

**DEMENTIA**  
NATIONAL AUDIT OF  
DEMENTIA



# **National Audit of Dementia 2011: Key findings and recommendations**

**Easy access version**

**This document is a shorter version of the national report's key findings and recommendations.**

It tells you about the key findings from the audit, but in less detail. Not all the recommendations are included in this document.

To see the full national report of the National Audit of Dementia, please go to:

[www.nationalauditofdementia.org.uk](http://www.nationalauditofdementia.org.uk)

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# Introduction

There are currently **800,000 people with dementia in the UK**. There will be over a million people with dementia by 2021.

At any one time, up to **one quarter of acute hospital beds** are in use by people with dementia over the age of 65.



In 2009 the National Dementia Strategy identified **improved care in general hospitals** as a key objective.



In 2010/2011 the first round of the **National Audit of Dementia** (care in general hospitals) was carried out. The national report was published in December 2011.

# The audit

## Participation:



**210 hospitals** in England and Wales participated in the audit. This represented **nearly all general acute hospitals**, or hospitals providing general acute services on more than one ward, in England and Wales.

## We wanted to find out:



Are hospitals providing good care for people with dementia?



Do hospitals have guidelines in place to support the care they give to people with dementia?

## How did we collect information?

- We asked hospitals to complete a checklist with information about their services. We asked about guidelines they had in the hospital to support the care of people with dementia.
- We asked hospitals to collect information about patients' admission, assessment and discharge.

**55 of the 210 hospitals** that took part in the audit, also collected **information about their wards** in more detail. A total of **145 wards** took part in this part of the audit and collected information about:

- The **support they had for patients and staff**, and how they organised their services.
- **The ward physical environment**, for example if they used signs or had space for patients to walk.
- **Staff feedback** about their training and the care they gave to people with dementia.

- **Patients and carers feedback** about the care they experience in the hospital.
- Staff carried out **observations on the wards** to look at how patients and staff acted towards each other.

## Who was involved in the audit?

The audit was run by the **Royal College of Psychiatrists**. The National Audit of Dementia **Project Team** collected information from the hospitals and analysed the results.

We received **support** from the following organisations:



The audit was funded by the **Healthcare Quality Improvement Partnership**.

## How to read this report

The results are divided into **10 different themes**:

- Governance
- Assessment
- Mental health and liaison psychiatry
- Nutrition
- Information and communication
- Staff training
- Staffing and staff support
- Physical ward environment
- Discharge planning and discharge
- Results of the observations on the wards

In **each theme** you will find:

- A **summary of the information** that was collected by the hospitals.
- A list of some of the **recommendations** that hospitals and other organisations should follow to improve the care of patients with dementia.



# 1. Governance



This chapter looks at issues relating to governance including:

- the set up and running of hospitals;
- the systems and resources hospitals have in order to meet the needs of people with dementia.

## Care pathway:

A **care pathway** is a list of practices, procedures and treatments that should be used for people with a particular condition, like dementia, in hospital.

- Very few hospitals had a **care pathway in place**.
- Nearly half of hospitals said they were **developing a care pathway**.

## Involvement of Executive Boards:

The **Executive Board** is a group of members who have been elected or appointed to oversee the activities of the Trusts that run hospitals.

- Less than a quarter of Executive Boards regularly **review information about the delayed discharge** of people with dementia.
- Very few hospitals **review information about people with dementia being re-admitted** to hospital.

## Intermediate care services:

**Intermediate care** is a range of services that:

- help people recover faster from an illness;
- help people stay in the community and keep their independence.

- Most hospitals had **access to intermediate care services** that would admit people with dementia.



However, only half of hospitals said people with dementia could **access this service directly** which may help to avoid hospital admission.

## Interpreting services:

- 61% of hospitals had **access to interpreting services** that can provide help if a person has any language difficulties that could be a barrier to communication.

## Advocacy services:

**Advocacy services** support patients with decisions about specific issues or problems. They may be useful when a patient does not have a carer or relative.

- The majority of hospitals had **access to advocacy services**.

## Access to services:

- Access to services, such as social services, liaison psychiatry and occupational therapy, was **generally available during the day, Monday to Friday**.
- At **evenings and weekends**, access to these services was very limited.

## Recommendations:

- There should be **a senior clinician** in each hospital to develop, implement and monitor the care pathway for dementia.
- The senior clinician should identify **Dementia Champions** in each department in the hospital/wards.
- The hospital should have a **care pathway** in place for dementia.

## 2. Assessment



This chapter looks at the **assessments that should be carried out** in the hospital for people with dementia, and how many of these **assessments were actually carried out** for people with dementia.

These include:

- Physical health assessments;
- Mental health assessments;
- Social and environmental assessments.

## Physical health assessments:

**Assessment of functioning:** This means testing how the patient can cope with everyday living such as being mobile.

- Most hospitals said that they carry out this assessment for people with dementia.



However, only 26% of the patients received this assessment.

**Nutritional assessment:** This means testing how well a patient is eating and whether they are overweight or underweight.

- **Nearly all** hospitals said that they carry out this assessment for people with dementia.



However, only **70%** of patients received this assessment.

**Pressure sore:** This is a type of injury that affects the skin. It can develop from pressure or friction to parts of the body from being in a position for a long time, such as lying in bed.

- Nearly all patients were checked to see if they were at **risk of developing a pressure sore.**
- Most patients were asked if they have any **problems controlling their bladder/bowel.**
- Only 24% of patients were **asked if they were in any pain.**

## **Mental health assessment:**

This means testing what the patient's state of mind is like (for example if they have a low mood or appear confused).

- 75% of hospitals said that they carry out an **assessment of mental state** for older people in the hospital.



However, less than half of patients received this assessment.

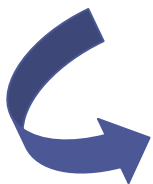


## Social and environmental assessments:

This means reviewing:

- the support relatives may require;
- financial support that may be needed;
- how safe the patient's home is.

- Nearly all the hospitals said that they **carry out social and environmental assessments** for people with dementia.



However, less than 75% of patients had received these assessments.

The results show that even though the majority of hospitals said that they carry out these assessments on people with dementia, it does not appear to be in line with **how many patients actually received these assessments** whilst in hospital.

### Recommendation:

- ➔ Staff that assess older people should have **training in the assessment of mental state.**

### 3. Mental health and liaison psychiatry



This chapter looks at the **access hospitals have to specialist mental health services**, and if they have procedures to help the person with dementia if they become distressed.

## Liaison psychiatry:

Liaison psychiatry is an individual or a team who provide **psychiatric assessment and treatment** to those who may be distressed whilst in hospital.

Most hospitals had access to a **liaison psychiatry service**, and in most cases this service was provided by a team, and not just one person.

- Only around one third of hospitals that have access to a liaison psychiatry service can see patients during **evenings or weekends**.
- Patients with dementia who needed to be seen by a liaison psychiatry team often **had to wait**. Some people waited over 4 days to be seen.

## Discharge from hospital and mental health needs:

When leaving the hospital, people with dementia should have their **mental health needs looked at and written down** in a document so that suitable treatment and care

can continue outside the hospital, for example in the community.

- Only a few patients had their **mental health needs recorded for discharge**.

This suggests that general hospitals are not giving enough importance to the mental health needs of people with dementia.

## Antipsychotics:

Antipsychotics are a **group of medications** used to treat people with mental health conditions. They can be used to help the person be calm.

People with dementia can become **agitated, distressed and can become aggressive** (known as 'challenging behaviour') when they are in hospital. This can be due to the hospital environment, aspects of care, illness or injury, or a downturn in the dementia condition.

- **Around one third** of people with dementia received antipsychotic medication in the hospital.

Hospitals should have **procedures** that they can follow when a person becomes agitated, distressed or aggressive. It should be clear that **antipsychotics are only used as a last resort.**

- Only **around one third** of hospitals had adequate procedures in place for this.

### Recommendations:

- ➔ Liaison psychiatry services should provide **good access over 24 hours**. This includes being able to respond to emergency/urgent referrals.
- ➔ **Guidance on antipsychotic medication prescription** should be given to hospitals and this should be reviewed.
- ➔ There should be **clear guidance on when antipsychotics should be given** to patients with dementia.
- ➔ **Guidance on how to deal with challenging behaviour** should be clearly set out for hospitals to follow.



**Protected mealtimes:** These are periods when all activities in the ward stop so nurses, other staff or carers can serve food and help patients to eat their meals.

- **Nearly all hospitals** have protected mealtimes in place.



However, only 74% of wards ensure there are **enough staff on the ward at mealtimes** to help people with dementia to choose food and eat if necessary.

- Nearly all wards said they could **provide food between mealtimes**. But only 66% of staff agreed the ward can provide meals and snacks to patients at any time.
- Nearly all hospitals had access to **specialist assessment and advice** on helping patients with dementia in their eating and swallowing.

## Recommendations:

- All patients should have a **record of their nutritional status**. This means checking their weight and if they are eating their food.
- The ward manager should make sure there are always **enough staff on the ward** to help patients at mealtimes.
- Staff should be trained on how to use the **nutritional assessment tool** and how to check how much patients are eating and drinking.
- Ward managers should promote **mealtimes as a social activity** and provide appropriate equipment and a friendly environment for patients to eat.
- All staff or volunteers who help patients with their meals should receive **training**.
- **Snacks and finger foods** should always be available at mealtimes and between mealtimes.



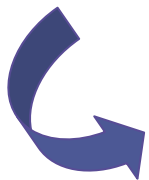
## 5. Information and communication



This chapter looks at the **procedures hospitals had in place to collect and communicate key information** about the person with dementia whilst in hospital, and what **information was collected about the patient.**

## Involvement of family and carers:

- 40% of hospitals had a clear procedure for **sharing information with families** about the patient's care.
- Only around half of hospitals had **guidelines for the involvement of families** for discharge and support arrangements.
- 61% of wards said a **healthcare professional was identified** to the family as a contact for help and information.



However only 45% of staff said that patients are allocated a healthcare professional as a contact.

The results suggest that there is a **lack of guidance** in hospitals for the involvement of families.

## Information collected about the patient:

**Recording and sharing some basic personal information** about patients with dementia can help them feel more settled in hospital and help staff to provide better care to people with dementia.

- The majority of wards had a system for **communicating personal information** about patients with dementia to staff.
- Less than half of patient notes had a **section dedicated to collecting information** about the patient from a carer, friend or relative.
- 24% of patients' notes contained **information about things that might cause distress** to the person with dementia.

## Recommendations:

- A named healthcare professional should be a **point of contact** to ensure that the carer/relatives are involved in the care plan and in decisions.
- A **personal information document** (for example “This is Me” from the Alzheimer’s Society) should be in use throughout the hospital. This document should be readily available to all those involved in the patient’s care.
- There should be a system in place so that staff can **identify people with dementia** on the ward (for example a symbol to put by the patient’s bed/in their notes).
- Ward managers should highlight to their teams the importance of **involving people with dementia and their carers** (where applicable) in discussions on care, treatment and discharge.

## 6. Staff training



This chapter looks **at training frameworks and strategies** hospitals have in place for staff.

It also looks at **what staff think about the training they have received** that supports them in providing care for people with dementia in general hospitals.

## Training frameworks and strategies:

In order for people with dementia to have a positive experience of care whilst in hospital, it is important that hospitals have **plans in place to ensure staff members receive good training.**

- Only a very small number of hospitals had **mandatory training in awareness of dementia** for all staff.
- 23% of hospitals had a **training and knowledge framework or strategy** identifying the necessary skill development for staff caring for people with dementia.

Less than one third of hospitals' training strategy specified staff should receive training in the following areas:

- How to **recognise challenging behaviour** and how to manage violence, aggression and extreme agitation.
- **Communication skills** involving older service users.

## Training received by staff:

Less than half of staff said they had good enough training/learning and development in these areas:

- **Dementia care** including dementia awareness training.
- Dealing with **challenging/aggressive behaviour**.
- **The Mental Capacity Act** and how to assess capacity.

Around half of staff said they had good enough training/learning and development in these areas:

- **Communication skills**.
- **Involving people with dementia and their carers** in decisions on care and treatment.

The areas staff felt they were better trained were:

- Using the principles of **person-centred care**.
- Introduction to **adult protection policy and procedures**.

Nearly all staff from all job roles agreed that **further training would be useful** and would improve the care received by people with dementia.

Further training is needed **across all job roles for a range of skills** related to the care of people with dementia.

### **Recommendations:**

- There is a need to develop **suitable training programmes** for enhanced and specialist skills in dementia care.
- There is a need to develop **the training and knowledge strategy** so all staff are provided with basic training in dementia awareness.



## 7. Staffing and staff support



This chapter looks at the **number of staff**, in relation to how many beds there are on the ward and the number of registered nurses and healthcare assistants on the ward.

It also looks at **ward staff experiences** in terms of whether they felt there was enough staff to provide for the patients in their care.

**Skill mix:** The balance between qualified staff (registered nurses) and unqualified staff (healthcare assistants).

- The **number of staff working on the wards and the skill mix** between registered nurses and healthcare assistants varied across the wards.
- The majority of wards have a system to ensure there is a **minimum number of staff working on the wards.**



However, 28% of staff thought **the number of staff working on the ward was not enough** to meet patient needs.

It is important that the **number of staff on the ward is enough** to meet the needs of people with dementia.

- Nearly all hospitals had a **system to record possible risk to patient care.** Around half of the staff felt that the system deals with reports in good time.
- The majority of hospitals said there is a **dignity lead** to provide guidance to staff. But only 40% of staff agreed that this was in place.

## Recommendations

- The Royal College of Nursing should provide guidance on **how staffing levels should be determined**, which are sensitive to the care of people with dementia.
- Specialist staff should give support to other staff to help them provide **dignified, skilled and compassionate care** to patients with dementia.

## 8. Physical ward environment



This chapter looks at important **parts of the hospital ward environment** relating to the care that people with dementia experience.

An environment which helps people with dementia to **familiarise, or orient themselves to their surroundings and guide themselves around the ward** can provide reassurance, help maintain independence and avoid distress.

- Around half of wards said that patients with dementia are able to **see a clock from their bed area**, which would help improve orientation.
- A very small number of wards said patients were able to **see a calendar from their bed area**, which would help improve orientation.
- 56% of wards reported that information on **signs is in clear contrast to the background**, so they stand out.
- 38% of wards reported that **signs/maps are large, bold and distinctive**.
- Only a small number of wards use **colour schemes to help patients with dementia find their way around the ward**.

- Most wards provide **large toilets and bathrooms** allowing for assistance and there was also a choice of bathing facilities available.
- **Space for patients with dementia to walk around** was available in 69% of wards.
- **Rooms or designated areas providing a break from the ward** environment were only available in less than half of wards.
- Over half of the wards reported that personal items were **not always situated where the patient could see them at all times.**
- **Flooring** that may cause confusion for people with dementia, such as busy patterns or high gloss surfaces, seems to be avoided in most hospital wards.

## Recommendations:

- Guidance on **dementia friendly ward design**, for all refurbishments and new builds, should be developed.
  
- The **environment and the comfort of people** with dementia on the wards should be reviewed, such as the quality of signs, and the quality of food.
  
- **Changes to the ward environment** should be made, including:
  - lighting and floor cover;
  - aids to support orientation and visual stimulation;
  - personalising bed area;
  - space and resources to support activity and stimulation.

## 9. Discharge and discharge planning



This chapter looks at the **discharge policies and procedures** hospitals have in place, and the discharge planning that was carried out for people with dementia.



Attention to the discharge process is essential to ensure **safe discharge and support** for people with dementia.

- Nearly all hospitals reported that discharge planning begins within the first **24 hours of admission**



However, this had not taken place for about half of the patients.

Early discharge planning is important to help **discharge to be on time** and reduce the time spent by the person with dementia in the acute environment.

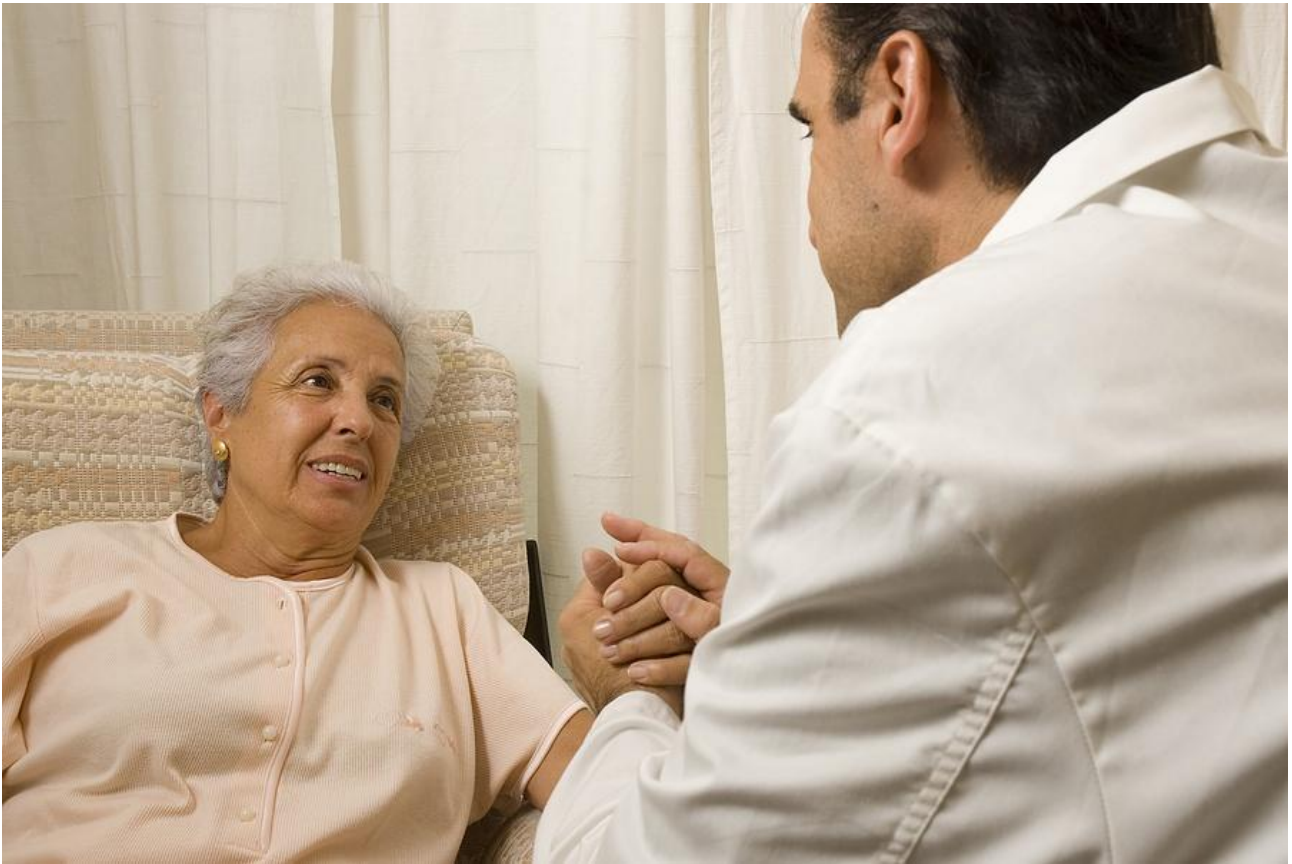
- Only around half of the patient notes stated that there had been a **named discharge co-ordinator responsible** for managing the discharge process.
- 67% of patient notes contained **an up-to-date discharge plan** and 58% showed evidence that any **support needs** had been identified in the discharge plan.
- Less than half of patient notes stated that a **copy of the plan had been passed on to patients or carers.**

- The majority of patient notes show evidence of **attention to the carers' needs**, and that most showed **involvement of the carer** when discussing discharge and support.

## Recommendations:

- **Discharge policies should be reviewed** so they include the needs of people with dementia and their carers and ensure that:
  - the task of the discharge co-ordinator is clear;
  - the importance of carer's assessments is highlighted.

## 10. Observations of care – Person, Interaction and Environment



This chapter looks at the results of the **observations of patients' experiences** carried out by hospital staff.

Observations looked at:

- how well staff know or use information about the patient as a person;
- the quality of staff-patient interaction;
- the effect of the ward environment.

**Person-centred care:** being made to feel and being treated as a person, not just a patient. This means 'seeing who I am', 'connecting with me' and 'involving me'.

## On most hospital wards:

- There is **little evidence of a consistent person-centred approach**.
- Staff and patient interaction is mainly **task related** and often **impersonal**.
- The environment is often **non-dementia friendly**.
- There are **long periods of no interaction or activity**, leading to lack of attention, lack of stimulation and boredom for patients.

## The importance of communication:

- **Personalised communication** was especially important, not just to be kind or respectful, but **to help patients complete tasks**, for example to eat a meal.

## A proactive ward approach is needed:

- On the most person-centred wards, most staff:
  - recognised when **patients needed help** and addressed their needs quickly;
  - were able to work with the **person's point of view** of what was happening;
  - employed successful **communication methods**.
- In a typical ward, **person-centred care** was seen only in individual staff members.
- Thus, all staff and staff groups need to **communicate more positively with patients**.



To achieve this, a **whole organisational approach** is required.

Hospitals should aim to move towards providing **care which is person-centred** and focus on the person as a whole.

## Contact the project team

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