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**Dementia Policy**

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# Introduction

**Dementia is an umbrella term used to describe a range of progressive, neurological disorders or conditions affecting the brain.** The brain is made up of nerve cells (neurones), that communicate with each other by sending messages. Dementia damages the nerve cells in the brain so messages can’t be sent from and to the brain effectively, this can prevent the body from functioning normally. Dementia mainly affects people over the age of 65 (one in 14 people in this age group have dementia), and the likelihood of developing dementia increases significantly with age.

Staff at [Company Name] will provide dignified care and support to clients who are living with dementia; they will understand dementia and the impact it can have on a client’s life. They will use a holistic, person-centred approach and provide a plan of care that is tailored to meet the needs of the individual.

This policy will support and guide staff in the care of client with dementia at [Company Name]. The person living with dementia will be supported to have the best quality of life possible. A model based on dignity, independence and understanding will be applied. There will be a focus on individualised assessment and the delivery of care will respect each client’s specific needs. [Company Name] will always practice with the best interest of the client in mind.

# Policy Statement

[Company Name] is committed to supporting individuals who live with dementia and providing high quality, safe care. This policy will ensure compliance with national guidance such as The National Dementia Strategy (NDS), Dementia Action Alliance (DAA), National Audit for Dementia (NAD) and National Institute for Health and Care Excellence (NICE).

[Company Name] are committed to ensuring best practice and promoting respect, dignity, and a good quality of life for those with dementia. Staff providing direct care or management will be up to date with relevant, current standards and guidelines. Staff will have the appropriate knowledge, skills and ability to care for the client with dementia.

# Scope

This policy and the procedures apply to all healthcare staff supporting clients with dementia. The Registered Manager will take ownership of the policy and be responsible for overseeing the care of patients with dementia.

# Definition

Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of brain functioning. There are many different causes of dementia, and many different types. Every person with dementia will experience it differently however, people with dementia are known to experience changes in their mood and/or behaviour. This may present as fear, confusion, or agitation.

# Most Common Causes of Dementia

**Alzheimer's disease**

Alzheimer's disease is a progressive condition, which means the symptoms develop gradually over many years and eventually become more severe. It affects multiple brain functions. As the condition develops, memory problems become more severe and further symptoms can develop, such as:

* confusion, disorientation and getting lost in familiar places
* difficulty planning or making decisions
* problems with speech and language
* problems moving around without assistance or performing self-care tasks
* personality changes, such as becoming aggressive, demanding, and suspicious of others
* [hallucinations](https://www.nhs.uk/conditions/hallucinations/) (seeing or hearing things that are not there) and delusions (believing things that are untrue)
* low mood or anxiety.

**Vascular** **dementia**

Vascular dementia (including multi-infarct dementia) is caused by reduced blood flow to the brain, which damages and eventually kills brain cells. This can happen as a result of: narrowing and blockage of the small blood vessels inside the brain, a single stroke, where the blood supply to part of the brain is suddenly cut off or lots of ["mini strokes" (also called transient ischaemic attacks, or TIAs)](https://www.nhs.uk/conditions/transient-ischaemic-attack-tia/) that cause tiny but widespread damage to the brain Vascular dementia tends to get worse over time, although it's sometimes possible to slow it down.

Symptoms include:

* slowness of thought
* difficulty with planning and understanding
* problems with concentration
* changes to your mood, personality, or behaviour
* feeling disoriented and confused
* difficulty walking and keeping balance
* [symptoms of Alzheimer's disease](https://www.nhs.uk/conditions/alzheimers-disease/symptoms/), such as problems with memory and language (many people with vascular dementia also have Alzheimer's disease).

**Dementia with Lewy bodies**

Dementia with Lewy bodies is caused by clumps of protein forming inside brain cells. These abnormal deposits are called Lewy bodies. These deposits are also found in people with [Parkinson's disease](https://www.nhs.uk/conditions/parkinsons-disease/), and they build up in areas of the brain responsible for functions such as thinking, visual perception and muscle movement. It tends to develop slowly and get gradually worse over several years.

People with dementia with Lewy bodies may have:

* [hallucinations](https://www.nhs.uk/conditions/hallucinations/) – seeing, hearing or smelling things that are not there
* problems with understanding, thinking, memory and judgement – this is similar to [Alzheimer's disease](https://www.nhs.uk/conditions/alzheimers-disease/), although memory may be less affected in people with dementia with Lewy bodies
* [confusion](https://www.nhs.uk/conditions/confusion/) or sleepiness – this can change over minutes or hours
* slow movement, stiff limbs and [tremors](https://www.nhs.uk/conditions/tremor-or-shaking-hands/) (uncontrollable shaking)
* disturbed sleep, often with violent movements and shouting out
* [fainting](https://www.nhs.uk/conditions/fainting/) spells, unsteadiness and [falls](https://www.nhs.uk/conditions/falls/).

**Frontotemporal dementia**

Frontotemporal dementia (including Pick’s disease) affects the front and sides of the brain (the frontal and temporal lobes) and causes problems with behaviour and language.

Like other types of dementia, frontotemporal dementia tends to develop slowly and get gradually worse over several years.

Signs of frontotemporal dementia can include:

* personality and behaviour changes – acting inappropriately or impulsively, appearing selfish or unsympathetic, neglecting personal hygiene, overeating, or loss of motivation
* language problems – speaking slowly, struggling to make the right sounds when saying a word, getting words in the wrong order, or using words incorrectly
* problems with mental abilities – getting distracted easily, struggling with planning and organisation
* memory problems – these only tend to occur later on, unlike more common forms of dementia, such as [Alzheimer's disease](https://www.nhs.uk/conditions/alzheimers-disease/)
* There may also be physical problems, such as slow or stiff movements, loss of bladder or bowel control (usually not until later on), muscle weakness or [difficulty swallowing](https://www.nhs.uk/conditions/swallowing-problems-dysphagia/).

**Mixed dementia**

Mixed dementia' is a condition in which a person has more than one type of dementia. At least one in every ten people with dementia is diagnosed as having more than one type. Mixed dementia is much more common in older age groups, such as those over 75 years.

# Procedures

Healthcare staff at [Company Name] are expected to have a good understanding of the different types of dementia and how to best support each individual with the symptoms they may be experiencing because of using a holistic and person-centred model of care. Staff will be trained in care principles and strategies and will have a sound awareness of mental health legislation and the standards of care that are expected from them.

[Company Name] will ensure a 'dementia champion' is appointed to ensure dementia care follows current guidelines, best practice standards and care principles.

# Screening

Diagnosis of dementia should be made as early as possible. [Company Name] will use the appropriate in-house/on-site screening tool to assess, investigate and refer as required.

For community, staff will be responsible for screening all clients who meet the necessary criteria and referral to the relevant medical professional will be made for diagnosis and treatment planning.

Dementia will only be diagnosed and managed when all other causes are excluded.

# Assessment

Assessment of the clients will be person-centred and holistic. Dementia patients will be assessed in a respectful and dignified manner. At [Company Name] the client’s needs and wishes will be evaluated using the appropriate person-centric tools of assessment.

All national and local assessment criteria will be adhered to. Medication assessment will ensure regular monitoring and review.

In the community, the client will be referred by their GP to a Dementia Specialist or a diagnostic service.

All assessments will be individualised based only on that client’s level, type, and degree of dementia.

[Company Name] will follow the guidance of NICE, concerning assessment and referral of patients for diagnostics and assessment criteria.

<https://www.nice.org.uk/guidance/ng97/resources/dementia-assessment-management-and-support-for-people-living-with-dementia-and-their-carers-pdf-1837760199109>

Assessment will include reference to the clinical features of dementia against other diseases.

# Clinical Features of Dementia

Staff will assess the features that are/are not present, such as:

* Onset – insidious
* Duration - months/years
* Course - stable and progressive, usually stepwise
* Alertness – often normal
* Orientation - may be normal: usually impaired for time/place
* Memory - impaired recent and sometimes remote memory
* Thoughts - slowed and reduced
* Perception- normal hallucinations in 30 – 40% (often visual)
* Emotions - shallow, apathetic, labile, irritable, careless
* Sleep - often disturbed, nocturnal wandering common, nocturnal confusion.

# Care Planning

The care plan will be developed with the client at the centre. Those who know the client best i.e., family/friends/representatives will be involved in the care planning and care plan reviewing process together with the multidisciplinary care team. Where the client cannot make decisions about their care, in line with the Mental Capacity Act 2005, all parties must act in line with the client’s best interests and take into consideration any known preferences that may have been expressed by the client in the past or any documented advance decisions (including ADRTs and Living Wills) – see advance care planning below.

The plan will include dates for review, medications prescribed, and any psychological supports required. A range of best practice interventions will be implemented. The care plan aims to be inclusive, holistic, and respectful of the individual nature of dementia.

The care plan will include:

* The client’s details
* The client’s informed consent
* The treatment plan
* Dates for regular reviews
* Doctors and dementia expert treatment recommendations.

[Company Name] will ensure that care is:

* coordinated and supported by all involved
* planned and delivered on an individualised basis, after holistic assessment of needs
* based on current evidence and guidance
* Delivered by caring staff that reflect the ethos of [Company Name]
* Supportive of the client’s involvement in their care
* Provided to allow a variety of services that will promote wellbeing and tailored to the client’s needs, wishes and preferences.
* Inclusive of group therapies such as reminiscence and activities are engaging and stimulating.
* delivered by trained, confident staff who are aware of all policies and procedures relating to dementia care at [Company Name].

Staff will be mindful of the patient's privacy, dignity and respect their wishes. They will understand the organisational model of care for dementia and practice within their scope and with national guidance and local policy in mind. Staff will offer activities and stimulation and encourage patient involvement and interaction.

All care will be accurately and honestly documented, dated, signed, and recorded as per documentation policy.

**Advanced care planning**

[Company Name] will promote the advance care planning concept which allows the opportunity for the client to reflect on the future, their wishes and needs going forward. Power of attorney and refusal of treatment, along with preferences regarding death and dying and future care should all be addressed by the client before cognitive deterioration.

# Monitoring

To ensure this policy remains both useful and current, regular auditing processes will take place. Any adverse events or poor client outcomes related to this policy will be investigated.

# Related Policies and Procedures

* Advanced Care Directives Policy
* Care planning Policy
* Medication Management Policy
* Nutrition and Hydration Policy
* Safeguarding Policy

# Legislation and Guidance

**Relevant Legislation**

* Health and Social Care Act 2012
* Equality Act 2010
* Mental Capacity Act 2005
* Care Act 2014

**Guidance**

* Dementia Action UK <https://www.dementiaaction.org.uk/assets/0001/0757/Reformatted_Policy_guidance_of_dementia_care_2001-2013_DAA.pdf>
* Gov.uk <https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy>
* [Challenge on Dementia 2020](https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020),
* NICE <https://www.nice.org.uk/guidance/ng97/resources/dementia-assessment-management-and-support-for-people-living-with-dementia-and-their-carers-pdf-1837760199109>
* NHS <https://www.nhs.uk/conditions/dementia/>
* NHS England (2015) Accessible Information Standard
* Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Health and Social Care Act 2008 (Regulated Activities .... <https://app.croneri.co.uk/reference-articles/law-and-guidance/legislation-tracker/health-and-social-care-act-2008-regulated-2>
* Department of Health (2014) Care Act 2014: Statutory Guidance for Implementation
* Department of Health (2014) Positive and Proactive Care: Reducing the need for restrictive interventions
* Human Rights Act 1998 Relevant policies and non-statutory guidance
* <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/168220/dh_094051.pdf>
* NHS England (2017) Dementia: Good Care Planning
* NHS England (2015) Implementation Guide and resource pack for dementia care
* Dementia Care Pathway – Dementia diagnostic Assessment Tool -*This is me* leaflet.

# Summary of Review

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