South West Dementia Partnership

Improving care for people with dementia or mild cognitive impairment while in hospital

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www.southwestdementiapartnership.org.uk

Contents

Introduction

This document sets out standards which, when met, will significantly improve the care people living with dementia receive when they are in a general or community hospital.

Objective 8 of the National Dementia Strategy (2009) focuses on improving the quality of care for people with dementia in general hospitals. The concerns about the quality of care, extended length of stay and implications for excess costs are currently being challenged by NHS organisations through local Quality, Innovation, Productivity and Prevention (QIPP) programmes and local clinical leadership. The NHS Outcomes Framework [1], subject to consultation at the time of publication of this document, is designed to be a catalyst for driving up quality and promoting equity and excellence across all services.

In the South West region, the South West Dementia Partnership has commissioned an Expert Reference Group [2] to focus on improving services for people with dementia while in hospital. The Group has recommended that the implementation of a set of common standards will make a significant contribution to improving care and services in community and general hospitals across the South West for patients admitted for elective or emergency treatment and care.

Fundamental to delivering improved care is the need for improvements in the understanding of the patient's needs, wishes and capacity in the context of the core principles of the Mental Capacity Act 2005 (see Appendix 1). How issues surrounding

[1] Liberating the NHS: Transparency in outcomes -a framework for the NHS; a consultation on proposals (Department of Health, July 2010) http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_117591.pdf

[2] The South West Expert reference group comprises a person living with dementia, multi disciplinary group of NHS clinicians, NHS and Adult Social Care commissioners, carers, representatives form the Alzheimer's Society and representative of a Local Involvement Network. The Group's remit is to make recommendations to the South West Dementia Partnership regarding ways in which improved care for people in hospital can be delivered

this are managed requires improved staff training; this will ensure that the standards within this document are understood and implemented in a way that increases the value of the service and the confidence of the recipients.

Some patients with dementia will have received a diagnosis prior to their admission to hospital. Many others will not have yet been assessed or diagnosed' but will have a range of dementia-related symptoms. The standards within this document embrace both groups.

The standards:

- can be included as a commissioning requirement for contracts for general and community hospitals in 2011-2012;
- inform the delivery of QIPP plans;
- provide a basis for discussion about Commissioning for Quality and Innovation (CQUIN) payments between commissioners and their providers [3];
- inform Trust Quality Accounts; [4]
- and be reflected in published Local Action Plans to demonstrate delivery of the National Dementia Strategy (2009).

The aim is to provide clear standards so that providers and commissioners can assure high quality care and enable patients, their relatives or carers to call the service to

[3] The CQUIN payment framework makes a proportion of providers' income conditional on quality and innovation. Its aim is to support the vision set out in 'High Quality Care for All' of an NHS where quality is the organising principle. The framework was launched in April 2009 and helps ensure quality is part of the commissioner-provider discussion everywhere.

[4] High Quality Care for All: NHS Next Stage Review final report (Department of Health, June 2008) http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085828.pdf set the vision for Quality to be at the heart of everything the NHS does, and defined quality as centred around three domains: patient safety, clinical effectiveness and patient experience. High Quality Care for All proposed that all providers of NHS healthcare services should produce a Quality Account: an annual report to the public about the quality of services delivered. The Health Act 2009 places this requirement onto a statutory footing. Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.

account.

The standards set out in this document take account of the existing national and regional expectations in the delivery of care for people with dementia and their carers (see Appendix 2). This includes alignment with:

- Liberating the NHS: Transparency in the outcomes - a framework for the NHS; a consultation on proposals (Department of Health, July 2010); [5]
- Care Quality Commission (CQC) core quality and safety standards with key aspects of good dementia care; [6]
- National Institute for Health and Clinical Excellence (NICE) Quality statements; [7]
- the National Audit of Dementia Care in Hospitals, which is underway in 2010/11. The results of the National Audit are expected mid-2011 and will inform the future development of these standards
- the South West Strategic Framework for Improving Health 2008/09 to 20010/11; and
- the South West Strategic Health Authority 2010 Performance Assessment Framework for delivery of the National Dementia Strategy (2009).

[5] Liberating the NHS: Transparency in outcomes -a framework for the NHS; a consultation on proposals (Department of Health, July 2010) http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_117591.pdf

[6] Guidance about compliance: Essential standards of quality and safety (Care Quality Commission, March 2010) http://www.cqc.org.uk/_db/_documents/Essential_standards_of_quality_and_safety_March_2010_FINAL.pdf

[7] http://www.nice.org.uk/guidance/qualitystandards/moreinfoaboutnicequalitystandards.jsp

How will these standards be achieved and assured?

For each standard listed there are clear measures or indicators described to inform the monitoring of the implementation of the standard**.** Some standards will be directly within the control of ward staff, others may require resources to be identified to support implementation.

A periodic audit of these standards will be required. This audit process may be best achieved by incorporating it into current auditing arrangements within a hospital. Some hospitals are already adopting a dementia ward champion role [8], in addition to a senior hospital clinical lead [9]. Ward champions will be well placed to ensure there is a process for measuring the standards.

The hospital may involve the Alzheimer's Society or other groups (local carers groups, volunteers, the Local Involvement Network (LINk) / Health Watch) in observation of care provided or involvement in full audit. The hospital may also consider how the Trust Membership could make a contribution to this work.

Greater engagement of patients, family, carers, friends and a range of volunteers are fundamental to achieving many of these standards. This will require attitudinal and system changes. Proactively seeking feedback from these groups about these standards and their delivery will be a key method of assurance.

Appendix 3 provides references to current work and resources, which may assist in the delivery of the standard.

[8] The ward champion role has been developed at Musgrove Park Hospital, part of Taunton and Somerset NHS Foundation Trust'. The role definition and training requirements are available at www.southwestdementiapartnership.org.uk/ward-champion

[9] All General hospitals in the South West have identified a senior clinician to take the lead for quality improvement in dementia and for defining the care pathway

How do these standards fit with other requirements?

Delivery of these standards, and use of an audit template to provide evidence, will contribute to meeting requirements of Care Quality Commission assessments, ambitions set out in the NHS South West Strategic Framework for Improving Health 2008/9 to 2010/11, standards set out in the National Audit of Dementia, [10] and the South West Strategic Health Authority Performance Assessment Framework for Dementia 2010/11. The link between each standard and their link to the requirements of these other frameworks are set out in Appendix 2.

There are also links between the standards and other work arising from the implementation of the National Dementia Strategy (2009). An example is the current work stream in the South West focussing on the reduction in the use of anti psychotic medication in many settings, which includes general and community hospitals. As it is a separate work stream it has not been included as a requirement within the standards listed below.

How will these standards be widely known and recognised?

These standards have been produced in a variety of formats to promote understanding and implementation. Advice from the Alzheimer's Society ensures that the patient, their family, carer or friends understand them and can hold services to account. The standards are presented in a format that will assist staff delivering care on wards as well as assisting commissioner / provider discussions.

Clinical and ward champions will be required to use every opportunity to aid the understanding of these standards, and ensure that training and education programmes delivered within hospital trusts promote delivery. There will be many ways in which local groups focussing on improving hospital care for people with dementia or mild cognitive impairment may choose to advertise the standards and the audited results of delivery, and report on progress to the trust Board, commissioners, and the general public

[10] National Audit of Dementia - Care in General Hospitals 2010/11 (Royal College of Psychiatry, 2010)

What are the next steps in the delivery of these standards?

Step 1: by 31 January 2011

The responsible NHS commissioner should coordinate arrangements to ensure that these standards are presented to relevant leads and groups established to ensure implementation of the National Dementia Strategy. This should include any sub group focussing on delivery of Objective 8 of the National Dementia Strategy. Members of these groups should ensure that the organisation they represent is briefed about these standards.

Step 2: January 2011 to March 2011

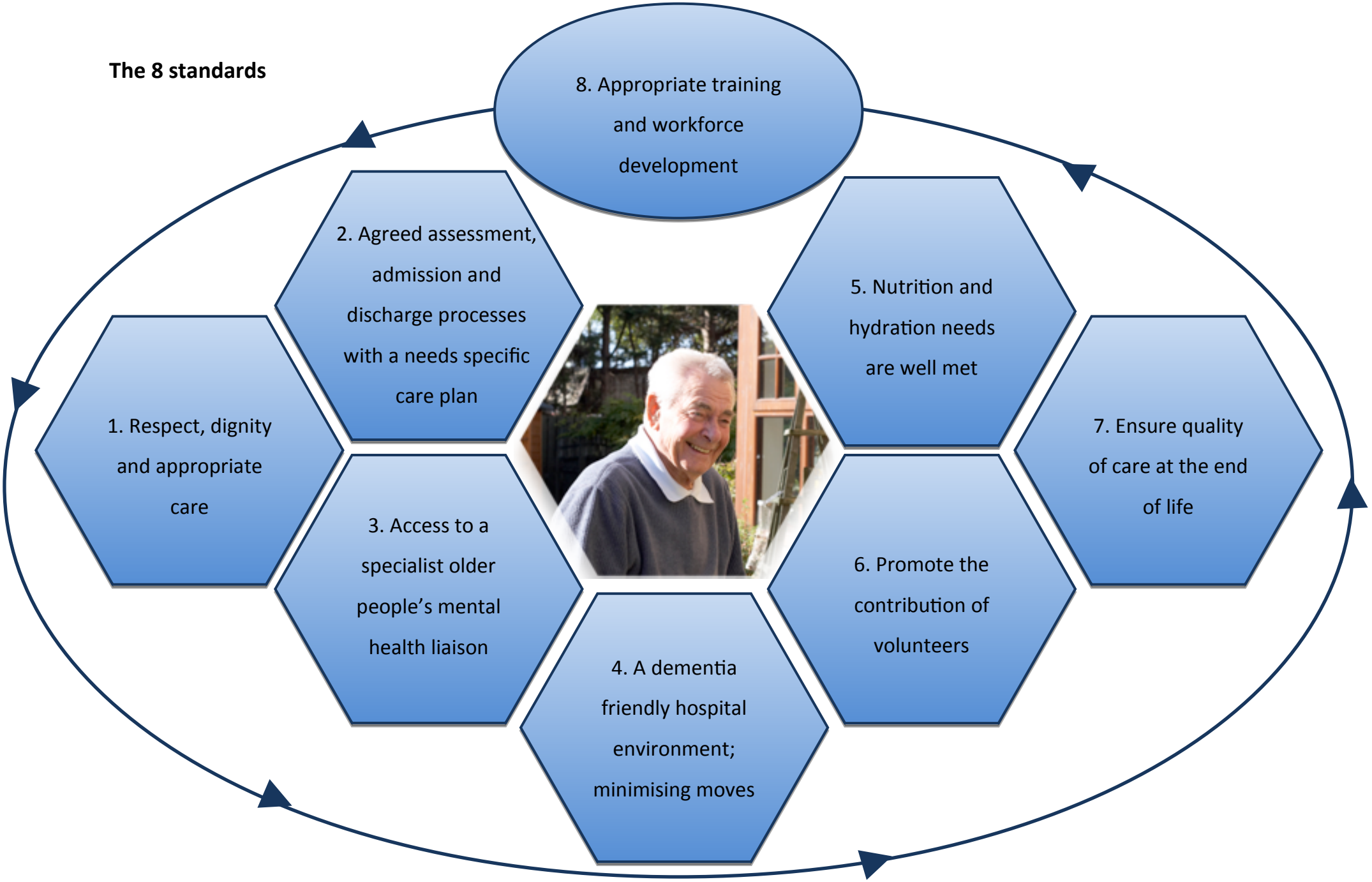
Each general hospital and community hospital should undertake a self-assessment of current practice against the 8 standards outlined below.

Step 3: by 31 March 2012

The results of this self-assessment should be presented and discussed with the members of the relevant local National Dementia Strategy leads and implementation groups, and the priority areas for action to deliver the standards should be determined.

A comprehensive improvement plan for the period 2011/12 should be agreed, including monitoring and governance arrangements, accountabilities, milestones and key dates for reporting to key leads and group/s. General and community hospital should also indicate when they will be publishing the outcomes and arrangements for continued improvement**.**

The 8 standards



The 8 standards

1. People with dementia are assured respect, dignity and appropriate care.
2. Agreed assessment, admission and discharge processes are in place, with care plans specific to meet the individual needs of people with dementia and their carer/s.
3. People with dementia or suspected cognitive impairment who are admitted to hospital, and their carers/families have access to a specialist mental health liaison service.
4. The hospital and ward environment is dementia-friendly, minimising the number of ward and unit moves within the hospital setting and between hospitals.
5. The nutrition and hydration needs of people with dementia are well met.
6. The hospital and wards promote the contribution of volunteers to the well-being of people with dementia in hospital.
7. The hospital and wards ensure quality of care at the end of life.
8. Appropriate training and workforce development are in place to promote and enhance the care of people with dementia in general and community hospitals, and their carers/families.

Standard 1: People with dementia are assured respect, dignity and appropriate care

LEVEL 1

Criteria	Method of measure
1. Develop a ward champion role [11] with specific responsibilities for delivery and auditing of standards and for training.	Compliance with model developed across South West.
2. There is accessible laminated literature on the ward, including these standards and information about future planning, that can be understood by patients with early dementia and that can be used by their carers. There is a variety of literature for staff on the ward linking with training and development programmes within the hospital.	Review of literature by clinical champion and ward champions with Alzheimer's Society and or relevant patient group.
3. The care plan is person-centred as evidenced by observation of staff interaction with patients. Patients' and carers' feedback demonstrates high levels of satisfaction with care. Minimum standard = 90%.	Direct ward observation by auditors. "Patient Experience Tracker" and/ or compliments/ complaints.

[11] The ward champion role has been developed at Musgrove Park Hospital, part of Taunton and Somerset NHS Foundation Trust'. The role definition and training requirements are available at www.southwestdementiapartnership.org.uk/ward-champion

Criteria	Method of measure
4. Individualised and appropriate risk assessment will be undertaken and incorporated into the care plan involving relatives/carers in analysis. Minimum standard = 90%.	Medical records check. Audit of policy or protocol governing interventions for patients displaying violent or challenging behaviours, aggression, agitation, suitable for people with dementia, including audit or prescribing of antipsychotics and sedatives.

LEVEL 2

Criteria	Method of measure
1. Patient care is person centred informed by Dementia Care Mapping or similar methodology.	Feedback from people trained in dementia care mapping.
2. Ward champion role training programme is delivered.	Evidence of attainment in training.
3. The trust Board regularly reviews serious and untoward incidents, falls, delayed discharges, and complaints associated with patients with a primary or secondary diagnosis of dementia.	Evidence in governance mechanisms and records.

Standard 2: Agreed assessment, admission and discharge processes are in place, with care plans specific to meet the individual needs of people with dementia and their carer

LEVEL 1

Criteria	Method of measure
1. Prior to a planned admission or on an emergency admission, the lead relative/ carer/friend is identified if the patient has a diagnosis, or the patient has suspected cognitive impairment. They are provided with written information regarding the way in which they can support the patient with key names (consultant, lead ward nurse, liaison nurse / social worker). Minimum standard = 95% of lead relative / carer / friend receive information.	Recording of actions taken followed by periodic review to include transfer of information about the lead carer between wards.
2. Prior to a planned admission 'This is me' [12] is completed if dementia has been diagnosed or the patient has suspected cognitive impairment. In an emergency admission an agreed modified version of 'This is me' will be completed. This will inform an evidence- based multi-disciplinary care plan to be agreed within 24	Audit of pre-admission clinics use of 'This is me'. Audit of acute admissions use of 'This is me'.

[12] 'This is me' leaflet (Alzheimer's Society and Royal College of Nursing, 2010) for use on admission to hospital, contains person-centred information to enable a clear initial understanding of the needs of the individual in an unfamiliar environment. It's short and easy to understand and is aimed at being used with people who have been diagnosed with dementia.
http://www.alzheimers.org.uk/site/scripts/download.php?fileID=849

Criteria	Method of measure
hours with the patient and the main relative / carer / friend.	
3. There is a system to detect and record cognitive impairment on the ward. All patients with suspected dementia receive a comprehensive assessment (unless there is evidence of this having been recently undertaken); where dementia is suspected but not yet diagnosed, this triggers a referral for assessment and differential diagnosis either in the hospital or in the community memory services. Minimum standard = 95%.	Audit of elective and acute admission proformas and use of secondary flagging system e.g. a mini mental state examination. Audit evidence of seamless transition of information regarding patients to community memory services if not able to be assessed fully or diagnosed during hospital admission.
4. Carers receive all relevant information about the patient's assessment and are involved in discussion about further assessment. Carers understand that an assessment of their own needs can be arranged. Minimum standard = 95%.	Evidence of hospital guidelines and protocol on information sharing and involvement of carers/families. Audit.
5. There is an agreed system in place across the hospital so that staff are aware of the person's dementia (visual identifier or marker in notes). Minimum standard = 100%.	Audit of compliance e.g. use of a coloured sticker or other prominent system obvious for all staff.

Criteria	Method of measure
6. Discharge is an actively managed process that begins within 24 hours of admission. Minimum standard = 95%.	Audit of notes / care plan of this process.
7. Information about discharge and support (written in plain English or other appropriate language) is made available to patients, relatives and carers on admission. Minimum standard = 95%.	Audit in conjunction with Alzheimer's Society.
8. There is a named person who takes responsibility for discharge coordination for people with dementia, who has been trained in the ongoing needs of people with dementia and has experience of working with people with dementia and their carers.	Audit of care plans.
9. Discharge plans clearly document the patient's cognitive and functional status, treatment plan and community support plan. This information is provided to carer/s. Minimum standard = 95%.	Audit of discharge plans to include collaborative work with other agencies to agree community support plan.
10. The hospital has access to intermediate care services which will support people with dementia where required and be available to avoid delayed hospital discharge.	Audit of referrals and outcomes.

LEVEL 2

Criteria	Method of measure

1. Care pathways for patients with dementia, audit of patient notes and feedback from patient / carers have been reviewed at least annually, led by the senior clinical lead. Minimum standard = 100%.	Evidence of updated care pathways. Evidence of action plan following audit of feedback.
2. Discharge coordinator training programme is delivered.	Evidence of attainment in training.
3. The hospital has access to a range of intermediate care services. These services meet local assessed need and they demonstrate effective diversion from acute care and care homes.	Audit of referrals and outcomes.

Standard 3: People with dementia or suspected cognitive impairment who are admitted to hospital, and their carers/families have access to a specialist mental health liaison service

LEVEL 1

Criteria	Method of measure
1. The hospital provides access to a specialist mental health liaison service, which provides expertise in dementia when required for advice, assessment, diagnosis, education and training throughout the hospital. Local commissioning arrangements assess need and determine activity levels for and outcomes delivered by the liaison service.	NICE quality guidelines. Proportion of people with suspected or known dementia using acute and general hospital facilities that are assessed by the liaison service.
2. People with dementia who develop non-cognitive symptoms that cause distress, or who develop behaviour that challenges are considered for referral to the liaison service for further assessment.	Audit of % referred against % assessments. Need to consider number of people with dementia and what proportion might need specialist assessment (and why).

LEVEL 2

Criteria	Method of measure
1. There is agreement about how and when a full multi-disciplinary liaison service is in place for the local general and community hospitals. This includes the provision of consultant psychiatrist time, and the required capacity to meet the needs of patients with dementia in general and community hospital settings. This provision has been based on assessed need. Appropriate response-to-referrals are maintained within agreed timeframes.	Annual audit of service.
2. The role of liaison teams in their provision of regular training, for healthcare professionals in the hospital who provide care for people with dementia, should be incorporated in local training strategies (cross referenced to standard 8).	Evidence of local agreement. Evidence within local training strategies.

Standard 4: The hospital and ward environment is dementia-friendly, minimising the number of ward and unit moves within the hospital setting and between hospitals

LEVEL 1

Criteria	Method of measure
1. Clinical champion determines the signage requirements of wards to assist people with dementia. Signage is installed.	Ward audit using tools from National Dementia Audit.[13]
2. A good sensory environment is maintained with lighting free of shadows or glare; patients are able to see a clock from their bed area; availability of calendars.	Ward check.
3. Hospital policy endorses the principle that patients known to have dementia should not be moved between wards unless required for their care and treatment. Appropriate expertise should be brought to the patient rather than the patient be required to move.	Clinical champion audits moves via patient notes.
4. Patients should not be moved between wards between 8pm-8am. Moves at mealtimes and medication times are also avoided. Discussion regarding a required move takes place with the patient. Carers/families should be given adequate notice of a proposed move and asked if they wish to assist in the transfer.	Clinical champion audits moves via patient notes.

[13] National Audit of Dementia - Care in General Hospitals 2010/11 (Royal College of Psychaitry, 2010)

Criteria	Method of measure
5. If a move is unavoidable the completed personal profile/wishes 'This is me', preferences and beliefs should be transferred to new ward along with all medical/care notes. Key personnel identify themselves and implement full orientation policy.	Clinical champion audits moves via patient notes.

LEVEL 2

Criteria	Method of measure
1. All key communal areas within hospital used by people with dementia to be identified, and clinical champion agrees appropriate adjustments to environment (signage, easy to interpret menus and daily routines, coloured privacy doors).	Engagement and agreed periodic review by clinical champion with facilities management, in partnership with Alzheimer's Society.
2. Daily therapeutic and recreational sessions or activities are available. Wards may include activities such as art therapy, music, gentle hand massage, activity boxes If discreet space is not available then activities are brought to the patient.	Ward review as part of audit.
3. Periodic review of impact on ward environment during periods of high / peak activity.	Ward review as part of audit.

Standard 5: The nutrition and hydration needs of people with dementia are well met

LEVEL 1

Criteria	Method of measure
1. All patients will have a weight assessment on admission, at weekly intervals, and near to discharge (for inclusion in discharge summary). Minimum standard = 95% (exceptions: terminal illness, day cases, short elective, or impossible to weigh clinically).	Nursing records.
2. All patients will be assessed using the 'MUST' tool or standard malnutrition universal screening tool. Minimum standard = 95%.	Nursing records.
3. Individual tastes, habits and eating preferences are identified and recorded in 'This is me' as part of the initial assessment in conjunction with carers. Minimum standard = 95%.	Nursing records.
4. Protected mealtimes; volunteers, carers, friends actively encouraged to assist; patients sitting at a table more socially if they are able to, and wish to.	Lunchtime review as part of audit.

Criteria	Method of measure
5. Flexibility in provision and timing of food and in the presentation of food e.g. snacks and finger foods offered if necessary; recognising some patients may take a long time to eat a meal.	Inspection.
6. Coloured trays, utensils, crockery are used to support patients with dementia at mealtimes.	Inspection.

LEVEL 2

Criteria	Method of measure
1. There is access within 12 hours to specialist assessment for and advice on helping patients with dementia in their swallowing and eating, with information provided to carers/families.	Audit of referrals and responses.

Standard 6: The hospital and wards promote the contribution of volunteers to the well-being of people with dementia in hospital

LEVEL 1

Criteria	Method of measure
1. There is a lead person with senior clinical lead responsibility within the hospital for defining the role and ensuring coordination and support of volunteers who promote wellbeing of people with dementia in the hospital.	Identification of lead person, and agreed job description.
2. Opportunities for enhancing the patient experience (mealtimes; social activities) are identified by ward champion with the appointed volunteer coordinator.	Incorporated into ward champion role (see standard 1).
3. Processes agreed between volunteer coordinator and ward champion about the direction, support and feedback provided to volunteers and carers.	Coordinator has agreed process for review with volunteers.

LEVEL 2

Criteria	Method of measure
1. A regular review is undertaken about the opportunities for involving volunteers and plans for recruitment and retention to meet needs, which are agreed with the clinical champion.	Review of audit.
2. A range of training opportunities are offered at agreed periods for new and existing volunteers.	Evidence of training within the personal records of volunteers.

Standard 7: The hospital and wards ensure quality of care at the end of life

LEVEL 1

Criteria	Method of measure
1. Patients with dementia identified as approaching their end of life [14] are flagged to General Practitioners for entry onto end of life care register and taking appropriate action.	Proportion of patients whose key worker received and recorded end of life plan.
2. All patients with dementia who will remain in hospital to die are cared for using the Liverpool Care Pathway[15] or agreed integrated care pathway for care of dying.	Audit.

LEVEL 2

Critiera	Method of measure
1. All clinical and support staff working with people with dementia requiring end of life care have received appropriate training. Minimum standard =100%.	Audit of recorded on personnel records against required competences.

[14] The article below helps with the identification of people with dementia who might need to be flagged up to GP for end of life register.
Mitchell, S. L., J. M. Teno, et al. (2009). "The Clinical Course of Advanced Dementia." New England Journal of Medicine 361(16): 1529-1538. http://www.nejm.org/doi/full/10.1056/NEJMoa0902234

[15] Liverpool Care Pathway for the dying patient (2009). The Liverpool Care Pathway is an integrated care pathway for dying patients. Its aim is to give multi-disciplinary teams the skills they need to care for patients in the last days of life. Version 12 launched 8 December 2009.

Standard 8: Appropriate training and workforce development are in place to promote and enhance the care of people with dementia in general and community hospitals, and their carers/families

LEVEL 1

Criteria	Method of measure
1. All new staff receive mandatory induction in caring for people with dementia based on South West standards and required competences.	Recorded in personnel records against required competences.
2. There is a training and knowledge framework in place and a strategy for implementation agreed. The framework identifies necessary skill development in working with and caring for people with dementia and utilises the specialist mental health liaison service within the hospital, including: • communication skills, and working with older people with sensory impairment; • addressing behaviours that challenge; • assessing capacity, and the Mental Capacity Act; and • the protection of vulnerable adults.	Evidence of progress in delivering reflective and person-centred practitioners.

LEVEL 2

Criteria	Method of measure
1. The training and knowledge framework is implemented.	Evidenced by annual review of implementation.

Appendix 1: Five core principles of the Mental Capacity Act 2005[16]

1. A person must be assumed to have capacity unless it has been established that they lack capacity.

2. A person is not to be treated as unable to make a decision unless all practicable (doable) steps to help him to do so have been taken without success.

3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.

4. An act done, or decision made, under the Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.

5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

[16] Mental Capacity Act 2005; fully implemented 1 October 2007. The Act provides a framework for people who lack capacity and those caring for them by setting out key principles, procedures and safeguards.

Appendix 2: Aligning the standards to existing national and regional expectations in the delivery of care for people with dementia and their carers

The overarching framework within which these standards are being developed is found within 'Liberating the NHS: Transparency in outcomes - a framework for the NHS; a consultation on proposals'.[17]

The purpose of the framework will be to drive the NHS towards achieving excellence rather than minimum standards. Ensuring the providers of NHS care meet minimum standards or the essential levels of quality and safety is the responsibility of the Care Quality Commission. The 5 domains of the framework are set out below.

Domain 1	Preventing people from dying prematurely.	Effectiveness
Domain 2	Enhancing quality of life for people with long-term conditions.	Effectiveness
Domain 3	Helping people to recover from episodes of ill health or following injury.	Effectiveness
Domain 4	Ensuring people have a positive experience of care.	Patient experience
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm.	Safety

[17] Liberating the NHS: Transparency in outcomes -a framework for the NHS; a consultation on proposals (Department of Health, July 2010) http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_117591.pdf

NICE Quality Standards for Dementia (National Institute for Health and Clinical Excellence, July 2010)

The delivery of outcomes will be supported by the NICE Quality Standards for Dementia published in 2010**.** The primary purpose of NICE quality standards is to bring clarity to matters of quality by providing patients and the public, health and social care professionals, commissioners and service providers with definitions of high quality care. NICE quality standards are intended to provide a clear description of what a high quality service would look like, enabling organisations to aspire and progress to improve quality and achieve excellence. They are intended to support benchmarking of current performance against evidence-based measures of best practice and to identify priorities for improvement.

NICE quality standards will have the potential to be harnessed for a range of different uses both locally and nationally. For example, local commissioners could choose to use the quality statements and quality measures as part of their service level agreement in contracts or Commissioning for Quality and Innovation (CQUIN) agreements. Clinicians and other professionals could choose to use NICE quality standards to inform self-audit.

National Audit of Dementia – Care in General Hospitals 2010/11, Royal College of Psychiatry

The core audit, which has been undertaken by all general hospitals in the South West, comprises a hospital organisational checklist focussing on structures, policies, care processes and key staff that impact on service planning and provision for people with dementia. It includes a case note audit which records a minimum of 40 patients with a diagnosis or current history of dementia, audited against a checklist of standards that relate to their admission, assessment, care planning /delivery, and discharge.

Approximately 8 hospitals in the South West will be taking part in the enhanced audit, which will cover 2-3 of their wards. Each ward participating will complete an organisational audit, an environmental audit, staff questionnaire, carer/patient questionnaire and an observation of care interactions.

The findings from the evaluation of the National Audit will inform future standard setting.

The Strategic Framework for Improving Health in the South West 2008/9 to 2010/11

The Strategic Framework for Improving Health in the South West 2008/09 to 2010/11 sets out the future direction and priorities for action in NHS South West. It was developed through the involvement of front-line clinicians and staff through the NHS Next Stage Review and was the subject of extensive stakeholder engagement.

South West Strategic Health Authority Performance Assessment Framework for Dementia 2010/11.

The Framework covers all the objectives of the National Dementia strategy and required NHS commissioners to complete a self-assessment of progress in delivery as at July 2010. To enable a self-assessment the framework provides a definition of success (green) and partial success (amber).

Standard 1: Ensuring respect, dignity and appropriate care for people with dementia

National Audit checklist

- Nursing staff have access to a recognised process to record and report risks to patient care if they believe ward staffing is inadequate.
- There is a named dignity lead to provide guidance, advice and consultation for staff.

Standard 2: Agreed assessment, admission and discharge processes with a care plan specific to meet the needs of person with dementia and their carer/s

National Audit checklist

- A care pathway for patients with dementia is in place.
- A senior clinician is responsible for implementation and /or review of the care pathway.
- There is named officer with designated responsibility for the protection of vulnerable adults.
- The executive board regularly reviews information on re-admission of patients with dementia.
- There is a formal system in place for gathering information pertinent to caring for a person with dementia.
- Information collected includes - physical and mental health; routines and preferences; social information.
- The pro forma prompts staff to approach carers or relatives to collate necessary information.
- There is a system in place across the hospital that ensures that all staff in the ward are aware of the persons dementia or condition and how it affects them and that other staff are aware whenever the person accesses other units, facilities or locations e.g. for assessment.
- There is a protocol in place governing the use of interventions for patients displaying violent or challenging behaviour, aggression and extreme agitation, which is suitable for, use in patients who present behavioural and psychological symptoms of dementia (BPSD-in line with NICE-SCIE guideline).

The Strategic Framework for Improving Health in the South West 2008/9 to 2010/11

Ambition MH54 - People diagnosed with dementia to have an initial agreed care plan within four weeks of their diagnosis by 31 March 2010.

NHS South West Performance Assessment Framework 2010

Standard People with dementia receive care that is co-ordinated and integrated across all relevant agencies.

Green is assessed as:

There are explicit, jointly agreed policies and procedures implemented across all agencies involved in the treatment and care of people with dementia and their carer(s). These are specified in the commissioning strategy and include:

- referral pathways
- information sharing protocols
- procedures for integrated and/or joint working
- information and signposting standards, and
- support for carers, including carers' assessments and carers' breaks.

Well co-ordinated discharge planning

National Audit checklist

- The Executive Board regularly reviews information collected on delayed transfers of people with dementia.
- There is a named person who takes responsibility for discharge coordination for people with dementia who has been trained in the ongoing needs of people with dementia and has experience of working with people with dementia and their carers.
- There is a process in place to regularly review hospital discharge policy and procedures, as they relate to people with dementia.
- The discharge policy specifies that discharge is an actively managed process, which begins within 24 hours of admission.
- Information about discharge and support (written in plain English or other appropriate language) is made available to patients and their relatives on admission.
- The hospital has access to intermediate care services, which will admit people with dementia, and be available to avoid unnecessary hospital admission.
- There is a named person responsible for advising and supporting people with dementia and carers/relatives to assist discharge.
- There is access to advocacy services with experience and training in working with people with dementia.

NHS South West Performance Assessment Framework 2010

Standard Intermediate care and re-enablement services are available for people living with dementia.

There is a comprehensive joint commissioning strategy in place, with funding identified. People living with dementia and their carers have informed this strategy**.**

Green is assessed as:

A range of services is in place, underpinned by a joint commissioning strategy. The design and delivery of these services has been informed by people living with dementia and their carers; and these services meet local assessed need; and they demonstrate effective diversion from acute care and care homes.

Assessment

NICE Quality standards

Standard 2 People with suspected dementia are referred to a memory assessment service specialising in the diagnosis and initial management of dementia.

Standard 3 People newly diagnosed with dementia and /or their carers receive written and verbal information about their condition, treatment and the support options in their local area.

Standard 4 People with dementia have an assessment and ongoing personalised care plan, agreed across health and social care that identifies a named care coordinator and addresses their individual needs.

Standard 6 Carers of people with dementia are offered an assessment of emotional, psychological and social needs and, if accepted, receive tailored interventions identified by a care plan to address those needs

Standard 10 Carers of people with dementia have access to a comprehensive range of respite/short breaks that meet the needs of both the carer and the person with dementia.

National Audit checklist

- There are systems in place to ensure that people with dementia receive a comprehensive assessment with the following components - problem list; co-morbid conditions; full current medication; functioning using a standardised instrument; mental state; social assessment; screening for delirium.
- There are systems in place to ensure that where dementia is suspected but not yet diagnosed, this triggers a referral for assessment and differential diagnosis either in the hospital or in the community memory services.
- The patient's note's are organised in such a way that it is easy to identify and communication or memory problems, and easy to see the care plan.
- There is a system in place to ensure that carers are advised about obtaining carer's assessment and support.
- There are clear guidelines regarding the involvement of carers and information sharing.

Standard 3: Providing a specialist older people's mental health liaison service

NICE Quality standards

Standard 7 - People with dementia who develop non cognitive symptoms that cause them significant distress, or who develop behaviour that challenges, are offered an assessment at an early opportunity to establish generating and aggravating factors. Interventions to improve such behaviour or distress should be recorded in their care plan.

Standard 8 - People with suspected or known dementia using acute and general hospital inpatient services or emergency departments have access to a liaison service that specialises in the diagnosis and management of dementia and older people's mental health.

National Audit checklist

- The hospital provides access to a liaison psychiatry service, which can provide assessment and treatment to adults throughout the hospital including older people and emergency/urgent assessment.
- A specialist mental health team provides the service. There is a named psychiatrist for consultation and liaison, specialising in the care and treatment of older people, with dedicated time to carry out consultation liaison.
- Liaison teams from local mental health and learning disability services offer regular training for healthcare professionals in the hospital who provide care for people with dementia.

The Strategic Framework for Improving Health in the South West 2008/9 to 2010/11

Ambition MH55 - People receiving acute hospital care for physical conditions to have access to a full range of mental health liaison services by 31 March 2010.

NHS South West Performance Assessment Framework 2010

Standard People with suspected or known dementia using acute and general hospital inpatient services are assessed by a mental health liaison service that includes within its functions the assessment of needs, and interventions for people with dementia.

Green is assessed as:

A funded multi-disciplinary service(s) are in place for the local acute and community hospitals. It has been established that the service(s) have capacity to meet the needs of people living with dementia in acute and community hospital settings, and this provisions has been based on assessed need.

Standard 4: Ensuring a dementia friendly hospital environment; minimising the number of ward and unit moves within a hospital setting

NICE Quality standards

None directly applicable.

National Audit checklist

None directly applicable.

Standard 5: Ensuring nutritional and hydration needs are well met

National Audit checklist

- As part of initial assessment patients are weighed on admission.
- Protected mealtimes are established in all wards that admit frail elderly people.
- There is access to specialist assessment and advice on helping patients with dementia in their swallowing and eating.

Standard 6: Promoting the contribution of volunteers to the wellbeing of people with dementia in hospital

NICE Quality standards

None directly applicable.

National Audit checklist

None directly applicable.

Standard 7: Ensuring quality of care at the end of life

NICE Quality standards

Standard 5 – People with dementia, while they have the capacity, have the opportunity to discuss and make decisions, together with their carer/s, about the use of advance statements; advance decisions to refuse treatment; Lasting Power of Attorney; Preferred Priorities of Care.

Standard 9 - People in the later stages of dementia are assessed by primary care team, to identify and plan their palliative care needs. NICE QS9 seeks 'evidence of local arrangements for primary care teams to assess the palliative care needs of people in the later stages of dementia'.

National Audit checklist

- The care pathway for people with dementia interfaces with the end of life care pathway to ensure that people with dementia have equal access to end of life care.
- The care pathway for people with dementia interfaces with the palliative care pathway to ensure that people with dementia have equal access to palliative care.
- The end of life care pathway specifies that the health care team and consultant/consultant nurses discuss any issues to do with the end of life care with the patient and the carers/relatives (including resuscitation and any advance decisions made by the person with dementia).

NHS South West Performance Assessment Framework 2010

Standard

Where services have been commissioned, staff working with people with dementia requiring end of life care have the appropriate skills, knowledge and experience. This includes staff working in hospital, community, nursing home and residential care.

Green is assessed as:

The End of Life Care Strategy is dementia- inclusive; it includes appropriate end of life settings informed by patients and carers, and advanced directive or decision making processes. Commissioners have established that all staff working with people with dementia requiring end of life care have received appropriate training.

Standard 8: Ensuring appropriate training and workforce development

NICE Quality standards

Standard 1 – People with dementia receive care from staff appropriately trained in dementia care**.**

National Audit checklist

- Dementia awareness training relating to the care provision, systems, information and resources available in the hospital is mandatory for all acute healthcare staff involved in the care of people with dementia or who may have dementia.
- There is a training and knowledge framework or strategy that identifies necessary skill development in working with and caring for people with dementia.
- And specifies that staff of all grades and disciplines have access to communication skills training involving older service users.
- The training strategy specifies that staff working with people with dementia are trained to anticipate behaviour that challenges and have training in protection of vulnerable adults.
- Clinical staff working with older people receive basic training in how to assess capacity and an understanding of the Mental Capacity Act.
- Involvement of people with dementia and carers and use of their experiences is included in the training for ward staff.

NHS South West Performance Assessment Framework 2010

Standard

All commissioning specifications and contracts for services for people living with dementia specify that staff must have received training in working with people with dementia; and all providers are able to demonstrate the competence of staff working with people with dementia.

Green is assessed as:

A jointly agreed workforce development strategy is in place, and being implemented, with funding to implement the strategy, and this strategy includes the involvement of carers and people living with dementia in delivering training programmes.

Alignment between CQC core standards and 28 outcomes with key aspects of a good dementia care service.

Involving and information

- Outcome 1j Involving people in how the service is run
- Outcome 2c Consent: MCA; advance decisions

Personalised care and support

- Outcome 4a Plans of care
- Outcome 4a Occupation and activity
- Outcome 4k End of life care
- Outcome 5a,c,h Nutrition
- Outcome 6a,b Co-operation with other providers

Safeguarding and safety

- Outcome 7a,e Safeguarding
- Outcome 9a Medicines; only appropriate antipsychotic use
- Outcome 10a,f Premises; environment

Suitability of staffing

- Outcome 13a, 14a Staffing numbers and qualifications.
- Dementia training + LINK workers

Quality and management

- Outcome 16a Assessing and monitoring quality of provision
- Outcome 16c Dementia improvement plan identification of senior member of staff

Suitability of management

- Outcome 24a Leadership by managers: keeping up to date, inspiring and coaching

Appendix 3: Dementia care in general hospitals – resource collection

General resources and guidance

- Acute Awareness: Improving Hospital Care for People with Dementia (NHS Confederation, 2010).
  http://its-services.org.uk/silo/files/acute-awareness-improving-hospital-care-for-people-with-dementia.pdf
- Living Well Handbook (NHS Gloucestershire, 2010)
  This handbook comes complete with information that may be helpful to you both now and in the future. There is also space for you to record information that is important to you. Sharing your Living Well Handbook with people involved in your care will help ensure you receive the treatment and support that suits you best.
  http://www.southwestdementiapartnership.org.uk/wp-content/uploads/living-well-handbook.pdf

Standard 1: People with dementia are assured respect, dignity and appropriate care

- My Name is Not Dementia (Alzheimer's Society, 2010).
- End of Life Quality Markers For Dementia: Dementia specific priorities in planning end of life care (National Council for Palliative Care, 2010).
  http://www.ncpc.org.uk/download/publications/EndofLifeQualityMarkersForDementia.pdf
- Dignity in Care Campaign www.dignityincare.org.uk.
- This is me (Alzheimer's Society, 2010).
  Leaflet for use on admission to hospital, contains person-centred information to enable a clear initial understanding of the needs of the individual in an unfamiliar environment. It's short and easy to understand and is aimed at

being used with people who have been diagnosed with dementia.
http://alzheimers.org.uk/site/scripts/download_info.php?fileID=849

Standard 2: Agreed assessment, admission and discharge processes are in place, with care plans specific to meet the individual needs of people with dementia and their carer/s

- This is me (Alzheimer's Society, 2010).
  Details as above.
- Dementia Services Guide (Healthcare for London, 2009).
  Chapter 3 General hospital care pathway, pp45-68 http://www.healthcareforlondon.nhs.uk/assets/Mental-health/HealthcareforLondon_Dementia-services-guide.pdf
- Discharge from Hospital, pathway, process and practice (Department of Health, 2003).
  http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003252
- Discharge Planning (Institute for Innovation and Improvement, 2008).
  http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/discharge_planning.html
- The voice of carers; what support is there when the person I look after is coming out of hospital? (Carers UK, 2009).
  http://www.carersuk.org/Information/Helpwithcaring/Comingoutofhospital

Standard 3: People with dementia or suspected cognitive impairment who are admitted to hospital, and their carers/families have access to a specialist mental health liaison service

- Health Mind, Healthy Body Briefing (NHS Confederation, 2009).
  Good practice examples and academic evidence to help build a case for

liaison psychiatry services. http://www.nhsconfed.org/OurWork/latestnews/Pages/Healthymind,healthybody.aspx

- Who cares wins. Improving the outcome for older people admitted to the general hospital: Guidelines for the development of Liaison Mental Health Services for older people. (Royal College of Psychiatrists, 2005). http://www.rcpsych.ac.uk/PDF/WhoCaresWins.pdf

Standard 4: The hospital and ward environment is dementia-friendly, minimising the number of ward and unit moves within the hospital setting and between hospitals

- This is me (Alzheimer's Society, 2010).
  Details as above.
- McCloskey, R. M. (2004) Caring for Patients With Dementia in the Acute Care Environment: Progressively Lowered Stress Threshold (PLST) Model. *Geriatric Nursing* 25(3) http://www.medscape.com/viewarticle/481616.
  Identifying factors, which may bring about undesirable behaviours in an acute setting and strategies for prevention and control.
- Guide to dementia care environment (Alzheimer's Society, 2010)
  Good practice resource for helping people with dementia to live well through improved design of the care environment. Available from Alzheimer's Society website £25.00.

Standard 5: The nutrition and hydration needs of people with dementia are well met

- Department of Health Nutrition Action Plan at www.dignityincare.org.uk.
- Still Hungry to be Heard (Age UK, 2010).
- Guide to catering for people with dementia (Alzheimer's Society, 2009).
  Aimed at Caterers, but useful for all working to ensure nutrition and

hydration needs are met. Covers menu planning; eating well, supporting poor appetite and weight loss; nutrition, vitamins and minerals; taste, flavour and presentation; finger foods and wallowing difficulties, including the provision of texture modified foods. Available from Alzheimer's Society website £15.00.

Standard 6: The hospital and wards promote the contribution of volunteers to the well-being of people with dementia in hospital

- Alzheimer's Society is there to recruit and support volunteers. You can find your local Alzheimer's Society branch at www.alzheimers.org.uk.
- In addition, some hospitals have Voluntary Services Managers that can help with the recruitment and support of volunteers.
- Your local volunteer centre would also be able to advise you on how to set up a volunteering scheme and how to manage it. See www.volunteering.org.uk/volunteercentres.

Standard 7: The hospital and wards ensure quality of care at the end of life

- Liverpool Care Pathway for the Dying Patient (The Marie Curie Palliative Care Institute, 2010). http://www.liv.ac.uk/mcpcil/liverpool-care-pathway/Updated%20LCP%20pdfs/What_is_the_LCP_-_Healthcare_Professionals_-_April_2010.pdf
- National Council for Palliative Care have produced guidance on various aspects of ensuring quality of care at end of life for people with dementia. See www.ncpc.org.uk. Some publications are free to download, others carry a small charge.
- End of Life Quality Markers For Dementia: Dementia specific priorities in planning end of life care (National Council for Palliative Care, 2010). http://www.ncpc.org.uk/download/publications/EndofLifeQualityMarkersForDementia.pdf

Standard 8: Appropriate training and workforce development are in place to promote and enhance the care of people with dementia in general and community hospitals, and their carers/families

- Dementia Services Guide. (Healthcare for London, 2009).
  Chapter 3 General hospital care pathway, pp 45-68
  http://www.healthcareforlondon.nhs.uk/assets/Mental-health/HealthcareforLondon_Dementia-services-guide.pdf
- SCIE dementia e-learning package http://www.scie.org.uk/publications/elearning/dementia/
- NCC Home Learning, NHS Procurement Approved training supplier.
  http://www.ncchomelearning.co.uk/cart.php?m=product_detail&relate=1&p=112
- Alzheimer's Society have a range of training courses on offer, as well as a bespoke in house training service. See: www.alzheimers.org.uk/training for further information.