

National Audit of Dementia Organisational Checklist Fourth round of audit

Background

This audit tool looks at structures, resources, areas of identified good practice and monitoring that the hospital has put in place to improve the care, treatment and support of people with dementia. Standards have been drawn from national and professional guidance. A full bibliography for the standards in this audit can be found at www.nationalauditofdementia.org.uk.

This checklist should be completed by the nominated audit lead, with input from the Clinical Governance Board and Information Services (or equivalent).

Before completing this tool, please read the guidance document for the Organisational checklist and have your hospital code to hand.

Please use the comment box provided at the end of each section to make any further comments, or to expand on your answers to the questions.

Enter your hospital code:

This is the code allocated by the project team and is held by the audit lead contact. It will consist of 2 letters and 2 numbers, e.g. XY11. If you do not know the hospital code, please get in touch with the audit lead from your hospital or contact the project team on 020 3701 2681 or 020 3701 2707.

In case we need to contact you regarding this entry, please provide us with your contact details:

Name, job title:

Email address:

Telephone:

SECTION 1: GOVERNANCE AND DELIVERY OF CARE

1. A care pathway or bundle for patients with dementia is in place:

- Yes** → Go to Q1a
- No** → Go to Q2
- In development** → Go to Q1a

1a. A senior clinician is responsible for implementation and/or review of the care pathway:

N.B. They may also have responsibility for other areas.

- Yes**
- No**

1b. There is a care pathway/bundle for:

	Yes → Go to Q1c	In development → Go to Q1c	No → Go to 2
Delirium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fractured neck of femur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1c. It is/will be integrated with the dementia pathway:

	Yes	No
Delirium	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Fractured neck of femur	<input type="checkbox"/>	<input type="checkbox"/>

2. The Executive Board regularly reviews information collected on:

Answer "Yes" if review is scheduled on a regular basis, e.g. quarterly or other specified interval. N.B. This can be carried out by a sub-committee, e.g. quality and risk committee, reporting regularly to the main Board.

a) Re-admissions, in which patients with dementia can be identified in the total number of patients re-admitted

- Yes**
- No**

b) Delayed discharge/transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/transfers:

- Yes**
- No**

c) The number of in-hospital falls and the breakdown of the immediate causes, in which patients with dementia can be identified:

- Yes**
 No

3. The Executive Board regularly receives feedback from the following:

Answer "Yes" if reporting and feedback is scheduled on a regular basis, e.g. quarterly or other specified interval. N.B. This can be carried out by a sub-committee, e.g. quality and risk committee, reporting regularly to the main Board.

a) Clinical Leads for older people and people with dementia including Modern Matrons/Nurse consultant

- Yes**
 No

b) Complaints – analysed by age

- Yes**
 No

c) Patient Advice and Liaison Services (PALS) – in relation to services for older people and people with dementia

- Yes**
 No
 Wales

d) Patient/public forums or local Healthwatch – in relation to services for older people and people with dementia

- Yes**
 No

4. There are champions for dementia at:

Dementia champions in general hospitals:

- Provide support and advice to colleagues on dementia care in the hospital; and*
- Are in touch with other dementia champions in the hospital/trust/health board about dementia care improvement initiatives.*

a) Directorate level

- Yes**
 No

b) Ward level

- Yes**
 No

5. How many Full Time Equivalent (FTE) Dementia Specialist Nurses are employed to work in the trust/health board?

By Dementia Specialist Nurse, we mean nurses of Band 6 or above with the word "Dementia" specified in their job title. This can include nurses seconded to the hospital e.g. from the Mental Health Trust.

For further instructions on job roles to include and exclude please see the separate guidance document.

5a. Comments on 5

6. Has a strategy or plan for carer engagement been produced? (For example, using Triangle of Care self-assessment tool or similar)?

- Yes** → **Go to 6a**
- No** → **Go to 7**

6a. Is implementation of the strategy or plan scheduled for review?

- No**
- Yes, less than once a year**
- Yes, once a year**
- Yes, more than once a year**

7. A Dementia Working Group is in place and reviews the quality of services provided in the hospital:

- Yes** → **Go to 7a**
- No** → **Go to 8**

7a. The group meets:

- Quarterly**
- Bi-monthly**
- Monthly**
- Other – please specify:**

7b. The group includes:

- Healthcare professionals**
- Organisations which support people with dementia e.g. Alzheimer's Society**
- Carer/service user representation**

8. Ward staffing levels (nurses, midwives and care staff) are made available for the public to view: (tick all that apply)

- Yes, on the trust website on a monthly basis
- Yes, on the wards
- No

9. An evidence-based tool is used for establishing ward staffing levels:

See separate guidance document for examples of tools.

- Yes → **Go to 9a**
- No → **Go to 10**

9a. Does the tool take into account patient dependency and acuity?

- Yes
- No

10. Protected mealtimes are established in all wards that admit adults with known or suspected dementia:

Answer "Yes" if this applies to all wards admitting adults with known or suspected dementia.

- Yes → **Go to 10a**
- No → **Go to 11**

10a. Wards' adherence to protected mealtimes is reviewed and monitored:

E.g. there is a local system for reporting and monitoring this.

- Yes
- No

11. The hospital has in place a scheme/programme which allows identified carers of people with dementia to visit at any time, including at mealtimes (e.g. Carer's passport):

- Yes
- No

Do you have any additional comments to make on Section 1: Governance and delivery of care?

SECTION 2: DISCHARGE AND TRANSFER MONITORING

12. Instances of night time bed moves (i.e. between 8pm and 8am) are noted and reported at executive board level:

- Yes, for all patients, and patients with cognitive/memory impairment (including dementia and delirium) can be identified**
- Yes, for all patients but with no break down**
- Yes, for patients with cognitive/memory impairment (including dementia and delirium) only**
- No**

Do you have any comments to make on Section 2: Discharge and transfer monitoring?

SECTION 3: INFORMATION

13. There is a formal system (pro-forma or template) in place for gathering information pertinent to caring for a person with dementia:

Answer "Yes" if there is a dedicated or a generally used system, which is also used with people with dementia. This can be a form, template or checklist. It should prompt the collection of information and ensure it is consistently presented. Examples include Patient Passports, "This is Me" booklet.

N.B A "No" answer will mean the next applicable question is Q15.

- Yes** → **Go to 13a**
- No** → **Go to 15**

13a. Information collected by the pro-forma includes personal details, preferences and routines:

This could include details of preferred name, need to walk around at certain times of day, time of rising/retiring, likes/dislikes regarding food etc.

- Yes**
- No**

13b. Information collected by the pro-forma includes reminders or support with personal care:

This could include washing, dressing, toileting, hygiene, eating, drinking, and taking medication.

- Yes**
 No

13c. Information collected by the pro-forma includes recurring factors that may cause or exacerbate distress:

This could include physical factors such as illness or pain, and/or environmental factors such as noise, darkness.

- Yes**
 No

13d. Information collected by the pro-forma includes support or actions that can calm the person if they are agitated:

This could include information about indicators, especially non-verbal, of distress or pain; any techniques that could help with distress, e.g. reminders of where they are, conversation to distract, or a favourite picture or object.

- Yes**
 No

13e. Information collected by the pro-forma includes life details which aid communication:

This could include family situation (whether living with other family members, spouse, pets etc), interests and past or current occupation.

- Yes**
 No

13f. Information collected by the pro-forma includes how the person with dementia communicates with others/understands communication:

This could include the need for staff to speak slowly and make eye contact, use of visual cues such as pictures, etc.

- Yes**
 No

14. The form prompts staff to approach carers or relatives to collate necessary information:

- Yes**
 No

15. Documenting use of personal information in practice:

*This exercise can be carried out by anyone who is a dementia champion or equivalent (i.e. does not have to be done by the audit lead). **Please read the separate Organisational Checklist guidance document before completing this question. You can find this on the audit website.***

Please select the three wards (not mental health wards) in your hospital which have the highest admissions of people with dementia.

Please provide the names of the wards:

Ward 1:

Ward 2:

Ward 3:

Now, please arrange to make a check on 10 patients across these wards (10 total, not 10 per ward) who should have a personal information document, to see if the document is present. The check should be carried out in alphabetical order of last name – across the three wards (this will randomise the check).

You should include in your check patients with dementia who have need of a personal information document such as "This is Me". For all inclusion and exclusion criteria, please see the separate Organisational Checklist guidance document.

- a) **Please enter the number of patients checked:**
- b) **Please enter the number of patients where the information was present:**

15c. Please provide in this box the reason why each patient who did not have an information document, didn't have one.

Do you have any comments to make on Section 3: Information?

SECTION 4: RECOGNITION OF DEMENTIA

16. There is a system in place across the hospital that ensures that all staff in the ward or care area are aware of the person's dementia or condition and how it affects them:

Answer "Yes" if there is a visual identifier, e.g. in casenotes, for dementia, or other flagging system that ensures dementia is quickly identified.

- Yes** → **Go to Q16a**
- No** → **Go to Q17**

16a. Please say what this is:

- A visual indicator, symbol or marker**
- Alert sheet**
- A box to highlight or alert dementia condition in the notes or care plan**
- Other, please specify:**

17. There is a system in place across the hospital that ensures that staff from other areas are aware of the person's dementia or condition whenever the person accesses other treatment areas:

E.g. for assessment.

Answer "Yes" if there is a visual identifier, e.g. in casenotes for dementia, or other flagging system that ensures dementia is quickly identified.

- Yes** → **Go to Q17a**
- No** → **Go to 18**

17a. Please say what this is:

- A visual indicator, symbol or marker**
- Alert sheet**
- A box to highlight or alert dementia condition in the notes or care plan**
- Other, please specify:**

18. The Dementia lead or dementia working group collates feedback from carers on the written and verbal information provided to them:

- Yes**
- No**

Do you have any comments to make on Section 4: Recognition of dementia?

SECTION 5: TRAINING, LEARNING AND DEVELOPMENT

19. There is a training and knowledge framework or strategy that identifies necessary skill development in working with and caring for people with dementia:

- Yes**
 No

Questions 20 to 24 are about training that is provided to acute healthcare staff employed directly by the hospital who are involved in the care of people with dementia (or suspected dementia):

Training provision can refer to in-house training, knowledge sharing sessions, induction, online training, or other scheduled learning event including ward-based training provided by a specialist practitioner e.g. dementia champion, liaison nurse.

20. Dementia awareness training:

Tick all that apply for each of the staff groups.

	Mandatory	Provided on induction	Provided in the last 12 months (either in- house or externally)	Not provided in the last 12 months
Doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCA's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other allied healthcare professionals, e.g. physiotherapists, dieticians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support staff in the hospital, e.g. housekeepers, porters, receptionists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. The dementia awareness training includes input from/makes use of the experiences of people with dementia and their carers:

This could be a presentation from a person with dementia and carer; use of patient/carer diaries; use of feedback from questionnaires, audits and complaints relating to people with dementia.

- Yes**
 No

22. What format is used to deliver basic dementia awareness training?

- eLearning module
- Workbook
- Workshop/Study Day
- Higher Education Module
- Other, please specify:

23. How many staff were provided with training in at least Tier 1/'Informed'/ dementia awareness between 1 April 2017 – 31 March 2018... (please enter numbers)

23a. In the trust?

OR Don't know

23b. In the hospital?

OR Don't know

24. What is the total number of adult beds excluding maternity and mental health beds in your hospital at 31 March 2018?

25. Contracts with external providers (for services such as catering and security) where staff will come into contact with people with dementia, specify that the staff should have training in dementia awareness:

- Yes, all contracts
- Yes, other – please specify:
- No

Do you have any comments to make on Section 5: Training, learning and development?

SECTION 6: SPECIFIC RESOURCES SUPPORTING PEOPLE WITH DEMENTIA

26. The hospital has access to intermediate care services, which will admit people with dementia:

Answer "Yes" if criteria for admission to intermediate care services do not exclude people on the basis of dementia, confusion, memory problems or mental health problems.

- Yes** → **Go to Q26a**
- No** → **Go to Q27**

26a. Access to intermediate care services allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission:

Answer "Yes" if criteria for admission to intermediate care services for people with dementia allows direct admission.

- Yes**
- No**

27. There is a named dignity lead to provide guidance, advice and consultation to staff:

Answer "Yes" if there is a named person whom staff can consult on providing dignified, person-centred care, including when caring for people with dementia.

- Yes**
- No**

28. There is a named person/identified team who takes overall responsibility for complex needs discharge and this includes people with dementia:

Answer "Yes" if there is a named person who can have input into discharge and support and advise those staff planning individual discharge for people with dementia, including coordinators.

- Yes** → **Go to Q28a**
- No** → **Go to Q29**

28a. This person/team has training in ongoing needs of people with dementia:

- Yes**
- No**

28b. This person/team has experience of working with people with dementia and their carers:

- Yes**
- No**

29. There is a social worker or other designated person or team responsible for working with people with dementia and their carers, and providing advice and support, or directing to appropriate organisations or agencies:

This could include help with: problems getting to and from hospital; benefits; residential and nursing care; help at home; difficulties for carers/relatives such as illness, disability, stress or other commitments that may affect their ability to visit or to continue care.

The role should involve responsibility for support and advice as stated, but need not be limited to work with people with dementia and their carers.

- Yes**
 No

30. The hospital can provide finger foods for people with dementia (please select one option only):

- Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery (finger food) every day**
- Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery from four to six days per week**
- Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery two or three days per week**
- Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery only one day per week**
- Finger food consists of sandwiches/wraps only**

31. The hospital can provide 24 hour food services for people with dementia (please select one option only):

Where the organisation's 24-hour food services cannot meet the needs of all patients, including those with specific dietary requirements (such as vegetarians, those requiring puréed or gluten-free foods), the fifth option (i.e. Food is not available 24 hours a day) must be selected.

- In addition to the main meals, other food, for example toast, sandwiches, cereals, soup, and lighter hot dish(es), is available 24 hours a day**
- In addition to the main meals, other food, for example toast, sandwiches, cereals, soup, are available, but less than 24 hours a day**
- Simple food supplies, for example bread, cereal, yoghurt and biscuits, are available 24 hours a day**
- Only snacks (biscuits, cake) are available 24 hours a day**
- Food is not available 24 hours a day**

32. There is access to advocacy services with experience and training in working with people with dementia:

Answer "Yes" if advocates have experience in working with people with dementia and have training in involvement of users and carers and the Mental Capacity Act.

- Yes**
- No**

33. Opportunities for social interaction for patients with dementia are available. e.g. to eat/socialise away from their bed area with other patients:

- Yes, on all adult wards**
- Yes, on care of the elderly wards**
- Yes, other – please specify:**
- No**

Do you have any comments to make on Section 6: Specific resources supporting people with dementia?

SECTION 7: ENVIRONMENT

34. The physical environment within the hospital has been reviewed using an appropriate tool (for example, King's Fund Enhancing the Healing Environment; Patient Led Assessment of the Care Environment etc.) to establish whether it is "dementia-friendly":

- Throughout the hospital → Go to 34a**
- All adult wards/areas → Go to 34a**
- All care of the elderly wards/areas → Go to 34a**
- Designated dementia wards only → Go to 34a**
- Other, please specify: → Go to 34a**
- No → Go to comment box at the end of the section**

34a. Environmental changes based on the review are:

- Completed**
- Underway**
- Planned but not yet underway**
- Planned but funding has not been identified**
- Plans are not in place**

34b. Service users/carers/lay volunteers have been part of the team reviewing the environment:

- Throughout the hospital
- All adult wards/areas
- All care of the elderly wards/areas
- Designated dementia wards only
- Other, please specify:
- They have not been part of the team

34c. There are plans to further review the changes implemented:

- Yes, we are already undertaking/have already done this
- Yes, once the work is completed
- No plans are in place

Do you have any comments to make on Section 7: Environment?

If you have any queries, please contact the project team:

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