

National Audit of Dementia

Care in General Hospitals 2018-2019



**An overview for hospital managers and
commissioners**

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Cover design features artwork by Graham Ford. The NAD art prize asked people living with dementia to submit artwork based on the concept "Living Well." Many thanks to all entrants in for permission to use their artwork. All entries in the NAD art prize can be seen on our [website](#).

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Background

The National Audit of Dementia (NAD) is commissioned by the Healthcare Quality Improvement Partnership on behalf of NHS England and the Welsh Government, as part of the National Clinical Audit Programme. It is managed by Royal College of Psychiatrists, in partnership with other organisations and charities. NAD examines aspects of the care received by people with dementia in general hospitals in England and Wales.

What is dementia?

Dementia is the term used to describe a range of symptoms caused by diseases which damage the brain, such as Alzheimer's disease, or a series of strokes. Symptoms vary extensively but may include memory loss and difficulties with thinking, language and problem solving. There may also be changes in mood and behaviour¹. For a person with dementia, these symptoms are severe enough to cause significant problems in daily life. Dementia is most prevalent in people over the age of 65 and the likelihood of developing dementia increases with age.

Dementia in general hospitals

There are 850,000 people living with dementia in the UK². This is expected to rise to one million by 2025 and continue to increase to two million by 2051. Dementia costs the UK economy £26.3 billion a year and is a significant challenge for the NHS with an estimated 25% of acute beds occupied by people with dementia³.

Improving dementia care has remained a key national priority for health services in England and Wales since the outset of the audit in 2008. NHS England/NHS Improvement is committed to supporting the Dementia 2020 Implementation Plan and the Dementia Friendly Hospitals charter of the National Dementia Action Alliance⁴. The Welsh Government Dementia Action Plan for Wales 2018–2022⁵ aims to embed a rights-based approach to the care of people with dementia admitted to hospital, outlining the importance of support for families and carers and the implementation of [John's Campaign](#)⁶.

Previous Rounds of NAD

This is the fourth round of NAD. Round 3 results showed that there had been a continued effort at an organisational level to improve care experience. However, further improvements were needed in relation to:

- Assessing and recording delirium
- Collection of personal information about the person with dementia's care needs
- Access to finger food and snacks
- Availability of dementia champions to support staff
- Ensuring people with dementia are properly consulted

Round 4 of NAD

Round 4 of NAD collected data between April and November 2018. 195 (97% of eligible hospitals) in England and Wales took part in the audit. Hospital staff received data collections tools to collect the following information:

- The health records of people with dementia admitted to hospital
- Hospital management about how care is planned and delivered
- Carers of people with dementia about the quality of care received
- Staff regarding training, their experience of care delivery, and the support they received to deliver care

In total, the audit received 195 organisational checklists, 9782 casenote submissions, 14154 staff questionnaires and 4736 carer questionnaires.

This report

This is a summary report of key messages from Round 4 for hospital managers and commissioners. It highlights the key areas of focus for general hospitals in England and Wales following the results of the audit. The [full report](#) for Round 4 contains further details on the audit methods, findings and recommendations.

Regional and individual hospital reports can also be found on the [audit website](#).

Key messages and recommendations

The national report identified five key messages and recommendations based on the findings of Round 4. These are the areas which the audit recommends hospitals should focus on as areas of priority.

An overview of the five key messages can be found on the next page. This is followed by a more in-depth explanation of the key messages and the associated key recommendations.

Two of the five key messages (delirium screening and use of personal information to inform care) are the same as the previous Commissioners' report. This is because these items remained areas of concern and did not improve from Round 3. They are included in this report to highlight their importance in dementia care in general hospitals.

For more information on the data discussed in this report, please see the [National Report](#).

Key Findings

58% of casenotes had an **initial assessment on delirium noted** on admission



Personal information collected in casenotes to support care:



36% noted factors which cause distress



32% noted actions which could calm or reassure

53% of hospitals were able to submit data on the number of staff who had received Tier 1/informed **dementia awareness training**



Trust /Health Boards can identify the proportion of people with dementia who experience:



inpatient falls

64%

of Trust/Health Boards



delayed discharges

40% of

Trust/Health Boards



re-admissions

37% of

Trust/Health Boards

Overall, many results show **improvements** from those reported in Round 3 (2017).



Key message 1: Delirium screening still requires improvement

What is delirium?

Delirium is an acute decline in mental functioning with confusion, over activity or underactivity, distress (hallucinations, paranoia). It is usually caused by acute medical illness, surgery, or by medicines or medication withdrawal. Most patients recover, in a few days to a few weeks. People with dementia are at considerable risk of developing delirium⁷. When delirium is superimposed on dementia, it can be challenging to distinguish⁸. [NICE guidelines for delirium](#)⁷ specify that when indications of delirium are identified a clinical assessment should be carried out to confirm diagnosis.

Delirium in Round 4 of NAD

Following the NAD Spotlight Audit on delirium in 2018 we amended the questions on delirium assessment. We added more response options to capture evidence of assessment in casenotes. To ensure the most extensive and inclusive interpretation of screening was used, we defined initial assessment of delirium as one or more of the following:

- Delirium noted on admission
- Corroborative history
- Single Question in Delirium
- Another form of delirium screen
- 4AT
- Confusion Assessment Method (CAM)
- Another form of delirium assessment

Using this definition, there was evidence in 58% of casenotes of a delirium screening. Although not directly comparable this is actually a 10% decrease from the Spotlight Audit on delirium and 42% of people did not receive a delirium screening.

Comments from staff and carers

"Patients with delirium need to be nursed in a quiet, safe space so as not to distress them further."

Healthcare assistant, staff questionnaire

"Working with dementia is hard and stressful at the best of times, we need more staff who have been trained and have the understanding of dementia/delirium."

Healthcare assistant, staff questionnaire

"More care should be taken to find out what stage a dementia sufferer is at. My husband was onset so is still good at his bodily functions but because of his delirium he was more confused than usual and they need to slow speech to [let him] understand what is being said."

Carer, carer questionnaire

Related recommendations

Medical and Nursing Directors should:

ensure that people with dementia admitted as an emergency are assessed for delirium using a standardised tool such as the 4AT or Confusion Assessment Method (CAM) (NICE CG 103 1.2)⁷ and consider the symptom of pain as a contributory factor.

Key message 2: Personal information to support better care must be accessible

What is a personal information document?

A personal information document contains key information about the care and communication needs of a person with dementia. There are different versions of the document (e.g. [This is Me](#)) but they are all intended to capture information such as preferred name, food likes and dislikes, factors which can cause distress and how these can be mitigated. Details recorded about the person with dementia should help staff to understand and anticipate their needs and involve them in decisions about their care⁹.

Personal information documents in Round 4 of NAD

Nearly all hospitals (97%, 190/195) said that they had a formal system in place for collecting personal information. However, these documents are not always used and the information not always available.

A ward spot check carried out during the audit looked for the document with key personal information about care needs and communication that should be completed for people with dementia. The spot check found that just over half of patients who should have had a personal information document, had one in place. Although this is an improvement from the previous round (Round 3, 49%), on average 40% of patients did not have this information.

63% of staff said that they could access personal information 'always' or 'most of the time', which is a slight improvement from Round 3 (60%).

Additionally, 68% of staff said they had the opportunity to use this information to inform care 'always' or 'most of the time' (no change from Round 3).

Comments from staff and carers

"My daughter and I were asked what [name] likes and dislikes and any hobbies etc. The nurses put a 'what is important to me' sheet up behind his bed which had all useful information about [name] and what keeps him calm."

Carer, carer questionnaire

"More communication is needed between nurses, nursing assistants, etc."

Healthcare assistant, staff questionnaire

"All the beds have Forget-me-Not forms by them, aimed at patients with dementia but the staff did not complete it for Mum. My niece completed it, but it was thrown away."

Carer, carer questionnaire

Related recommendations

Directors of Nursing should ensure that initial routine assessment of people with dementia includes:

- Information about factors that can cause distress or agitation
- Steps that can be taken to prevent these.

Key message 3: Better access and delivery of dementia awareness training

Staff and dementia awareness training

The Alzheimer's Society's Fix Dementia Care hospitals campaign²⁷ and the Dementia Friendly Hospital Charter (2018)⁷ state that all hospitals should publish reports which monitor dementia training among staff.

Dementia awareness training for staff in Round 4 of NAD

Staff training data is still not being consistently recorded so it is not possible to calculate the proportion of dementia trained staff in hospitals. On a national level only 53% of hospitals were able to provide any figures on the proportion of staff trained.

23% of staff only received eLearning training which, out of all training types listed, was the least likely to leave staff feeling better prepared to care for people with dementia.

Comments from staff and carers

"I think full training needs to be given to all staff who are not educated on dementia patients and their needs. I feel it is not fair on both the uneducated staff and the patient".

Healthcare assistant, staff questionnaire

"The confused dementia patients are sometimes seen as a nuisance by staff. Surely the staff should be able to nurse all patients and with the correct training should be able to help these people. This would make things a little easier for the patient, the nursing staff themselves and all other patients on the ward."

Carer, carer questionnaire

"Ignorance and fear of dementia very often lead to poor care for patients with dementia, if training was provided this would not be an issue."

Registered nurse band 5 or 6, staff questionnaire

Related recommendations

Trust Chief Executive Officers should demonstrate that all staff providing care for people with dementia receive mandatory dementia training at a level (Tier 1, 2, 3) appropriate to their role and that:

- Delirium and its relationship to dementia is included in the training
- Information about the number of staff who received dementia training is recorded
- The proportion of staff who have received dementia training is included in the annual Quality Account Report.

Key message 4: Improve Trusts/Health Boards involvement in dementia care

Trusts/Health Boards involvement in dementia care

More Trust/Health Boards can identify the patient population with dementia when reviewing collated information on patient safety indicators.

Trusts/Health Boards involvement in Round 4 of NAD

Although there have been notable increases, less than half of Trust/Health Boards were able to identify patients with dementia when reviewing readmissions and delayed discharges.

Comments from staff and carers

"There could be a more streamlined pathway to discharge dementia patients."

Ward based administrative staff, staff questionnaire

"We are confused about the discharge procedure and how our views are being incorporated in that. This has been very worrying as my mother is approaching the end of her life."

Carer, carer questionnaire

"The overall experience was good up until discharge when the patient living with dementia was taken to the discharge lounge and left. I was assured that I would receive a telephone call or notified as soon as she was being discharged so that I or another relative would be with her. This did not happen and she was left in unfamiliar surroundings until a relative arrived to check what was happening."

Carer, carer questionnaire

Related recommendations

Trust Executive Directors should ensure that information is presented to the Board which clearly identifies the proportion of people with dementia within reporting on patients who experience:

- A fall during their admission
- A delay to their discharge
- Readmission within 30 days of discharge.

Key message 5: Overall improvement from Round 3 to Round 4

Improvements in Round 4 of NAD

Overall, results show slight improvements from those reported in Round 3 (2017). Average hospital scores across England and Wales have increased across all 7 scoring items since Round 3. There have been many improvements made on areas included in the Round 3 recommendations.

Assessment

- 43% of patients received comprehensive assessment (31%, Round 3)
- 93% of patients received a nutritional assessment (90%, Round 3)

Information and communication

- 46% of carers answered “yes, definitely” when asked about being kept informed and consulted (42% Round 3)
- 54% of carers answered that they were “very satisfied” with the support provided to them by the hospital (50%, Round 3)
- 78% of carers said that the person they care for was treated with respect (76%, Round 3)
- 59% of carers answered “yes, definitely” to a question about staff delivering high quality appropriate care (54%, Round 3)

Nutrition

- 96% of hospitals said that there was a policy in place to allow 24-hour access for carers, including mealtimes (89%, Round 3)
- 86% of staff said that this policy was adhered to “always/most of the time” (79%, Round 3)
- 72% of staff said that finger foods were available “always/most of the time” (65%, Round 3)

Discharge

- 88% of patients/carers received a copy of the care plan/summary (81%, Round 3)
- 69% of carers were offered an assessment of their current needs (67%, Round 3)
- 83% of casenotes showed that the discharge coordinator has discussed the place of discharge and support needs with the person’s carer/relative (81%, Round 3)

Governance

- 77% of hospitals have a dementia care pathway (61%, Round 3)
- 64% of Trust/Health Boards receive feedback from Patient Advice and Liaison Services (59%, Round 3)
- 76% of hospitals had planned or underway environmental changes based on ‘dementia-friendly’ environmental reviews (67%, Round 3)
- 41% of hospitals had opportunities for patients with dementia to engage in social interaction on one or more of their wards (30%, Round 3)

Related recommendations

Trusts/Health Boards and their Chief Executive Officers should:

- Work to implement these recommendations by World Alzheimer’s Day 2020
- Publish progress made on implementing dementia recommendations in an annual Trust statement on dementia care
- Include other dementia friendly hospital initiatives, such as self-assessment based on the National Dementia Action Alliance 2018 charter⁷.

Updates on Round 3 recommendations

Round 3 Recommendations	Update
<p>Medical and Nursing Directors should:</p> <p>Ensure that hospitals have robust mechanisms in place for assessing delirium in people with dementia including:</p> <ul style="list-style-type: none"> • At admission, a full clinical delirium assessment, whenever indicators of delirium are identified • Delirium screening and assessment fully documented in the patients notes (regardless of the outcome) 	<p>Evidence of initial assessment of delirium carried out: 58%*</p> <p>Evidence of full assessment following signs of delirium: 66%*</p> <p>*Not comparable to Round 3 – changes to question</p>
<p>Ward Managers should audit implementation/use of personal information collected to improve care for patients (e.g. This is Me¹⁶ or other locally developed document). The result of the audit should be fed back to the dementia champions/dementia lead and ward staff.</p>	<p>Staff reporting that the personal information about patients with dementia was available for them always/most of the time: 63% (↑ 3%)</p>
<p>Clinical Commissioning Groups/Health Boards should ensure that tenders let by Trusts for new catering contracts always specify provision of finger foods for main meals and access to a range of snacks 24 hours a day.</p>	<p>Complete meal options that can be eaten without cutlery everyday: 75% (↑10%)</p>
	<p>Meal alternatives are available 24-hours a day: 60% (↑ 9%)</p>
<p>The Medical Director and Nursing Directors should promote the attendance of key carers to support care, but ensure that this is complementary to, and not instead of, care delivered by staff. The level of input by carers, and how carers feel about the level of input they have been asked to deliver should be monitored through carer feedback, complaints and PAL enquiries. Carer satisfaction should be seen as a marker of good care. Ward managers should be supported to ensure carers supporting patients should not be asked to leave at mealtimes and/or stopped from helping.</p>	<p>Staff reporting that carers could visit out of hours always or most of the time: 86% (↑7%)</p>
<p>The Chief Executive Officer should ensure that there is a dementia champion available to support staff 24 hours per day, seven days per week. This could be achieved through ensuring that people in roles such as Site Nurse Practitioners and Bed Managers have expertise in dementia care.</p>	<p>Dementia champions in place at Directorate level: 77% (↓ 6%) Ward level: 89% (↓ 5%)</p>
<p>The Safeguarding Lead should ensure that staff are trained in the Mental Capacity Act, including consent, appropriate use of best interests decision making, the use of Lasting Power of Attorney and Advance Decision Making. Training should cover supportive communication with family members/carers on these topics.</p>	<p>Record of patient’s consent/best interests decision making when change of residence proposed: 66% (–)</p>

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