Dementia Care

Training Package

NLIAH / CMHSD Mini-collaborative Medicines Management Target

5th December 2012

Dementia Care Training Team 2012
Dementia Training - Wales perspective..?

Health Boards / LA

WG Initiative

3rd sector

Other training providers

Our perspective!!

Dementia Care Training Team 2012
Policies

... & key drivers
Optimising treatment and care for people with behavioural and psychological symptoms of dementia

A best practice guide for health and social care professionals

Issue date: November 2006

Dementia

Supporting people with dementia and their carers in health and social care

This NICE clinical guideline has been updated to incorporate the updated evidence for drug treatment of people with dementia (www.nice.org.uk/cg69), and refers to the NICE clinical guideline on dementia care (CG69) and the mental health guideline update (CG69A) for updated information on care and treatment. The guideline could also be useful for other carers of people with dementia, such as self-help and voluntary organisations.
“Dementia care training should be made a core & substantial part of the training curriculum for nurses & social care staff.”

- Dementia UK, Alzheimer’s Society 2007

Dementia Care Training Team 2012
“We need to develop & maintain an informed, well trained & effective workforce in dementia care and support through improved training & assessment of staff in the private, statutory & voluntary sectors so that the care & support delivered is of the highest quality wherever it is delivered”

• Wales Dementia Plan (Consultation Document), Welsh Assembly Government, 2009
“Health & Social Care managers should ensure that all staff working with older people in the health, social care and voluntary sectors have access to dementia-care training (skill development) that is consistent with their roles & responsibilities.

• Dementia, NICE/SCIE clinical guideline 42. Nov 2006 (amended March 2011)
And if we don’t...
“... evidence shows levels of training are low, even in specialist dementia services, & this may be reflected in the lack of knowledge & attitudes of many social care staff. This suggests a misguided belief that specialist training is not required to provide support to people with dementia.

The result of this is a vulnerable group in society experiencing nothing like the standard of care they deserve"

- Prepared to care. Challenging the dementia skills gap. APPG. June 2009.
How to Guide

Improving Dementia Care

www.1000livesplus.wales.nhs.uk
There are circumstances in which anti-psychotic medication may justifiably be used.... Otherwise, alternative approaches should be utilised in the first instance” p35

“Survey knowledge & practices in care settings regarding management of challenging behaviour” p39

“..address training & system requirements” p39
The use of antipsychotic medication for people with dementia:

Time for action

A report for the
Minister of State for Care Services
by
Professor Sube Banerjee

180,000 treated with antipsychotics in UK

Between 9 & 20% will derive some benefit

1,620 cerebrovascular adverse events incl. accelerated risk of stroke

1,800 sudden/premature deaths per year

1 additional death in every 100 people treated

Mortality risk increases the longer you take them

They accelerate the rate of decline in elderly patients

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More than 90% of people with dementia will experience BPSD as part of their illness.

Good practice is not to rush into treatment with antipsychotic medication.
“Dementia drugs robbed my father of his laughter, his smile and the final weeks of his life…”
So what is happening?
“Overall, the aim of the Initiative is to increase training capacity & expertise in Wales, to lead to sustainable improvements in attitudes, skills & knowledge of those providing support & care to the growing number of people with dementia” p2.
Established in November 2002, we are a dedicated team of professionals providing specialist person centred dementia care training to a range of health & social care staff.
Our mantra....

Irrespective of where a person with dementia is being supported & cared for - those working with them should be appropriately trained

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# The Dementia Care Training Package

| A modular training package developed following local training needs analysis, extensive consultation, research & benchmarking. | The package is iterative. It continues to be developed & evolves to reflect best practice guidance. |
Target groups

- Care home staff & managers
- Domiciliary care workers
- Day Service staff
- Occupational therapy staff
- Acute/general hospital staff inc AHPs/Stds
- Mental Health staff
- Social Workers
- Learning Disability staff
- 3rd Sector – AS/Crossroads
Commenced April 2003

Approx number of Social Care staff trained = 1,900

Approx total attendance = 12,441 (H & SC)
Module 1: An Overview of Dementia

Module 2: Communication

Module 3: Legal & Ethical Issues

Module 4: Physical Aspects

Module 5: Pain & dementia

Module 6: Eating & drinking

Module 7: Understanding Behaviours

Module 8: Mental Health Issues

Module 9: Positive Environments

Module 10: Meaningful Interactions

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The Team has an **advisory role** to the Care Home Sector. Whilst we do not hold a clinical caseload we can advise in complex cases. This links with the care home in-reach team..

<table>
<thead>
<tr>
<th>Support around meaningful interaction &amp; structured activity</th>
<th>Environment – advice &amp; suggestions</th>
<th>Coping with unusual behaviours</th>
<th>Care planning</th>
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Bridgend Care Home In-Reach

Old Age Liaison Psychiatry service established in late 2009 at Princess of Wales Hospital

Multidisciplinary Care Home In Reach team identified ‘drugs of interest’

Antipsychotics, lithium and drugs for dementia

Baseline survey of antipsychotic use within the local residential and nursing care homes

Information supplied by Dr R Colgate Nov 2012
Regular monthly care home visits since 2010

Annual survey (August) of antipsychotic prescribing across 24 care homes

Traffic light system of individual reviews

Introduction of ‘embedded’ antipsychotic statements in mid 2011

Work in progress to incorporate into Care & Treatment plan documentation

Information supplied by Dr R Colgate Nov 2012
Statistics

August 2009: ~ 800 care home residents
- 36% prescribed antipsychotic medication

August 2010
- 33% prescribed antipsychotic medication

August 2011: ~ 850 care home residents
- 33.5% prescribed antipsychotics

(285 individuals)

Information supplied by Dr R Colgate Nov 2012
A Mantra ... ?

Indiscriminate reduction or discontinuation of antipsychotics is hazardous ...

Kind thanks to Dr R Colgate
A Good Intention ...

Establish a simple & systematic means of describing the antipsychotic prescription. Summarised as ...... an antipsychotic statement

Kind thanks to Dr R Colgate
This antipsychotic is prescribed for a diagnosis of dementia with psychotic symptoms, specifically delusional misidentification of care home staff, which are still present. The dose should be increased to xxmg and will next be reviewed by the Care Home In Reach team in the care home in one month.

Kind thanks to Dr R Colgate
The antipsychotic is prescribed for a diagnosis of dementia associated with anxiety and some agitation in September 2011, symptoms which are no longer evident.

The antipsychotic should be withdrawn now and the situation will be reviewed by telephone contact by the Care Home In Reach team in two weeks.

Kind thanks to Dr R Colgate
Any decision to alter a prescription of antipsychotic medication should be based on:

- Knowledge of diagnosis
- Knowledge of target signs & symptoms
- Frequency of the target signs & symptoms

... so that an assessment of risk can be made

Optimum management should include follow up in written documentation

Specifically when and by whom

Information supplied by Dr R Colgate Nov 2012
Emergent themes from the package in relation to Driver 3

Recognition & acknowledgement by staff of behaviours they find difficult to understand – Mod 1

What to consider – Mods 2,3,4,5,6,7,8,9,10

Monitoring & reporting – Mod 5

Linking into non-pharmacological approaches – Mods 5,7,9,10

Appropriate referral for support

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Why?
Reminding staff to consider the following...
Also observation..

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**This chart/form should be completed once a ‘difficult’ behaviour/incident has been identified or has happened. One member of staff should complete & sign the form following discussion with others (where appropriate). Close records should also be kept in the resident/patient file. Changes to care approach must be considered and clearly documented in care plan.**
Previous history
Communication

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Physical Health

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Mental Health
The Environment
What changes are we making as a result of this?
Teaching Strategies

- Lecture
- Buzz groups
- Group discussion
- Case Study
- Practical
- Games/Quiz

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Evaluation/assessment

- The use of pre-post knowledge based questionnaires
- Quiz/games
- Question & answer
- Written evaluations
- Workbooks
- Assignments (Accredited programme)

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Course gained level 1 accreditation with Swansea University.

- Team members become Honorary Lecturers.
- We are exploring the possibility of awarding APL points to course participants who have attended all 9 modules, on completion of a refresher day and assignment.

Collaboration with Swansea University to complete extensive service evaluation based on the principles of action research.

- results to be analysed and paper written for publication.
Difference in dementia care: a course for MHCSWs

Helen Lambert, Highly Specialist Occupational Therapist, Karyn Davies, Mental Health Nurse and Allison Turner, Highly Specialist Occupational Therapist, Glastholy Hospital, Aberdare Bro Morgannwg University Health Board

Abstract

With an estimated 820,000 people with a diagnosis of dementia in the UK (Alzheimer’s Research Trust, 2010), 43,614 of whom live in Wales (Alzheimer’s Society, 2011) the likelihood is that we will have either personal or professional experience of it, whatever our chosen specialty. The odds of us developing dementia ourselves are one in three (Alzheimer’s Society, 2012).

Dementia care training team

The dementia care training team (DCTT) was established in 2002 to provide dementia care education and training to non-registered care home staff in the independent and...
Thank you!

Any Questions?

For further information please contact Karyn.Davies@wales.nhs.uk