

National Audit of Dementia Staff Questionnaire Fourth round of audit

The following questionnaire has been developed to assess how well staff feel they are supported to provide good quality care/support to **inpatients with dementia/possible dementia**. If your job role means you never interact with any such patients in the hospital then you have received this questionnaire in error and you do not need to complete it.

When answering the questions, you should think specifically about people you care for/support who have dementia/possible dementia.

Each question has a range of responses. Please select the response which best describes your experience/how you feel. Some questions will not be applicable to all hospital staff and answer options are provided to allow you to indicate that it does not apply to you, in your role. Please answer all of the questions.

Please use the comment boxes at the end of sections to make any comments on the questions or to expand on your answers.

The questionnaire is anonymous, responses are sent directly to the National Audit of Dementia Project Team at the Royal College of Psychiatrists and reporting will not identify you in any way. A full bibliography for the standards in this audit can be found at www.nationalauditofdementia.org.uk

Please return the questionnaire to the National Audit of Dementia using the pre-paid envelope attached. If you wish to be entered into a prize draw for one of five £50 vouchers for a high street store of your choosing, please fill in and return the freepost postcard attached. The postcard has its own pre-paid markings and should be posted separately to the questionnaire envelope.

Hospital code:

A bit about you...

1. Does your work bring you into contact with inpatients who are adults?

Please note: you do not need to answer this questionnaire if you work primarily in the A&E or outpatients departments.

- Yes
- No → You do not need to complete this questionnaire, thank you for your time

2. Approximately what proportion of the patients you encounter in your role have dementia/possible dementia?

- None → You do not need to complete this questionnaire, thank you for your time
- Up to 25%
- 26-50%
- 51-75%
- More than 75%

3. How do you define your gender?

- Male
- Female
- Other
- Prefer not to say

4. Please specify your ethnicity

- White/White British
- Black/Black British
- Asian/Asian British
- Mixed
- Other
- Prefer not to say

5. Please select your job title

- Registered nurse (Band 5 or 6)
- Registered nurse (Band 7 or above)
- Healthcare assistant
- Doctor
- Allied healthcare professional
- Allied healthcare professional assistant
- Student
- Ward based admin
- Other – please specify:

6. Approximately how many hours a week do you work in this role?

- Up to 29 hours
- 30 hours or more

7. Approximately how long have you worked in this hospital?

- Less than 6 months
- 6-11 months
- 1-2 years
- 3-5 years
- 6-10 years
- 11-15 years
- More than 15 years

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SAMPLE

Support and training for you

1. Do you feel supported by specialist services for dementia in your hospital?

E.g. dementia specialist team, mental health liaison, dementia champions

a) During office hours *i.e. Mon-Fri, 9am to 5pm*

- Yes, always
- Yes, most of the time
- Yes, sometimes
- No
- I do not work office hours

b) Out of office hours

- Yes, always
- Yes, most of the time
- Yes, sometimes
- No
- I do not work out of office hours

2. What form did your dementia training at this hospital take?

Please tick all that apply

- eLearning
- Workbook
- Workshop/Study day
- Higher Education Module
- Other - if other, please specify:
- I have not received any dementia training at this hospital

2. a) Following your training at this hospital, do you feel better prepared to provide care/support to people with dementia?

- Yes, much better prepared
- Yes, somewhat better prepared
- No
- I have not received any dementia training at this hospital

3. In your current role, do you think that personal information is available to you to help you care for/support people with dementia? *E.g. their likes/dislikes, preferred name, past job*

- Yes, always
- Yes, most of the time
- Yes, sometimes
- No

3. a) Do you have the opportunity to use this information to help you care for/support people with dementia?

- Yes, always
- Yes, most of the time
- Yes, sometimes
- No
- Personal information is not available to me

4. In your current role, do you feel encouraged to accommodate the individual needs and preferences of people with dementia? *E.g. taking time to speak and interact at the pace of the person with dementia, permitting them to walk around the ward*

- Yes, always
- Yes, most of the time
- Yes, sometimes
- No

5. As a team, how often do you talk about the way you care for/support people with complex needs (including dementia)?

- Frequently
- Occasionally
- Almost never
- Never

6. Do you think the ward(s) you work on is able to respond to the individual needs of people with dementia as they arise? *E.g. pain relief, personal care, toileting, mobility assistance*

- Yes, always
- Yes, most of the time
- Yes, sometimes
- No
- I do not feel able to answer this question

7. Is additional staffing support provided if dependency needs on the ward(s) you work on increase?

- Yes, always
- Yes, most of the time
- Yes, sometimes
- No
- I do not feel able to answer this question

Please add any additional comments/clarifications to your answers in this section (optional).

Dementia care policies on your ward

8. Can the carers of people with dementia visit at any time on the ward(s) you work on? *i.e. visits are not limited to normal visiting hours and may include mealtimes*

Yes, always

Yes, most of the time

Yes, sometimes

No

I do not feel able to answer this question

9. Are night time bed moves for people with dementia avoided where possible on the ward(s) you work on? *By night time bed moves, we mean bed moves between 8pm and 8am*

Yes, always

Yes, most of the time

Yes, sometimes

No

I do not work nights and/or do not feel able to answer this question

Please add any additional comments/clarifications to your answers in this section (optional).

Nutrition and hydration

10. Do you think the people with dementia you care for/support, have their nutritional needs met while on the ward(s) you work on?

- Yes, always
- Yes, most of the time
- Yes, sometimes
- No
- I am not involved with mealtimes and/or do not feel able to answer this question

11. In the last week (except in emergency situations), were patients mealtimes kept free of any clinical activity on the ward(s) you work on?

- Yes, always
- Yes, most of the time
- Yes, sometimes
- No
- I am not involved with mealtimes and/or do not feel able to answer this question

12. Can you access finger food (i.e. food which can be eaten without a knife/fork/spoon) for people with dementia as an alternative to main meals?

- Yes, always
- Yes, most of the time
- Yes, sometimes
- No
- I am not involved with mealtimes and/or do not feel able to answer this question

13. Can you access snacks for people with dementia in between meals?

- Yes, always
- Yes, most of the time
- Yes, sometimes
- No
- I am not involved with mealtimes and/or do not feel able to answer this question

14. Are the nutrition and hydration needs of people with dementia communicated at handovers/safety briefings?

- Yes, always
- Yes, most of the time
- Yes, sometimes
- No
- I am not involved with mealtimes and/or do not feel able to answer this question

Please add any additional comments/clarifications to your answers in this section (optional).

And finally...

15. Please give one example of how your hospital could improve the care/support of people with dementia (optional) (Please note: comments given here will be presented verbatim in your hospital's report, and may be used for illustrative purposes in the national report)

Thank you very much for taking the time to complete this questionnaire. Please return it to the National Audit of Dementia Project Team using the Freepost envelope provided. Please post your postcard separately.