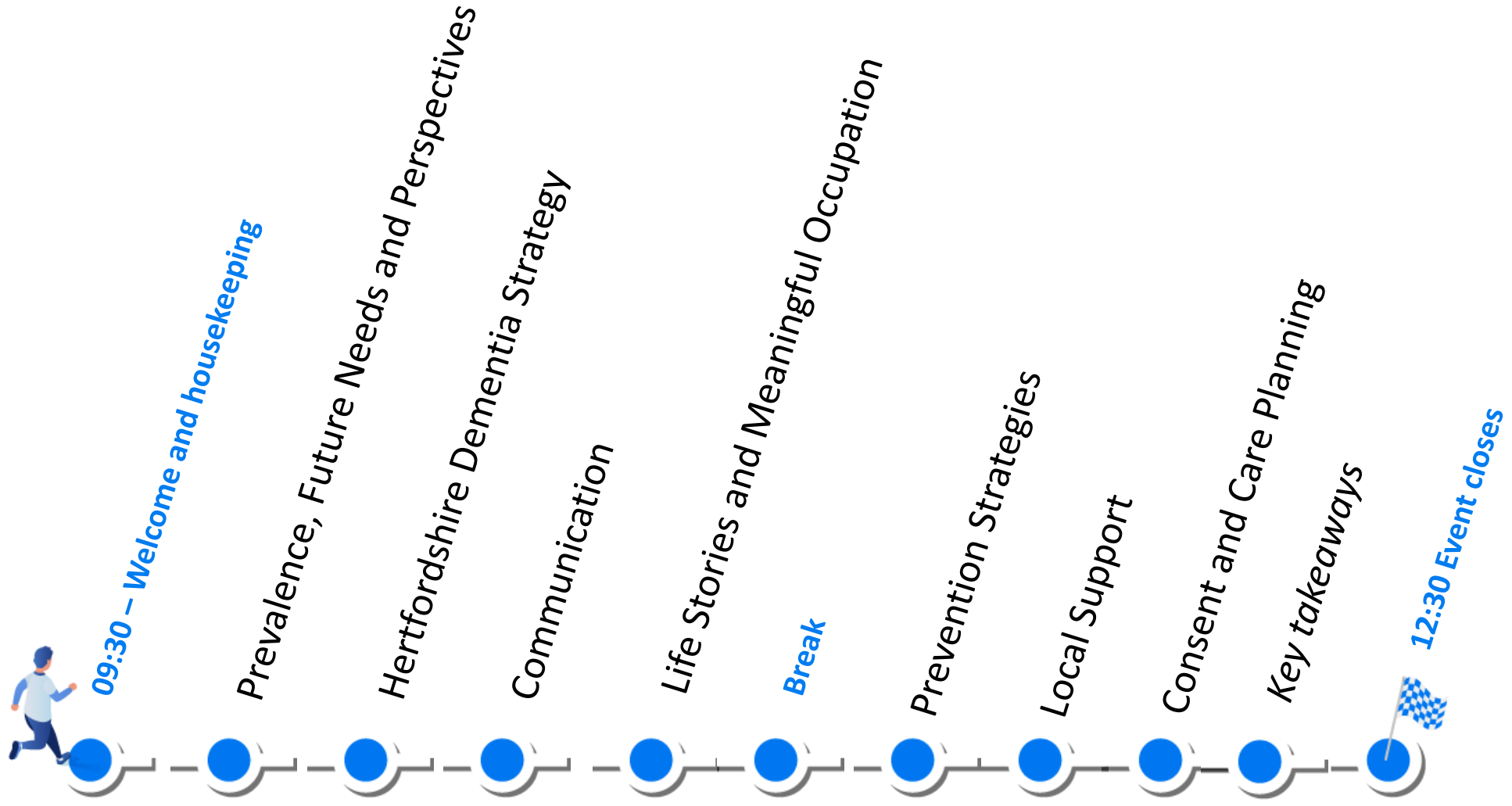
No planned fire drills

Michelle Airey

Head of Education, Quality and Integration



Agenda





All Staff Approach

Consistency

Continual Flexibility

Monitoring

Reflection

What is Dementia?



Dementia is not a single disease, nor is it a natural or expected part of aging.

There are over 100 diseases that cause dementia

Dementia symptoms are caused by a wide range of different diseases that affect the structure and functionality of the brain.

For an individual living with Dementia, these symptoms are severe enough that they have a significant impact on day-to-day life.

The diseases that can cause Dementia are progressive, which means that they will get worse over time.

Prevalence

OVER 55 MILLION PEOPLE ACROSS THE
GLOBE

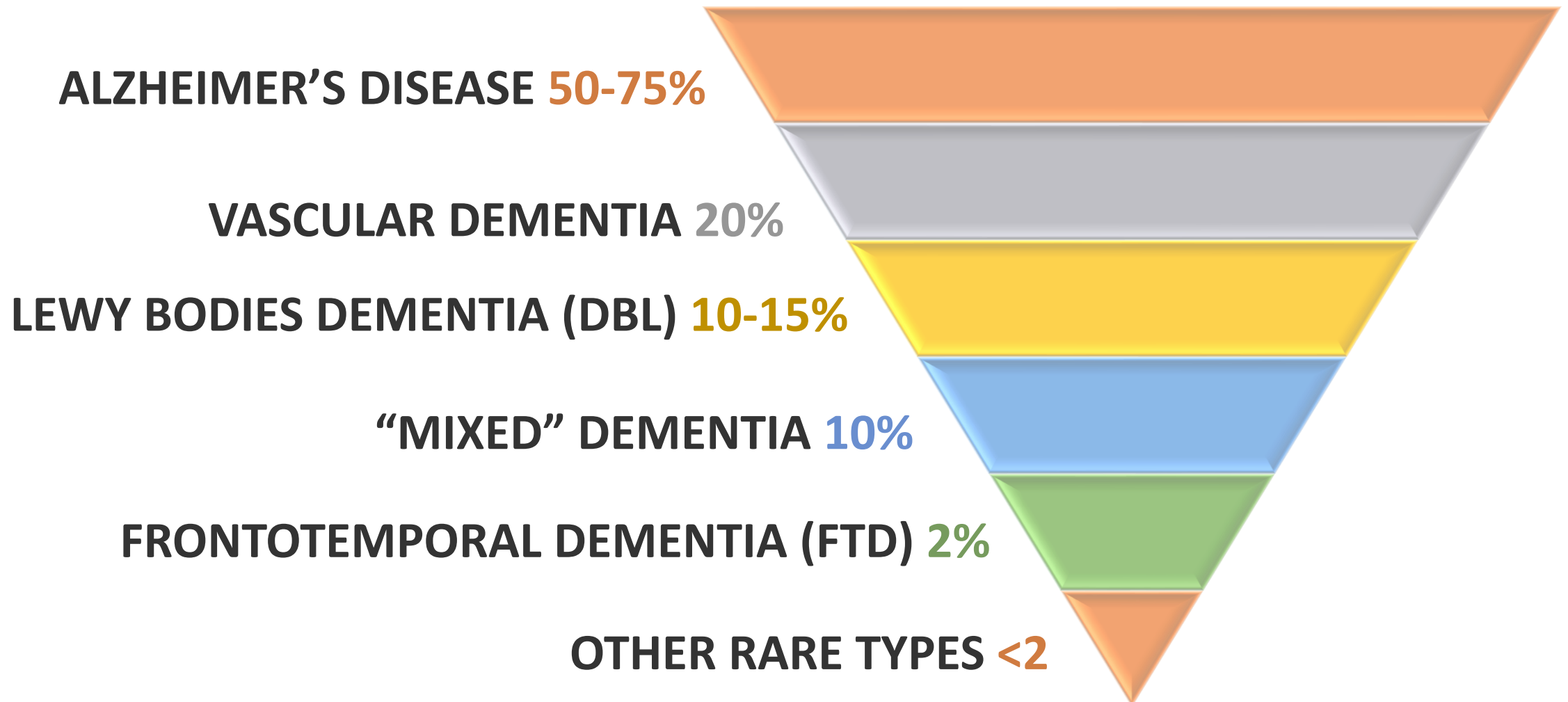
10 MILLION PEOPLE IN WHO EUROPEAN
REGION

944,000 PEOPLE IN THE UK

70,800 PEOPLE WITH YOUNG ONSET DEMENTIA

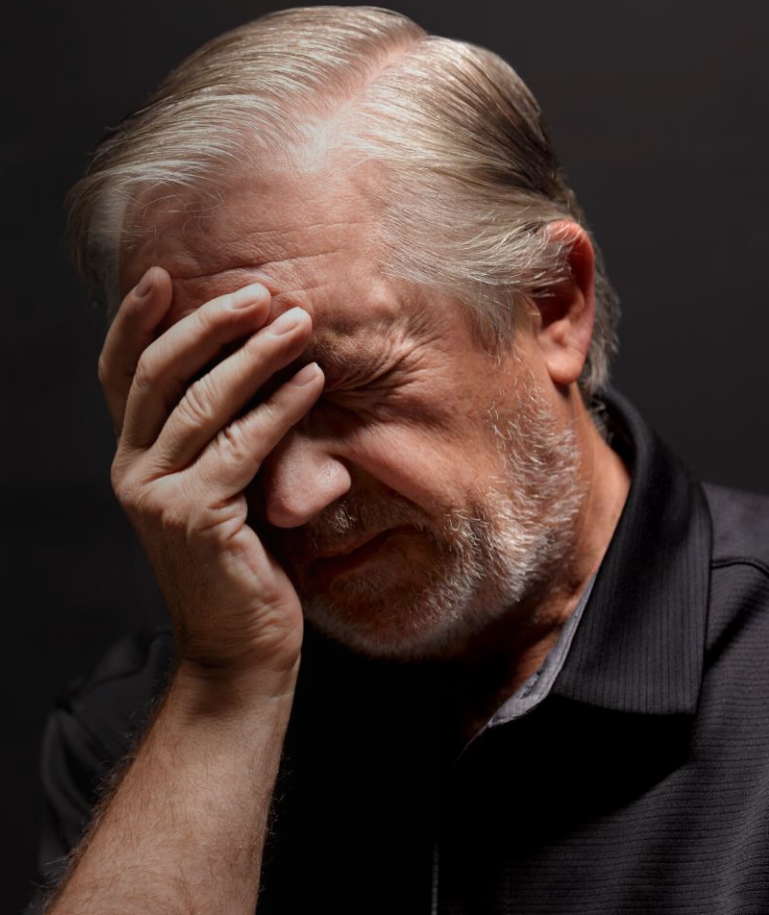
12,251 PEOPLE IN HERTFORDSHIRE & W. ESSEX





A study of people with Dementia found that around 1 in 4 individuals feel they are not part of their community (27%) and feel that people avoid them (23%)

(Alzheimer's Society)





The Importance of Family Involvement



Unique
expertise &
knowledge

Engagement

Comfort, care
& support

Shared
experiences

Independence & Citizenship

Independence and the ability to maintain/develop roles as citizens is our ultimate aim, but this means different things for different people. For some, this may be learning new skills to build upon independence whilst for others, this may mean exploring the potential for further recovery and rehabilitation.

With the right support, everyone can achieve some independence. We want to support people to maximise their own potential for control over their lives.

Every Contact is Strength Based & Risk Positive

Strengths-based practice emphasises people's self-determination, skills and assets and should underpin every conversation and contact.

Risk-taking is a part of life and a part of social care too. It's something we all do. We take risks every day to make our lives better and achieve our goals. Risk involves the potential for benefit as well as harm, so we don't want to remove it completely. By taking a proportionate approach to reducing and mitigating the potential for harm, we can reach a balance between independence and the risk of harm.

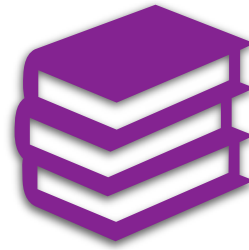
Person-Centred Dementia Care



Learning,
Education &
Understanding



Person-led, not
condition-led
routines



Up-to-date
documentation



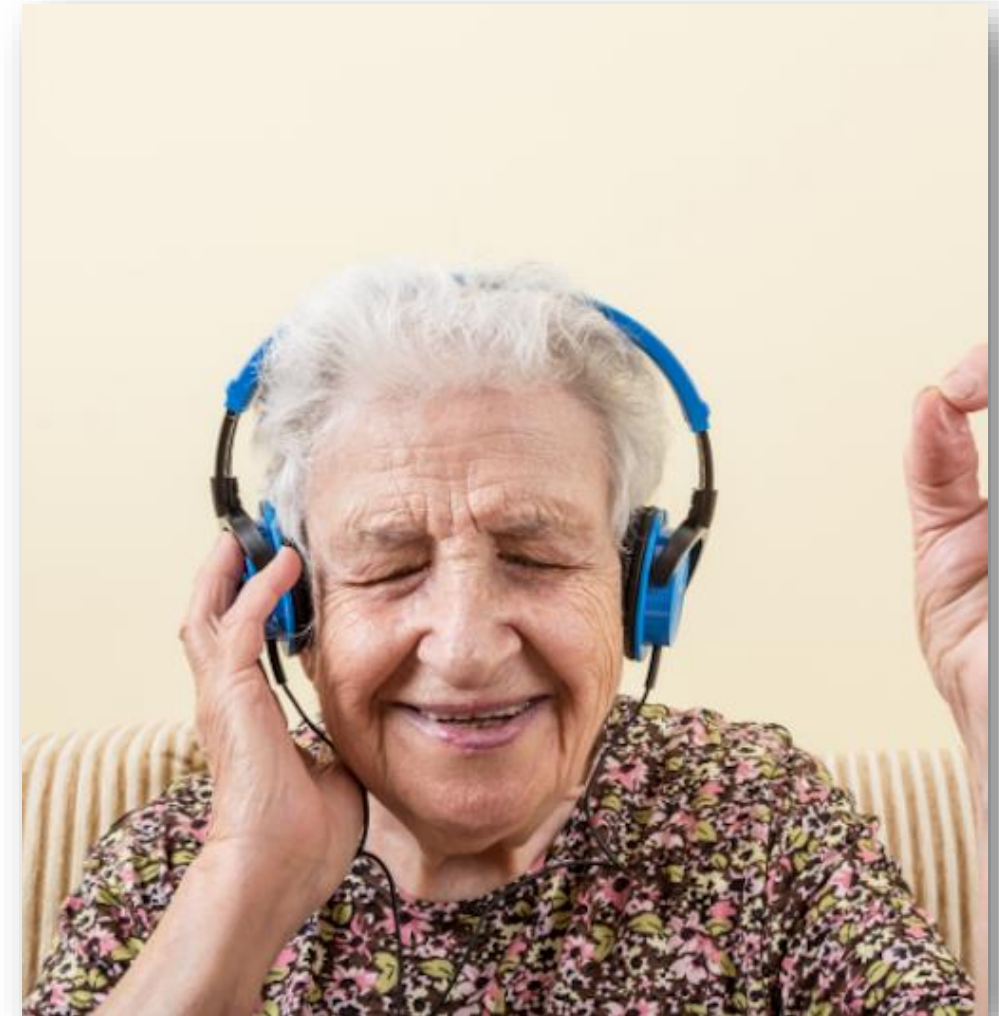
Partnership NOT
Ownership



Inclusive
Communication



Empowerment
& Enablement



Carer Perspective

My name is Sheryl Sur and I have been a full time carer for my husband, Mike, since April 2018. Mike turned 65 years old in June this year and has been fit and active all his life. He really enjoys exercising and has done weight training for many years, enjoyed playing golf, cycling, running, and playing snooker. He ran the London marathon with me in 2013, 2 years after being diagnosed with Parkinson's Disease. He also enjoys music, especially great guitarists like Joe Bonamassa, Brian May and Eric Clapton, and bands such as Pink Floyd, Dire Straits and Fleetwood Mac.

We have learned a lot about Parkinson's Disease over the years and Mike's determination to stay fit and active has really helped to maintain his mobility. He has ridden a recumbent trike for nearly 10 years because his poor balance stopped him from riding a two wheel bike. However, Mike was then diagnosed with Parkinson's Disease Dementia (which comes under the Lewy Body Dementia umbrella) in April 2022.

I have looked into respite care for him for a couple of weeks, but there are no residential/nursing care facilities in Hertfordshire that offer age appropriate care for those with Young Onset Dementia and none of them can manage his needs at night with the staffing ratio they have so he would a carer brought in from an outside agency to provide 1:1 care at night.



Charlie Strack

Sheryl Sur

Our work



As a Hertfordshire charity we offer free support for carers to help them to continue caring if they want to.

We want:

- To make caring visible so carers are identified and supported earlier in their caring life
- Carers to feel confident and in control
- Carers to be recognised and appreciated for the contributions they make
- Carers to have a stronger voice in the system.



www.carersinherts.org.uk

What issues or problems do you face in your caring role that you believe we could help with?



- **Balancing Responsibilities:** Carers struggle with managing caring alongside work and personal life, often facing difficulties juggling these roles.
- **Access to Support:** Carers encounter obstacles in accessing healthcare, mental health services, and essential information. They require easier access to care and support networks.
- **Financial and Housing Concerns:** Carers worry about finances, navigating benefits, and housing support. There's a need for improved financial guidance and housing solutions.
- **Emotional Well-being:** Carers experience emotional stress, loneliness, and feeling overwhelmed. Addressing their emotional well-being and providing coping resources is crucial.
- **Communication and Advocacy:** Carers face communication challenges with healthcare providers and administrative bodies. They also seek advocacy and awareness regarding caring challenges. Effective communication and advocacy are vital for supporting carers.



www.carersinherts.org.uk

What kind of support or help do you think would be most useful to you?



- **Practical Assistance:** Carers need help with paperwork, forms, and legal matters. They seek support with daily tasks and administrative responsibilities.
- **Respite and Time Management:** Carers require breaks and better time management strategies. Time-efficient solutions and respite opportunities are essential.
- **Emotional Support:** Carers want emotional support and understanding and improved access to counselling and mental health services.
- **Information Access:** Carers value clear information about available services and providers. They prefer in-person or phone explanations over email or chat and dislike automation.
- **Specialised Care:** Carers with specific caring challenges seek tailored support. Specialised resources for unique care situations are important.



www.carersinherts.org.uk

What gets in the way of you getting support or help from other organisations?



- **Access and Awareness:** Difficulty finding where to seek help. Limited awareness of available services. Struggles navigating support systems.
- **Time and Energy Constraints:** Balancing caring with personal life and work. Overwhelmed by caring demands, paperwork, and bureaucracy. Limited time for research and accessing support.
- **Communication and Information:** Challenges in reaching knowledgeable individuals. Frustration with automated phone systems and waiting times. Difficulty obtaining clear information.
- **Financial and Resource Barriers:** Financial constraints and high service costs. Qualification difficulties due to strict criteria. Limited availability of specific services.
- **Resistance and Denial:** Care recipients' reluctance to accept outside help. Challenges convincing people with support needs of the need for assistance. Emotional strain and fear of judgment.



www.carersinherts.org.uk

Living Well with Dementia



Dementia not only has a devastating impact on those with the disorder, but also has profound, negative effects on family members who provide the majority of care. Family carers are often old and frail themselves and have high levels of carer burden, depression and physical illness, and decreased quality of life.



www.carersinherts.org.uk

Get in touch



Tel: 01992 586969

contact@carersinherts.org.uk

www.carersinherts.org.uk

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Hertford
SG14 1AX



www.carersinherts.org.uk



Always remember we are
talking about human beings.
Labels and language can stick
and change perceptions



Kristian Tizzard

Head of Service

Integrated Accommodation Commissioning and Workforce Development Team



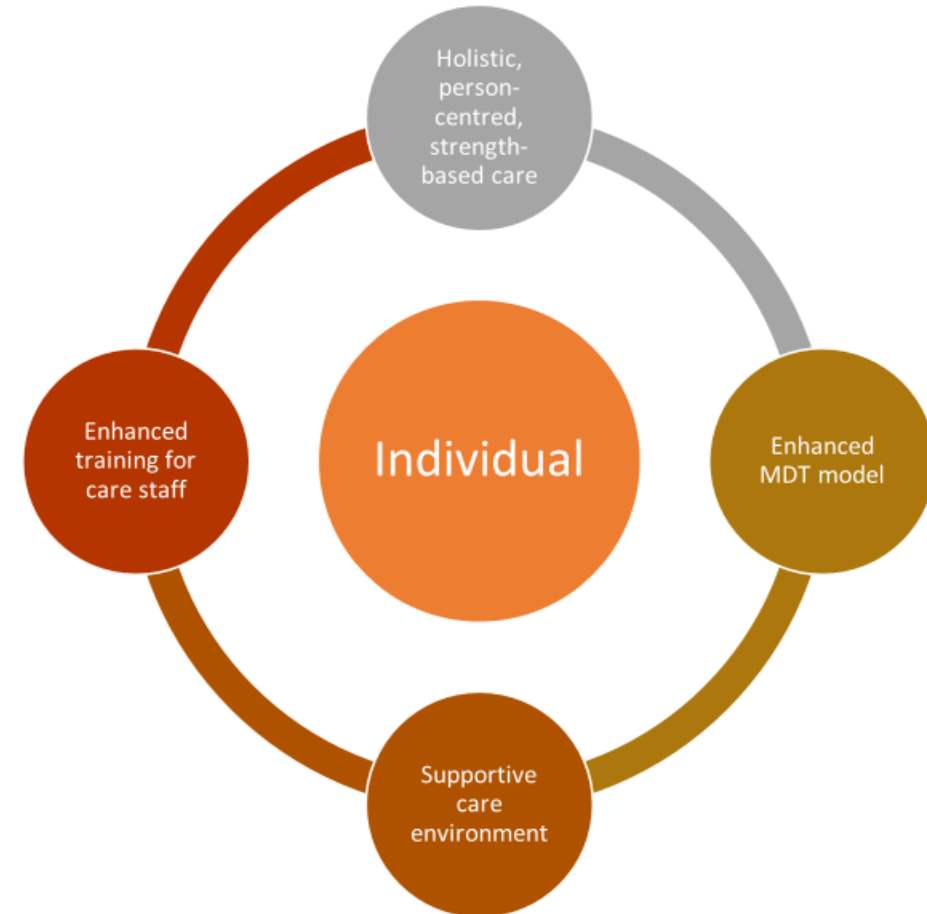
Learning from enhanced care home service for people with non-cognitive symptoms of dementia.

- Pilot of an enhanced service in nursing home setting.
- Evidence-based model and positive behaviour support/social intervention before medication is considered.
- Environment key to people with non-cognitive symptoms of dementia.
- Role of home manager as part of MDT process.
- Improving the training offer to care staff supporting people with non-cognitive symptoms of dementia.
- Further guidance on model:

<https://www.gov.scot/publications/health-care-home-healthcare-framework-adults-living-care-homes/>

[Optimising treatment and care for behavioural and psychological symptoms of dementia: A best practice guide. Full colour version \(alzheimers.org.uk\)](https://www.alzheimers.org.uk)

-



Bob's story

- Bob (not real name) is a 74-year-old man who lived on his own. He has family who he sees regularly.
- Bob lives with Alzheimer's Disease and began to experience depression. Attempts were made to support him at home, but he was admitted to hospital with acute psychosis.
- When he was in hospital, he experienced delusional beliefs and became distressed. He did not understand why he needed care and wanted to leave the unit when it was not safe for him to do so.
- Bob needed care home support, but it took a further 50 days to find a place. It is common for people with dementia to become “stuck “ in mental health hospital care because of a lack of community support availability.
- The team did “life story” work as a part of Bob's assessment before he moved to the Sunflower Unit.
- Bob was scared and isolated himself from others by staying in his room. Staff took time to build rapport with Bob and he became more confident and was able to come out of his room.
- Bob has a passion for art. He was happy to share some of his artwork and to teach others.
- Bob's wellbeing significantly improved during his stay at Sunflower Unit, and he was able to move to a home nearer to his family within just over a month.
- The team worked with Bob's new care home staff to make sure that the Bob's life story and the learning on how he is supported was carried over into his new home.

What people said.

“We learned that Bob went to Art College by going into his history and trying to understand who he is, not just his behaviours or his likes and dislikes. What gets him up in the morning? What motivates him? What kept him going when he was going through that awful time in the community?. So, what can we learn from him? That's what changed it for me.”

“Sometimes delusional beliefs can manifest through anxiety. He's saying is ‘I am important’.

“He was teaching us how to draw and he agreed to teach others to draw as well. So again, he was in that position of being able to disseminate not just his knowledge but who he is...And as soon as he knew we were sufficiently invested in him, I think that helped the trust”.

“He's building strong relationships with other people. He likes helping others, he enjoys listening to music. He enjoys drawing in his room. He's been supported to go fishing, and now does this regularly at his new home”.

“Staff continue to work with him to establish a more meaningful activities to do throughout the week with support of his family”.

“The care home has been great for him. He has settled in very well and appears to be miles away from the person who was in crisis”.

Future Plans

Join at
slido.com
#2511701



what

can

we do

?



Emma May

MHLDA



Herts Mental Health,
Learning Disability and
Autism Health and Care
Partnership



Hertfordshire and
West Essex Integrated
Care Partnership



Dementia Friendly Hertfordshire

Hertfordshire Dementia Strategy 2023-28

Emma May, Project Manager MHLDA HCP

**Working together
for a healthier future**





Herts Mental Health,
Learning Disability and
Autism Health and Care
Partnership



Hertfordshire and
West Essex Integrated
Care Partnership

Hertfordshire Dementia Strategy

2023 - 2028



Our vision is of a County where people affected by dementia have access to timely, skilled, and well-co-ordinated support from diagnosis to end of life, which helps achieve outcomes that matter to them.



Priority Areas

Promoting Health and Wellbeing

Enabling Equitable and Timely Access to Diagnosis

People with Dementia have Equitable Access to Appropriate Health, Care and Support Services

Young Onset Dementia (YOD)

Preventing and Responding to Crisis

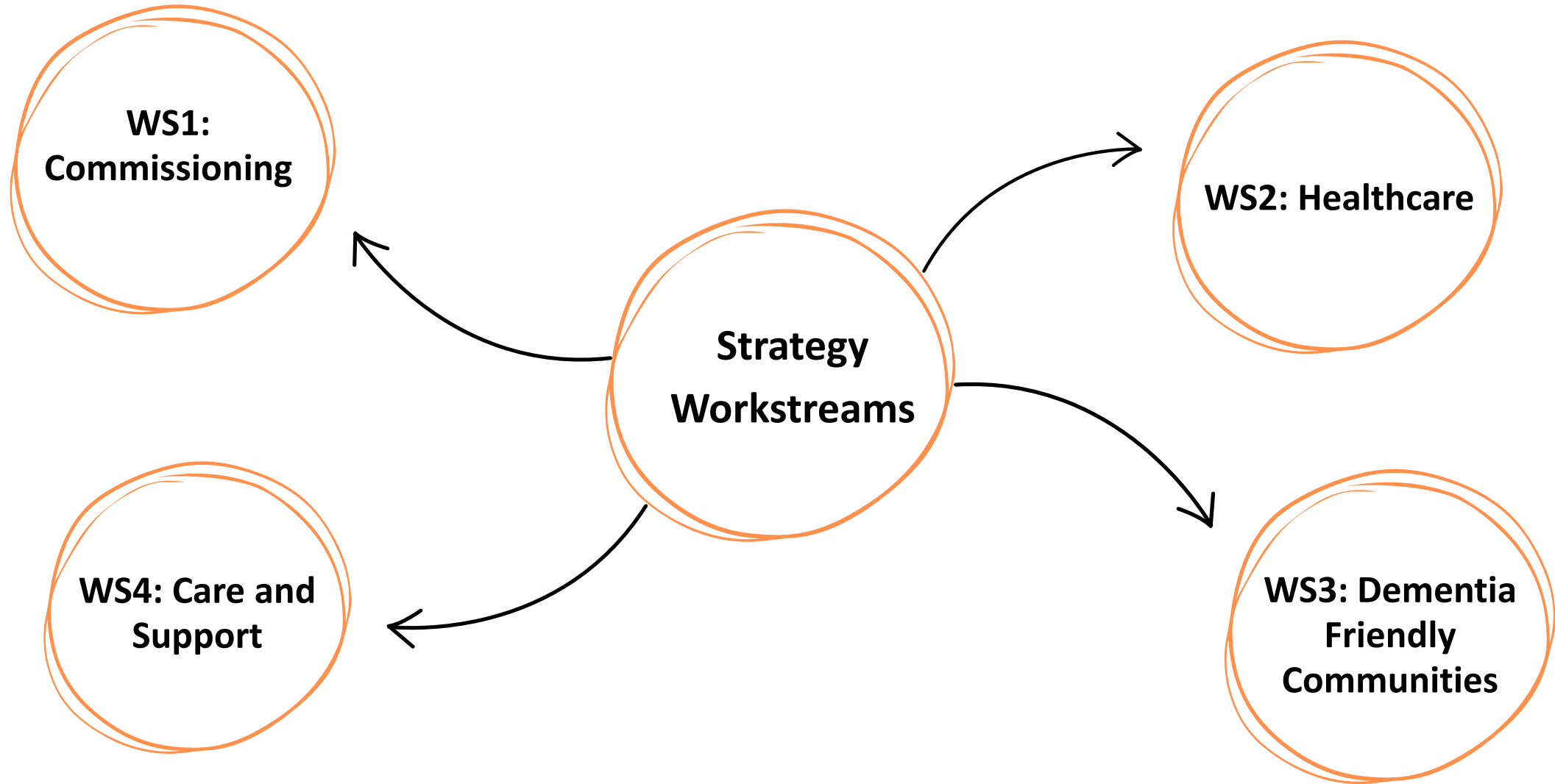
Developing Dementia Friendly Communities

Supporting Carers of People with Dementia

Integrated Care Partnership Priority Area 4:
Enable our residents to age well and support people living with dementia



Hertfordshire Dementia Strategy



Hertfordshire Dementia Strategy



Dementia Friendly Hertfordshire Accreditation

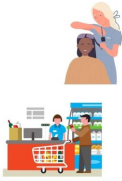
Aim: to develop a proposal for a dementia friendly Hertfordshire accreditation scheme. The scheme aims to support the development of dementia friendly communities within Hertfordshire, creating safe and inclusive places for people living with dementia, and their carers.

- Accreditation working group:**
- Hertfordshire County Council
 - District and borough council
 - University of Hertfordshire (UoH)
 - Voluntary, Community, Faith, and Social Enterprise (VCFSE)

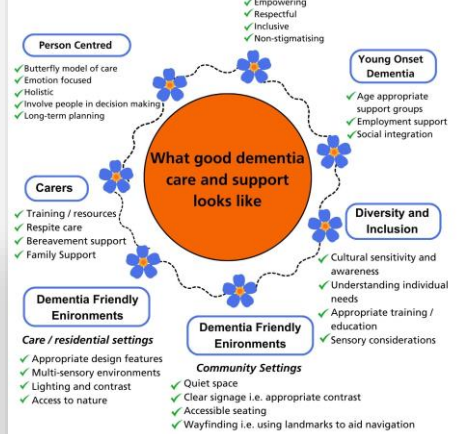
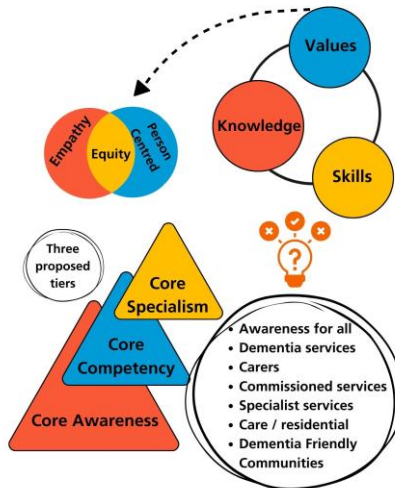
Some of these stakeholders will form the Pan-Herts group and accreditation panel

Proposed Accreditation Scheme

- Peer support model through Pan-Herts group
- Flexible
- Supports organic growth at community level
- Tiered approach: Dementia Aware and Dementia Friendly
- Piloting three levels of the county: district, town & Primary Care Network (PCN)
- UoH is supporting with evaluation framework



Training & Education



Aim: Understand perspectives across dementia care and support, including carers, healthcare professionals, commissioners, and community organisations regarding "what good dementia care and support looks like" and capture some of the key challenges and differences. Work also involved researching best practice to feed into one resource.



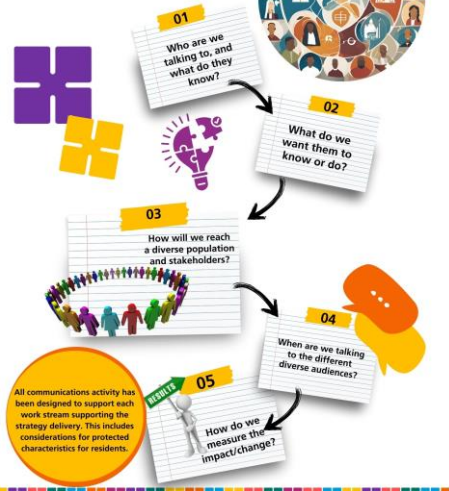
CoProduction and Engagement

Collaboration is the key to advancing dementia care. Our strategy thrives on strong partnerships with those affected by dementia, their families, caregivers, healthcare professionals, and community organisations.

- Our Partners include:**
- Experts by experience
 - Hertfordshire County Council
 - HPT Health Colleagues
 - General Practitioners
 - Social Prescribers
 - Occupational Therapists
 - Admiral Nurses
 - District councils
 - Town councils
 - University
 - Carers
 - Change Grow Live (CGL) (alcohol and drug service in Herts)
 - Public health
 - VCFSE (voluntary, community, faith, and social enterprise)



Communications



Hertfordshire Dementia Strategy

MH LDA Herts Mental Health, Learning Disability and Autism Health and Care Partnership

Early Memory Diagnosis and Support Service (EMDASS)

Review and understanding of Physical Health and Mental Health

Post Diagnostic Community Support

EMDASS guide and what to expect

Coproduction

PRE ASSESSMENT SUPPORT

MH LDA Herts Mental Health, Learning Disability and Autism Health and Care Partnership

Sunflower Enhanced Nursing Care Model

Evidence based approach with defined aims, values and professional activity addressing non-cognitive symptoms of dementia.

Care home staffing model allows for highly individualised care needed to secure outcomes.

Coproduced

Access to timely and accurate information fundamental to multi-professional teams (MDT) success.

Enhanced MDT to support medium to high behavioural and psychological needs stepping down from a Mental Health Inpatient Unit into a care home setting.

THIS IS A SAFE SPACE

MH LDA Herts Mental Health, Learning Disability and Autism Health and Care Partnership

Equality Impact Assessment (EqIA)

An EqIA will be performed to better understand protected characteristics and what reasonable adjustments need to be considered.

- Carens
- Gender reassignment
- Being married or in a civil partnership
- Being pregnant or on maternity leave
- Disability
- Race including colour, nationality, ethnic or national origin
- Religion or belief
- Sex
- Sexual Orientation
- Age

MH LDA Herts Mental Health, Learning Disability and Autism Health and Care Partnership

Community Support Services

Community-based support for anyone living with Mild Cognitive Impairment (MCI) or dementia and for those that care for them, whether the person is diagnosed or not, and no matter where they are on their dementia journey.

What people say they need from the services

Access to regular opportunities to maximise our independence, physical and mental health & wellbeing

Informed, supported and not alone in facing the challenges that present, at all stages of our dementia journey

Our personal and specific needs and strengths are well understood and appropriately responded to

Easy to find and access information, advice, and guidance, and in whatever form works best for us

Services will be available from October 2024!

Information and Development Service

- Visible front door into all information and support for dementia in Hertfordshire
- For anyone with, or concerned about MCI or dementia, carers, medical professionals and voluntary sector groups
- County-wide resource
- Supporting wider partnership work, e.g. creating dementia friendly Herts

Local Support Service

- Support to enable people to live independently
- Anyone with dementia or MCI
- Localised approach
- Targeted support for people with differentiated needs e.g., Young Onset Dementia (YOD)

MH LDA Herts Mental Health, Learning Disability and Autism Health and Care Partnership

Modelling the Experience of Dementia and Long-term conditions (MEDAL) Study

BACKGROUND
Health, care and community services are vital to help people live as well as possible.

CONCERN
Using these services can be difficult when living with dementia and other conditions.

AMBITION
UoH hope to secure funding to explore how services can better meet the needs of local people.

GET INVOLVED
Share your thoughts and register your support to inform our 2025 application

Planning our Innovation Hub together

People with dementia and their carers

Comissioners

Healthcare Professionals

Researchers

Care Services

This research is led by the University of Hertfordshire and the University of Essex. For more information contact Mel Handley, University of Hertfordshire: m.j.handley@herts.ac.uk



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Community Care and Support

New co-produced contract due to go live in October 2024

“No wrong front door” approach

Non-diagnosis dependent advice and guidance

Targeted support for different needs, including age-appropriate offers

New training and education sub-group

Wider family support

Early Memory Diagnosis and Support Service (EMDASS)



Health Care

Work to continue improving clinical pathways and referral routes focussing on early diagnosis

Empowering Professionals to diagnose

Reviewing pathways between CGL and EMDASS

New disease modifying drugs and behaviour change to reduce decline

Pre-assessment support and post-diagnosis health care

Nursing and Residential Care Homes

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Carers



Gender reassignment



Being married or in a civil partnership



Being pregnant or on maternity leave



Disability



Race including colour, nationality, ethnic or national origin



Religion or belief



Sex



Sexual Orientation



Age



Skills, Competency, Values

New Equality Impact Assessment led by Public Health

Co-produced, co-delivered

Understanding the impact on all our communities

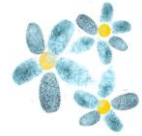
Recommendations for eliminating inequality of access

Cultural sensitivities and personal preferences

Targeted support for different needs



Herts Mental Health,
Learning Disability and
Autism Health and Care
Partnership



Dementia Friendly Hertfordshire Accreditation

Aim: to develop a proposal for a dementia friendly Hertfordshire accreditation scheme. The scheme aims to support the development of dementia friendly communities within Hertfordshire, creating safe and inclusive places for people living with dementia, and their carers.



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Dementia Friendly Hertfordshire

Light touch and community led

Developed through multi-agency working group

Evaluation through University of Hertfordshire

Directly supports Strategy Priority 7 and ICP Strategy Priority 4

Support through Hertfordshire Community Services Contract

Two-tiered approach



Dementia Event – One Year On

June 7th, 2024



Eight table discussions each with a facilitator and scribe



Discussions were focussed on projects we can take forward into the next 12-18 months



Projects contribute towards the aims and priorities of the Dementia Strategy



Projects should be SMART wherever possible



Dementia Strategy – Year 2 priorities

1a) Young Onset Dementia

1b) Sunflower Enhanced Nursing Care

2a) EMDASS pathway

2b) Enabling professionals to diagnose

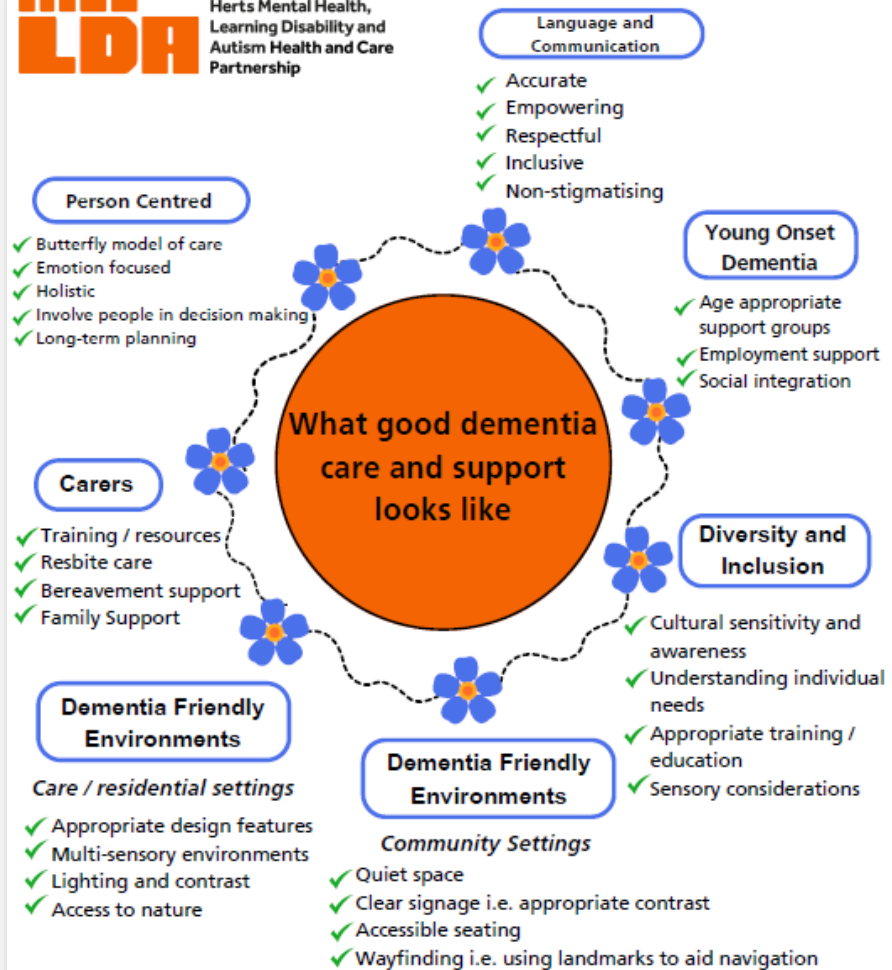
3a) Dementia Friendly Accreditation

3b) MEDAL Study

4a) Competency, skills and values

4b) Family support





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Dementia Friendly Hertfordshire

Community response - keeping people, friends and families together

Using community assets to support people with dementia and their families and carers

Diversity in delivery and offers

Residential Care and Extra Care, and Housing

Conversations are hard – values, competency, skills

Life during and after caring – looking after carers and families



Herts Mental Health,
Learning Disability and
Autism Health and Care
Partnership

Thank you!

**Working together
for a healthier future**



The Importance of Communication

Carla Kedzierski

Care Tutor

Alzheimer's Society

Together we are help & hope

“Good communication is an important part of living well with a diagnosis of Dementia. It helps people with Dementia to keep a sense of self, sustain relationships, and maintain their quality of life”

Types of Communication

How do people communicate?

Verbal (Formal, Informal, Written)	Facial Expressions	Gestures	Eye Contact
Use of Objects	Pointing / Using Hands	Visual / Drawing / Storytelling	Body Language
Use of Distance & Proximity	Touch	Braille	Technology

Left Brain vs Right Brain

Vocabulary

Speech Production

Comprehension

Logic, analysis, facts & mathematics

Formal language centre

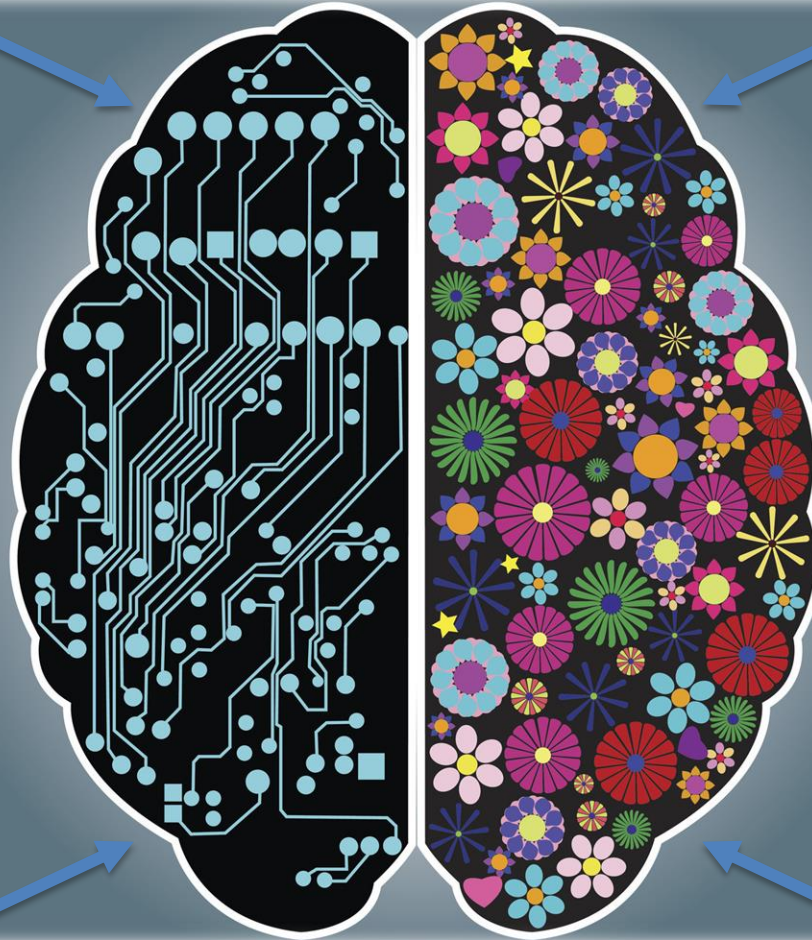
Rhythmic speech

“Forbidden” words

Social chit-chat

Music, poetry, prayer, counting

Automatic movements



An individual living with Dementia might...

Difficulty with speaking, language, reading and writing (Aphasia)

Struggle to find the right words (Anomia)

Repeat words and phrases often, or mistake one word for another

Find it difficult to make, follow, and sustain conversations

Difficulty using *recently acquired* language

Demonstrate “honest lying” (Confabulation)

Misinterpret the words and behaviours of others

Have limited or non-existent verbal capabilities

We need to adapt!

V

Demonstrating respect for the person, **validating** them, showing they are important, and their feelings matter.

E

Engaging in the “emotional content” of what a person is saying.

R

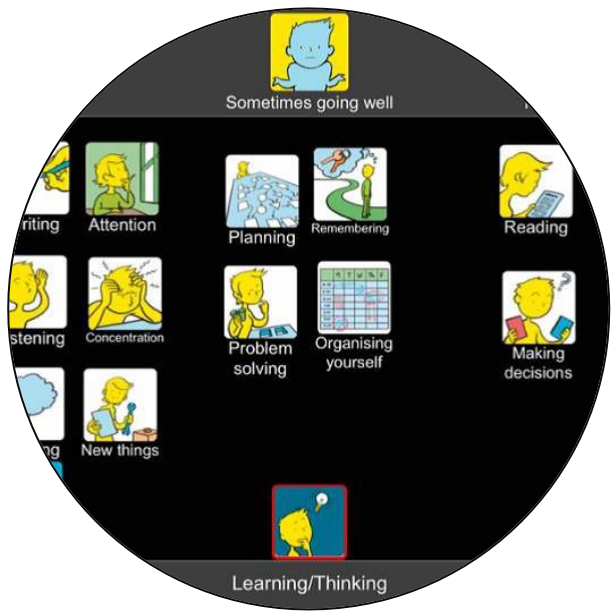
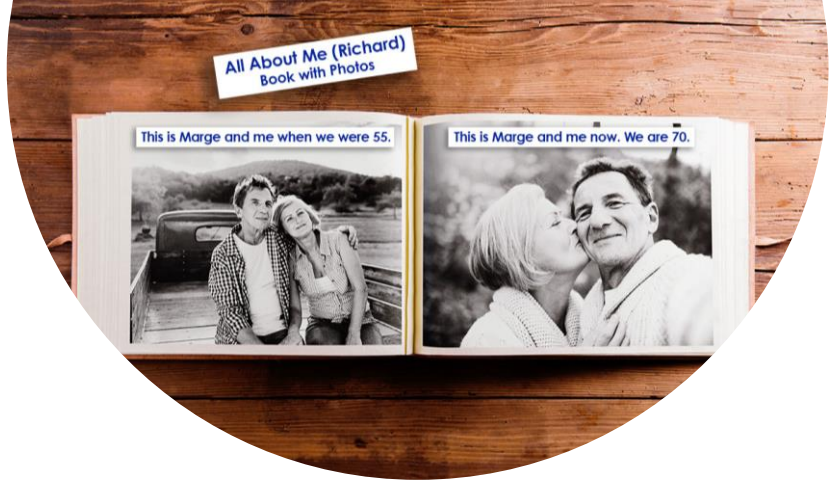
Reassuring the individual they're ok, they're safe, and nothing bad will happen. You are there to help.

A

“Joining in” with an **activity** that links to the emotional content of the behaviour/communication being expressed.

Little Things Matter

- Concrete Language
- Environment
- Vision
- Hearing
- Body Language, Posture & Personal Space



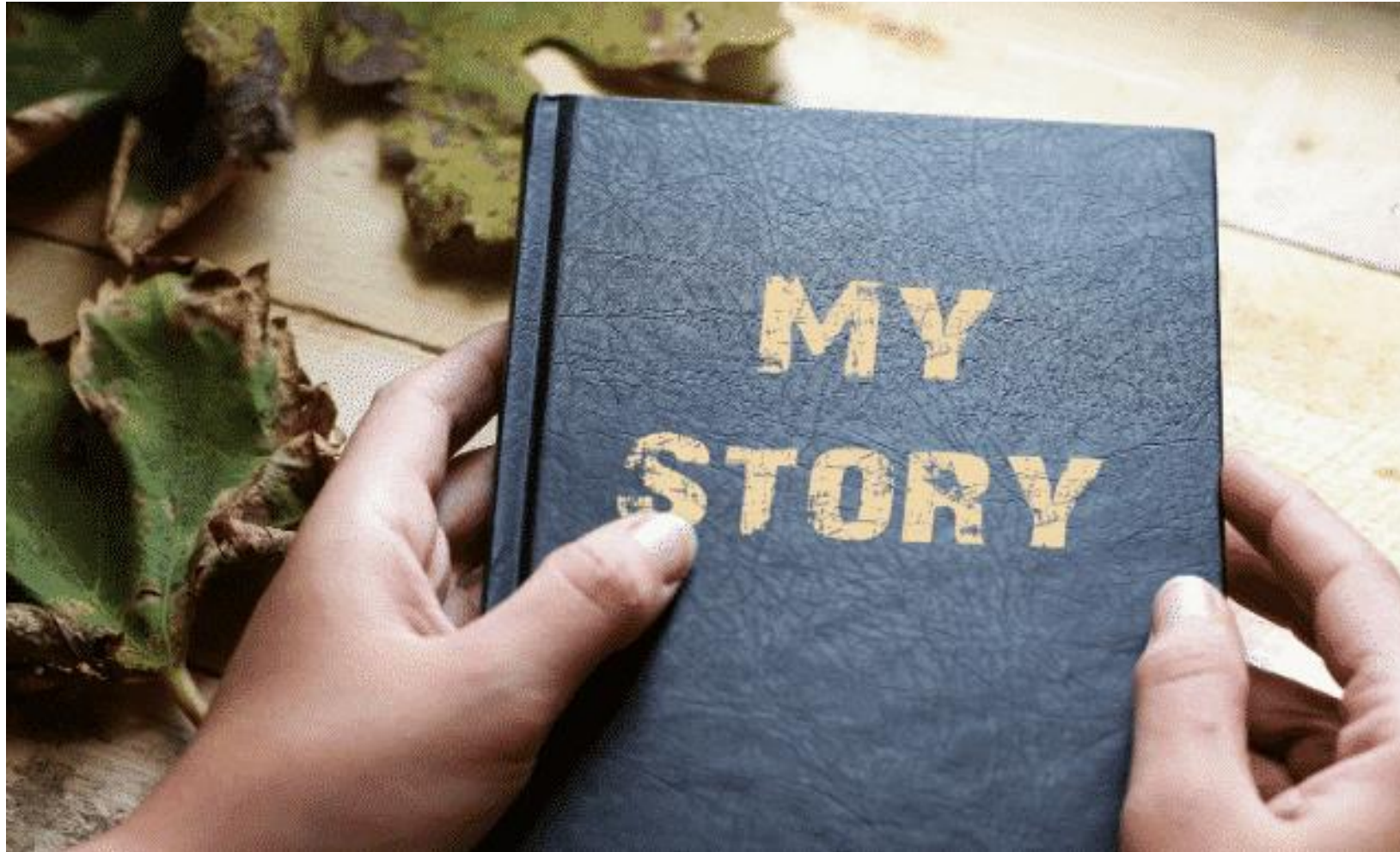
Communication Support



Nicola Hollands

Senior Specialist Care Tutor

Life Story



Life Story work is important.

Background

Interests

Learning about a persons' background and interests will help you to tailor **Meaningful Engagement**.

The Power of Meaningful Occupation in Sharing Life Experiences

Meaningful Occupation	Leading to
Sense of Purpose	Identity and Values
Emotional Connection	Shared stories and experiences
Community and Social Bonds	Connecting to others through shared goals or values
Reflection and Growth	Self-reflection and personal growth
Supportive Environments	A safe space to share life stories and experiences

Identifying a person's sense of belonging

Spirituality is a poorly understood concept and healthcare practitioners often lack confidence in assessing and meeting spiritual needs.



Engagement is everyone's responsibility.

**Combating
Loneliness
and
Isolation**

**Enhancing
Mental
and
Physical
Health**

**Creating a
supportive
Community**

**Person
Centred
Care**

**Improving
Quality of
Life**

Family and Support Network

Benefits

Challenges

Overcoming
Challenges



Meaningful Activities

**What makes
activity
meaningful**

**Promoting
meaningful
activities**

**The benefits
of
meaningful
activities**

By working together, everyone involved can create a vibrant, enriching environment that supports the mental, emotional, and physical well-being of care home residents.

Connected Lives

Supporting people in the community



Activity – 10 minutes

What does a good Life Story look like?

Develop a Life Story crib sheet on your that would reveal what really matters to a person.



Summary

- ✓ **Life Story work** is a great way to get to know someone.
- ✓ **Evidence shows** that engagement activities contribute to overall happiness and wellbeing.
- ✓ **Engagement can be anything** from a smile in passing to a daytrip to the Garden Centre.
- ✓ **Engagement can improve quality of life**, joy and purpose to people's lives.

Comfort Break



Charlie Strack

Care Education Team Leader

What are Behaviours of Concern?

Behaviours of concern are those that, due to their **intensity, frequency, or duration**, threaten the quality of life, physical health, or safety of the individual or others.

Such behaviours may lead to interventions that are restrictive, aversive, or could result in the person being excluded or omitted from important learning opportunities.

Language Matters!

In 1995, the term “**challenging behaviour**” was introduced, but this language is no longer considered appropriate because it labels the individual negatively.

Similarly, terms like “**problem**” behaviours, “**difficult**” behaviours, or “**socially unacceptable**” behaviours are also inappropriate.

Preferred Terminology:

Behaviours of concern

Behaviours of distress

Responsive behaviours

Behaviours that challenge
(though use this one with caution)

Form & Function

Form refers to what the behaviour looks like (the visible actions we observe)

Function is the reason for the behaviour

Remember: behaviours that have the same form may have completely different functions (i.e. may serve different purposes)

“The behaviour is just to get attention”

“It’s just a personality trait”

“Punishment will stop the behaviour”

“Medication is the best solution”

“It’s the person’s fault”

“The behaviour is an isolated incident”

Common Assumptions

Reasons for Behaviours of Concern

To communicate unmet needs

To gain/switch off the attention of others

To gain a tangible item

Escape or avoidance

Sensory & environmental factors

Past trauma

Lack of control & autonomy

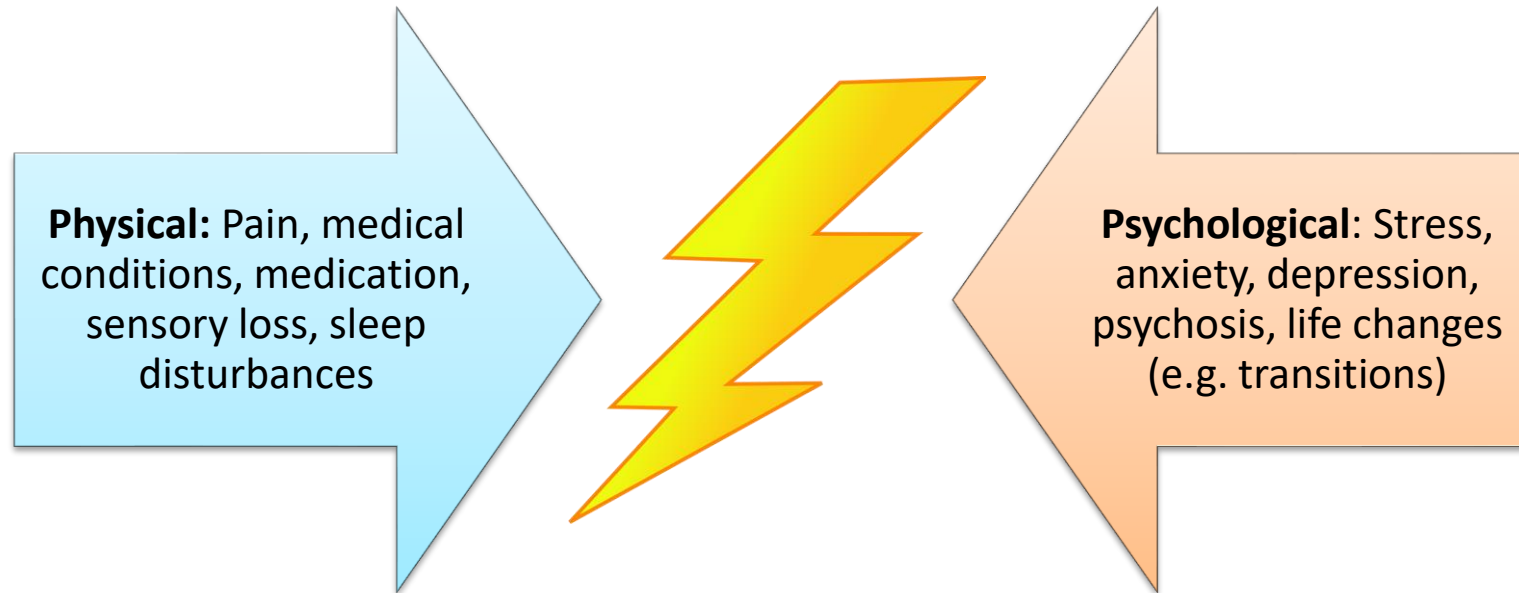
Examples...



Physical & Mental Health Decline

It is essential to consider **physical and mental health factors** that may be contributing to behaviours of concern.

Tools like the **symptom checklist** can help to provide accurate evaluation.



Hertfordshire Behavioural & Psychological Symptoms of Dementia Checklist

This checklist should be used as a guide to exclude possible causes of any change in behaviour or functioning of residents with dementia. It should be completed prior to any referral to Community Mental Health Team.



Physical Factors
Infection (Urine, wound, ear, chest etc.)
Bowels (Change of habit, constipation)
Pain (Assess pain using pain assessment tool e.g. Abbey pain tool, Painad)
Dietary concerns (Loss of appetite, weight loss, hunger, check dentures)
Dehydration (Thirst, check fluid chart)
Sleep problems (Environment, noise, medications, caffeine/alcohol, sleeping during the day)
Recent Falls
Incontinence
Medications (Check side effects of medications, concordance issue?)
Communication problems (Hearing, eyesight problems)
Other (Results of recent blood tests, hallucinations)

Environmental/Emotional Factors
Change in Physical Surroundings (Recent move)
Staff (Unfamiliar to resident)
Fellow Residents (New residents, unusual behaviour)
Visitors (New Visitors, frequency of visits, conflict with family members or visitors)
Boredom
Bereavement
Confinement
Over stimulation (TV, music, activities)
Environment (Too hot, too cold, too dark)
Time of the day (What time does the behaviour occur?)

Delirium Awareness

Research indicates that delirium is **10 times more common for people with dementia** than for those without.

Approximately **30-50% of people with dementia** will experience delirium **during hospitalization or acute illness**, compared to **5-10% in the general population**.

Know the Risks!

Age

Frailty

Sensory loss

Environment

Sleep

Medications

History of delirium

PINCH ME Tool

P	Pain
I	Infection
N	Nutrition
C	Constipation
H	Hydration
M	Medication
E	Environment

Material Citizenship

“The definition of Material Citizenship is the right to be included in decision-making relating to personal possessions and the right to have opportunities to use functional objects to perform everyday tasks”

- Dr Kellyn Lee

Chartered Psychologist and Research Fellow in Ageing and Dementia



What is Positive Behaviour Support?

Positive Behaviour Support (PBS) is a **person-centered approach** aimed at understanding and addressing behaviors of concern through **proactive, non-punitive, evidence-based** strategies.

These strategies help to identify the causes of behavior to develop **ethical, respectful** interventions that **prevent recurrence** and **improve quality of life**.

PBS Core Values

Individuality

Inclusion

Choice

Participation

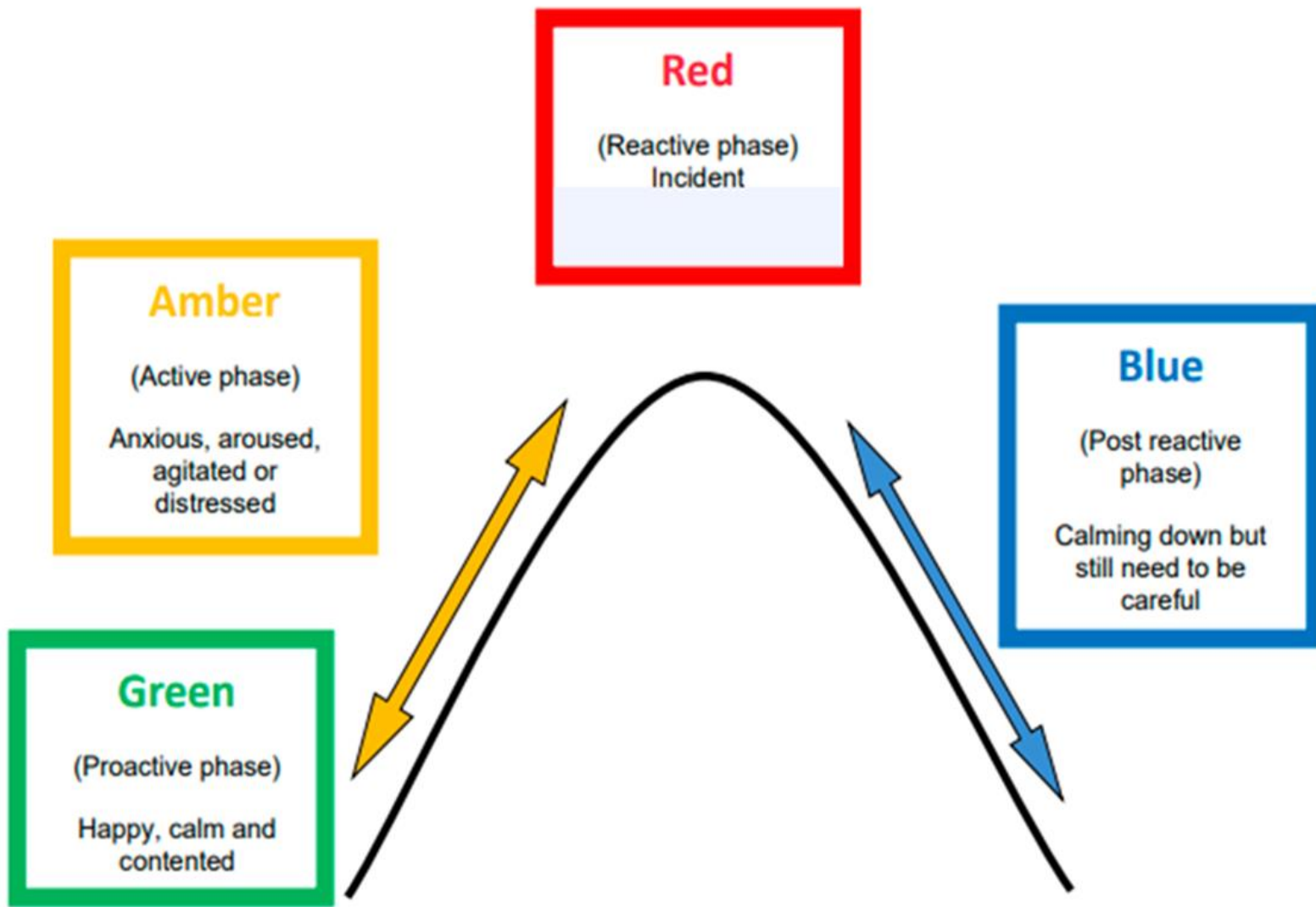
Equal opportunity

PBS Planning

Stage 1:
**Collect & Analyse
Data**

Stage 2:
**Use of Appropriate
Strategies**

Stage 3:
Review & Revise



PBS Arousal Curve

Figure 1: Arousal curve showing different stages of behaviour

ABC Charts

ABC charts are used to systematically record data about the behavior, capturing detailed information on **antecedents**, the **behavior** itself, and its **consequences**.

This helps in building a clear picture of **when** and **why** the behavior occurs.



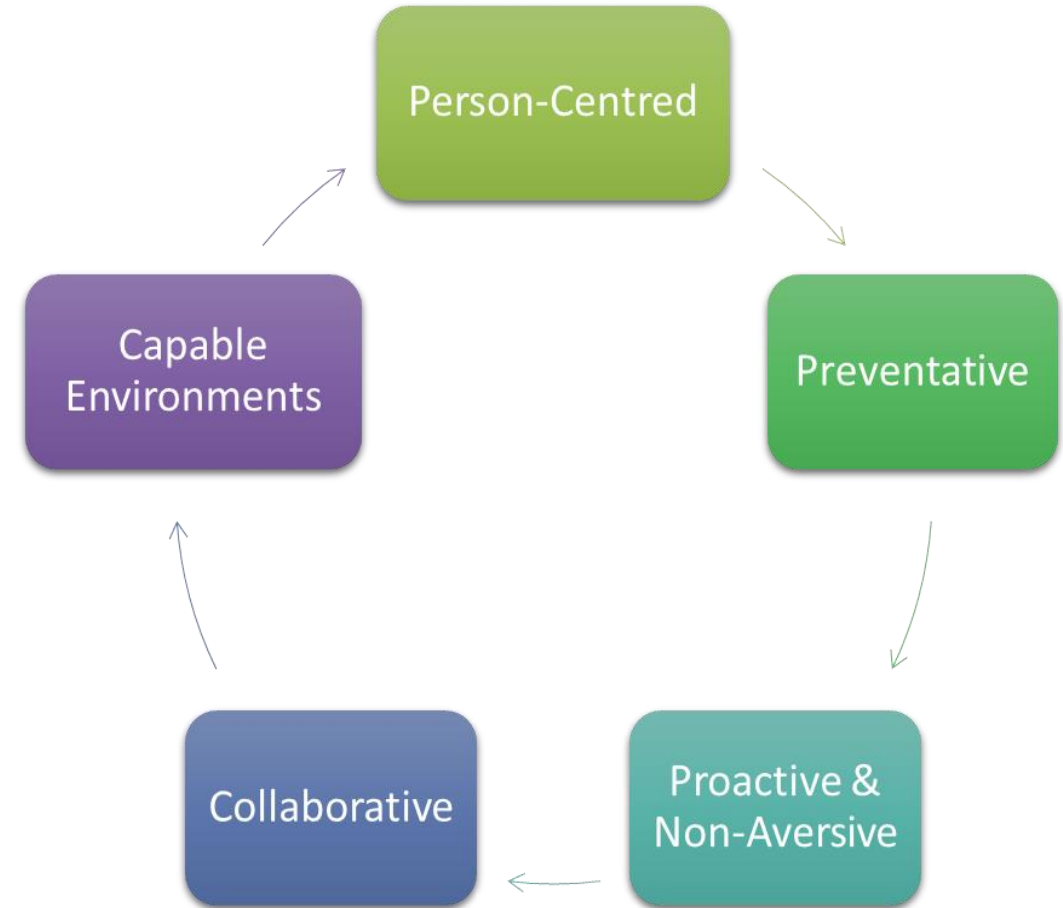
ABC Chart Example (Poor)

Date & Time	Antecedent <i>(What happened before the behaviour?)</i>	Behaviour <i>(What was the behaviour?)</i>	Consequence <i>(What happened after the behaviour?)</i>	Notes
12/09/2024, Afternoon	Staff asked David if he wanted to go for a walk.	David got upset.	Staff calmed David down.	N/A

ABC Chart Example (Good)

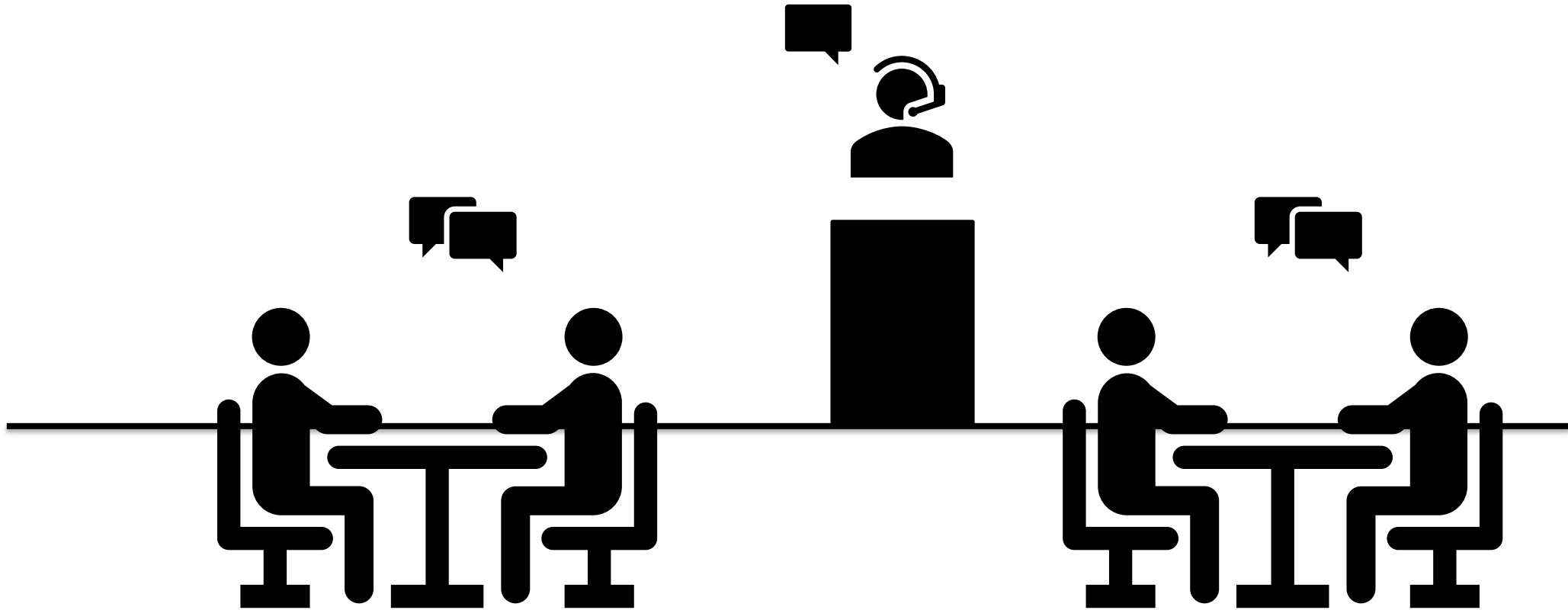
Date & Time	Antecedent (What happened before the behaviour?)	Behavior (What was the behaviour?)	Consequence (What happened after the behaviour?)	Notes
12/09/2024, 10:00 AM	David was watching TV in the lounge. A staff member approached and asked if he wanted to go for a walk outside.	David became confused, stood up abruptly, and began pacing around the room, mumbling to himself.	Staff allowed David space to walk around, and after a few minutes, David calmed down. Staff then gently guided him back to his seat.	Confusion may arise from sudden requests or interruptions. It may help to explain slowly and clearly when asking David to change activities.

What does good PBS look like?



Discussion:

How are you currently using these strategies or what will you implement in the future?



Local Services

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#2511701



Joanna Vlismas

Care Education Team Manager

Care Planning, Dementia and Mental Capacity

The Mental Capacity Act 2005 enables individuals to make informed choices, but for those with dementia, this ability gradually diminishes over time, affecting decisions related to health, care, finances, and living arrangements. Effective care planning and diligent record-keeping are essential to ensure that a person's advanced decisions and preferences are honoured, fostering truly personal and person-centred care.

**Mental capacity
and decision-
making for
people with
dementia**



Care and Support Plans are...



Care Plans are not...



A Bureaucratic Exercise



A Wishlist



Guesswork

A starting point The MCA 2005



- The five key principles of the Mental Capacity Act (2005) are:
 - **Presumption of capacity:** A person is presumed to have capacity
 - **Support to make decisions:** People should be supported to make their own decisions
 - **Unwise decisions:** An unwise decision is not necessarily a wrong decision
 - **Best interests:** Decisions should be made in the best interests of the person
 - **Least restrictive option:** Any intervention should be the least restrictive option possible

- 1) **Reasonable belief- the person may struggle to make the decision** (To grant me consent)
- 2) **I took all practical steps to support the person in making this decision**
- 3) **If with support the person still can't make the decision** – Consider is because they have an Impairment in the way their brain or mind works

KEY Point -The Importance of Robust Evidence in Capacity Assessments

Hints for recording

- For larger decisions, its helpful to record these formally – **think about levels of restrictiveness- the bigger the decision the more formal the process!**
- **Daily decisions – think about recording prompts to support these decisions**
- **Record your thinking – Analysis**
- **Protection from liability – S5**
- **Essential information – copies of LPA or Advanced Decisions**
- **Easy access for other professionals**



Planning for a time when the person with dementia lacks capacity

- Advanced Care Plan ACP
- Advance decision
- Lasting Power of Attorney LPA
- A Will



Care & Support Planning Zone

- **Introduction & Background**
- **Pre-Care Plan Creation**
- **Care & Support Plan**
- **Post Care Planning**
- **Service Specific Information**
- **Template & Tools**
- **Other Guidance and Best Practice**



DSPT covers Data Security & Protection across your entire organisation.



So, why complete your DSPT?

- Shows compliance with GDPR
- Helps to avoid fines
- Links to Templates, Guidance documents & eLearning within questions
- With eLearning, staff will know how to recognise a breach & how best to avoid
- Minimises risk of hacking opportunities & data breaches
- Ensures policies are fit for purpose
- Demonstrates you operate to high industry standards
 - Reassures service users, their loved ones & staff that data is managed secure
 - Helps with tenders
 - Increased business opportunities
 - Required when applying for NHSmail or Shared Services
- Ensures your Business Continuity Plan includes how to access to necessary data

CQC will expect a compliant DSPT

Digital Social Care Records

82% of Hertfordshire Providers are using a digital system

CQC Recognised Benefits of Digital Social Care Records

- provide 'real time' information recording
- help providers and staff to be more aware when people's needs change
- help information to be shared quickly,
- help to minimise risks such as medication errors
- help to manage and support staff to do their job effectively and efficiently
- be easier to store, requiring less physical space





Digital Skills

Gain confidence with technology and explore our suite of free-to-access 'bitesize' digital skills eLearning modules.

To support adult social care staff to develop their knowledge and confidence in using digital technology, Skills for Care was commissioned by the NHS Transformation Directorate to develop a suite of free-to-access 'bitesize' digital skills eLearning modules, in line with the [Digital Skills Framework](#).

The seven modules:

- 1.using technology to support person-centred care
- 2.technical skills in using technology
- 3.communicating through technology
- 4.using and managing data
- 5.being safe and secure online
- 6.ethical use of technology
- 7.digital learning, development and wellbeing.

[Click here](#)

Key take-aways

- Prioritize Autonomy
- Thorough Documentation
- Supportive Communication
- Collaborative Planning
- Adhere to Legal Guidelines
- Regular Reviews



What are your key takeaway actions from today?

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■ HCPA Education

Tier 1- All Staff

Tier 2- Champion

Tier 3

+ topic specific
modules

Hertfordshire Care Provider Support Service Directory

[HCPA Provider Hub](#)

[HCPA Members Zone](#)

Download our Care Home Directory poster which displays key contact information for services [East & North](#) [South &](#)



Below you can search our **Support Services Directory** by viewing all services, filtering by criteria, or searching for a keyword.

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[Filter By](#)



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THE HCPA CARE PROVIDER HUB PROVIDING PEACE OF MIND.....



ASK us anything! We are your support service, here to answer your questions on all topics Adult Social Care related.

- Govt guidance, laws, standards and expectation
- Covid: PPE, vaccinations and infection control
- Liaison with Hertfordshire County Council
- Funding, contracting and commissioning
- Staff wellbeing and recognition
- HR, Staffing and recruitment
- Training and education
- Business continuity
- Data protection
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HCPA: 'Sharing best practice in care through partnership'



Feedback

Webinar evaluation form

