Audit Standards

This document presents the set of standards that will be audited during Round 4 of the National Audit of Dementia.

Round 4 remit and changes to the standards

In Round 3 of audit, we were asked to reduce the length of the two main tools, but also to maintain comparison with areas covered by the previous audit, including:

- Assessment
- Nutrition and hydration
- Staff training, staffing and support
- Discharge planning

The project team proposed a number of changes to the audit, including the development of new measures for carer and staff experience, and removing policy based questions from the organisational checklist to focus on actions taken, as well as resources in place. The standards for Round 4 remain largely the same as those for Round 3.

Presentation in this document

Standards are shown together with the corresponding question(s) in audit tools (see Key below). The overall numbering scheme is carried forward from the previous audit standards document, so any changes to standards including the removal of sections can be identified.

New and updated standards are marked, and new standards are shown at the end of the relevant sections. Standards are referenced to their source by numbers shown in the right-hand column, which correspond to the appended bibliography.

Key

CA: Casenote audit

OC: Organisational checklist

SQ: Staff questionnaire

CQ: Carer questionnaire

Relationship to previous standard set

Some standards previously measured in Rounds 1, 2 and 3 of audit are not measured in this round. This is for a variety of reasons:

- Poor data quality in previous rounds e.g. low reliability
- New measurements in development
- Sampling too small for comparison in previous rounds e.g. prescription of antipsychotics. A separate module looking at this is being developed.

Inclusion of standards from previous rounds for audit relates to how well they can be measured and whether results provide a good basis for comparison between acute hospitals. Please note that it does not in any way reflect their importance to the care of people with dementia in acute hospitals.

To view all standards from previous rounds, please visit the website.

Classification of standards

As previously, classification is in line with the following broad principles:

Type 1: failure to meet these standards 100% would result in a significant threat to patient safety, rights or dignity and/or would breach the law;

Type 2: standards that an organisation/ward would be expected to meet in normal practice;

Type 3: standards that an organisation/ward should meet to achieve excellent practice.

New and updated standards have been provisionally classified in line with related standards or previous versions of standards audited. These are identified in the left-hand column.

Global rating audit tool items (questions) not shown

The carer questionnaire contains 3 questions relating to the overall standard of care, or support for the carer. As questions rating overall quality of care or support, these do not relate to any one standard or criteria and are therefore not shown in the main body. The questions are:

- *"Overall, how would you rate the care received by the person you look after during the hospital stay?"*
- *"How likely would you be to recommend the service to friends and family if they needed similar care or treatment?"*
- *"Overall, how satisfied are you with the support you have received from this hospital to help you in your role as a carer?"*

Hospitals are asked to consider how positive their feedback from these questions is, alongside detailed information audited.

Question 24 from the organisational checklist is not included as it is not a standard, rather a piece of information on the size of the hospital.

Assessment

Standard no. (Type)	Standard	Tool and Question no.	Question/Statement	Reference
1.3 (2)	Assessment of mental state includes standardised mental status test e.g. Abbreviated mental test score (AMTS), 6-Item cognitive impairment test (6CIT) or General practitioner assessment of cognition (GPCOG)	CA 20	Has cognitive testing, using a validated structured instrument, been carried out?	7
1.4 (2)	Patients with dementia or cognitive impairment are assessed for the presence of delirium at presentation	CA 21	Were any of the following screening assessment carried out to assess for recent changes or fluctuation in behaviour that may indicate the presence of delirium?	7 23
1.5 (2)	Patients with dementia or cognitive impairment with behaviour changes suggesting the presence of delirium, are clinically assessed by a healthcare professional who is trained and competent in the diagnosis of delirium	CA 21a CA 22 CA 22a	If yes, was there any evidence delirium may be present? Did a healthcare professional (who is trained and competent in the diagnosis of delirium) complete any of the following assessments for delirium? From this assessment(s), was a diagnosis of delirium confirmed?	23
	Multidisciplinary assessment			
1.9 (1)	Multidisciplinary assessment includes: • Problem list • Co morbid conditions • Full record of current medications and past relevant medications	CA 14 CA 15	An assessment of mobility was performed by a healthcare professional An assessment of nutritional status was performed by a healthcare professional	7 8

	• Assessment of mobility • Assessment of nutritional status, recording of weight and height/BMI • Identification of any help needed with eating and drinking • Whether referral is needed for specialist input, e.g. dietetics	CA 15a	The assessment of nutritional status includes recording of BMI (Body Mass Index) or weight	
1.10 (1)	A formal pressure sore risk assessment is carried out (e.g. Waterlow, Norton scales) and score recorded	CA 16	Has a formal pressure ulcer risk assessment been carried out and score recorded?	7
1.11 (1)	As part of their assessment, patients with dementia are asked about the presence and severity of any pain and this is recorded	CA 18	As part of the multidisciplinary assessment has the patient been assessed for the presence of any pain?	7
1.12 (1)	As part of their assessment, patients with dementia are asked about continence needs, and this is recorded	CA 17	As part of the multidisciplinary assessment has the patient been asked about any continence needs?	7
1.13 (1)	An assessment of functioning using a standardised assessment tool is carried out, e.g. Barthel ADL Functioning Assessment Scale	CA 19	Has an assessment of functioning been carried out?	7
1.14 (1)	The care assessment contains a section dedicated to collecting information from carer, next of kin or a person who knows the person with dementia well. *This includes information relating to the person's needs while in hospital, such as:* • *Personal details such as preferred name,* • *Routines and preferences, including food and drink preferences*	CA 23 CA 23a CA 23b	Does the care assessment contain a section dedicated to collecting information from the carer, next of kin or a person who knows the patient well? Has information been collected about the patient regarding personal details, preferences and routines? Has information been collected about the patient's food and drink preferences?	26 33 9 3

	• *Whether the person needs reminders or support with personal care* • *Recurring factors that may cause or exacerbate distress* • *Support or actions that can calm the person if they are agitated* • *Life details that may aid communication, such as family members, former occupation* • *How the person communicates with others*	CA 23c	Has information been collected about the patient regarding reminders or support with personal care?	
		CA 23d	Has information been collected about the patient regarding recurring factors that may cause or exacerbate distress?	
		CA 23e	Has information been collected about the patient regarding support or actions that can calm the person if they are agitated?	
		OC 13	There is a formal system (pro-forma or template) in place for gathering information pertinent to caring for a person with dementia	
		OC 13a	Information collected by the pro-forma includes personal details, preferences and routines	
		OC 13b	Information collected by the pro-forma includes reminders or support with personal care	
		OC 13c	Information collected by the pro-forma includes recurring factors that may cause or exacerbate distress	

		OC 13d	Information collected by the pro-forma includes support or actions that can calm the person if they are agitated	
		OC 13f	Information collected by the pro-forma includes how the person with dementia communicates with others/understands communication	
		OC 14	The form prompts staff to approach carers or relatives to collate necessary information	
		OC 15	Documenting the use of personal information in practice: a) How many patients were checked? b) How many of those patients had a completed personal information document?	
		CQ 3	Was the person you look after given enough help with personal care from hospital staff? For example, eating, drinking, washing and using the toilet.	
		CQ 7	Did hospital staff ask you about the needs of the person you look after to help plan their care?	
1.15 (3)	Information collected as part of the assessment also includes life details which aid communication for staff and integrity for the person with dementia,	OC 13e	Information collected by the pro-forma includes life details which aid communication	3 26

	e.g. family situation, interests and past or current occupation	CA 23f	Has information been collected about the patient regarding life details which aid communication?	

Delivery of care

Standard no. (Type)	Standard	Tool and Question no.	Question/Statement	Reference
	Nutrition			
3.7 (1)	Protected mealtimes are in operation in all wards that admit adults with known or suspected dementia	OC 10 OC 10a SQ 11	Protected mealtimes are established in all wards that admit adults with known or suspected dementia Wards' adherence to protected mealtimes is reviewed and monitored In the last week (except in emergency situations), were patients mealtimes kept free of any clinical activity on the ward(s) you work on?	1 29
3.8 (1)	Visiting times for identified carers are unrestricted	OC 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).	1 3 17

		SQ 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*	
3.11 (2)	Food is available to patients with dementia between mealtimes	OC 31 SQ 13	The hospital can provide 24 hour food services for people with dementia Can you access snacks for people with dementia in between meals?	28
N3a (2)	Patient's needs for nutrition and hydration support are communicated at handover and safety briefings	SQ 14	Are nutrition and hydration needs of patients with dementia communicated at handovers/safety briefings?	34
N3b (2)	Finger foods (food which can be eaten without a knife/fork/spoon) are available for people with dementia as an alternative to main meals	OC 30 SQ 12	The hospital can provide finger foods for people with dementia Can you access finger food (i.e. food which can be eaten without a knife/folk/spoon) for people with dementia as an alternative to main meals?	28
	Continuity of care			
N3c (3)	Instances of moves carried out before the breakfast meal or after the evening meal are reported to the executive board	OC 12 SQ 9	Instances of night time bed moves (i.e. between 8pm and 8am) are noted and reported at executive board level. 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 moves between 8pm and 8am*	39 18

Governance

Standard no. (Type)	Standard	Tool and Question no.	Question/Statement	Reference
4.1 (2)	There is a care pathway for people with dementia, and this is integrated within or linked into all relevant care pathways, including delirium, stroke and fractured neck of femur	OC 1 OC 1b OC 1c	A care pathway or bundle for patients with dementia is in place There is a care pathway/ bundle for: delirium, stroke and fractured neck of femur It is/it will be integrated with the dementia pathway: delirium, stroke and fractured neck of femur	15
4.2 (2)	A senior clinician is responsible for the implementation and review of the care pathway	OC 1a	A senior clinical is responsible for implementation and/or review of the care pathway	15
4.4 (2)	The Executive Board regularly reviews the number of in-hospital falls and the breakdown of the immediate causes, and people with dementia can be identified within this number	OC 2c	The Executive Board regularly reviews the number of in-hospital falls and the breakdown of the immediate causes, in which patients with dementia can be identified	13
4.5 (2)	There is a mechanism for the Executive Board to receive regular feedback from the following: • The Clinical Leaders for older people and people with dementia including Modern Matrons/Nurse Consultants • Complaints – analysed by age • PALS – in relation to the services for older people and people with dementia	OC 3	The Executive Board regularly receives feedback from the following: a) The Clinical Leaders for older people and people with dementia including Modern Matrons/Nurse Consultants b) Complaints – analysed by age	13

	Patient Forums or Local Involvement Networks – in relation to the services for older people and people with dementia		c) Patient Advice and Liaison Services (PALS) – in relation to the services for older people and people with dementia d) Patient/ public Forums or local Healthwatch – in relation to services for older people and people with dementia	
4.7 (2)	The Executive Board regularly reviews information collected on: • Re-admission of patients with dementia; • delayed transfers of people with dementia.	OC 2	The Executive Board regularly reviews information collected on: a) Re-admissions, in which patients with dementia can be identified in the total number of patients readmitted b) Delayed discharge/transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/transfers	12 11
4.9 (2)	There is a recognised practice for nursing staff to record and report risks to patient care if they believe ward staffing is inadequate	SQ 6 SQ 7	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* Is additional staffing support provided if dependency needs on the ward(s) you work on increase?	2 35
4.11 (2)	Staff are supported by identified clinical leads for dementia, e.g. dementia specialists/nurses, mental health liaison, dementia champions	OC 4	There are champions for dementia at: a) Directorate level	30

		SQ 1	b) Ward level 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. Monday – Friday, 9am – 5pm b) out of office hours	
N4a (3)	Dementia specialist nurses are employed in line with Royal College of Nursing guidance (there is at least one full time dementia specialist nurse for every 300 admissions of people with dementia per year)	OC 5	How many Full Time Equivalent (FTE) Dementia Specialist Nurses are employed to work in the trust/health board?	32
N4b	The hospital measures its level of engagement with carers using a tool designed for this purpose (e.g. Triangle of Care)	OC 6 OC 6a	Has a strategy or plan for carer engagement been produced? (For example using Triangle of Care self assessment tool or similar) Is implementation of the strategy/plan scheduled for review?	33
N4c	A Dementia Working Group meets regularly and reviews the quality of services provided in the hospital	OC 7 OC 7a OC 7b	A Dementia Working Group is in place and reviews the quality of services provided in the hospital The group meets: (quarterly, bi-monthly, monthly, other) The group includes: (healthcare professionals, organisations which support people with	21

			dementia e.g. Alzheimer's Society, carer/ service user representation)	

Discharge policy

Standard no. (Type)	Standard	Tool and Question no.	Question/Statement	Reference
5.1 (2)	Discharge is an actively managed process which begins within 24 hours of admission	CA 35	Was discharge planning initiated within 24 hours of admission?	12 22
		CA 35a	Please select the recorded reason why discharge planning could not be initiated within 24 hours	
5.3 (2)	There is a section or prompt in the general hospital discharge summary for mental health diagnosis and management *This includes the following:* • *the patient's level of cognitive ability* • *the cause of cognitive impairment* • *whether there are or have been symptoms of delirium* • *the presence of persistent behavioural and psychiatric symptoms of dementia to a degree which requires specialist dementia care or needs to be addressed*	CA 24	At the point of discharge, was cognitive testing, using a validated structured instrument carried out?	6 37
		CA 24a	If no, why was this not completed?	5 24
		CA 25	At the point of discharge, the cause of cognitive impairment was summarised and recorded	25
		CA 26	Have there been any symptoms of delirium at any time during this admission?	

	requirements of the Mental Capacity Act in relation to consent and "Best interest" decision making	CA 26a	Has the presence of delirium been noted in discharge correspondence?	
		CA 27	Have there been any persistent behavioural and psychiatric symptoms of dementia (wandering, aggression, shouting) during this admission?	
		CA 27a	Have the symptoms of behavioural and psychiatric symptoms of dementia been summarised for discharge?	
		CA 28	Is there a recorded referral to a social worker for assessment of housing and care needs due to a proposed change in residence?	
		CA 28a	There are documented concerns about the patient's capacity to consent to the referral and… -The patient had capacity on assessment and their consent is documented -The patient lacked requisite capacity and evidence of a best interests decision has been recorded - There is no record of either consent or best interest decision making OR	

			There are no documented concerns about the patient's capacity to consent to referral and… - The patients consent was requested and this is recorded - There is no record of the patient's consent	
5.4 (1)	The discharge co-ordinator/ person planning discharge discusses (or receives information about) the appropriate place of discharge and support needs with: • the person with dementia • the persons carer or relative • the medical consultant responsible for the patients care • other members of the MDT	CA 30	Is there evidence in the notes that the discharge coordinator/person planning discharge has discussed place of discharge and support needs with: a) The person with dementia b) The person's carer/relative c) The consultant responsible for the patient's care d) Other members of the multidisciplinary team	12 5
5.5 (2)	In advance of discharge, carers are offered an assessment of their current needs	CA 37	An assessment of the carer's current needs has taken place in advance of discharge	26
5.6 (1)	In advance of discharge, patient information is compiled into a single, up-to-date, discharge plan	CA 31	Has a single plan/summary for discharge with clear updated information been produced?	37
5.7 (2)	The discharge plan contains the following: • up to date physical and mental health assessment information • details of onward referrals and support needs	CA 32	Are any support needs that have been identified documented in the discharge plan/ summary?	22 5

	details of changes in social circumstances			
5.8 (1)	A copy of the discharge summary is provided to the patient and/or carer and this is recorded	CA 33	Has the patient and/or carer received a copy of the plan/summary?	22 25
5.10 (2)	Carers or family receive advance notice of discharge (at least 24 hours) and this is documented	CA 36	Carers or family have received notice of discharge and this is documented	3 12 38
N5b (2)	A copy of the discharge plan/summary was sent to the GP/primary care team on the day of discharge	CA 34	Was a copy of the discharge plan/summary sent to the GP/primary care team on the day of discharge?	16

Resources supporting people with dementia

Standard no. (Type)	Standard	Tool and Question no.	Question/Statement	Reference
6.2 (2)	The hospital has access to intermediate care services which will admit people with dementia	OC 26	The hospital has access to intermediate care services, which will admit people with dementia	15
6.3 (3)	Access to intermediate care allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission	OC 26a	Access to intermediate care services allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission	15
6.4 (2)	There is/are a named person(s) with overall responsibility in their role for discharge coordination for people with dementia	CA 29	Did a named person/ identified team coordinate the discharge plan?	12 24

	The person(s) in this role provides consultation, advice and support for staff carrying out discharge coordination	OC 28	There is a named person/ identified team who takes overall responsibility for complex needs discharge and this includes people with dementia	
6.5 (2)	The named person(s) responsible for discharge coordination has/have training in ongoing needs of people with dementia	OC 28a	This person/team has training in ongoing needs of people with dementia	12 24
6.6 (3)	The named person(s) responsible for discharge coordination has/have experience of working with people with dementia and their carers	OC 28b	This person/ team has experience of working with people with dementia and their carers	12 24
6.7 (2)	There is a named person who has responsibility in their job role to advise carers/relatives on a range of matters, such as: 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 to care	OC 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	3
6.10 (2)	There is access to advocacy services that have experience and training in working with people with dementia	OC 32	There is access to advocacy services with experience and training in working with people with dementia	26
6.11 (3)	There are opportunities for social interaction for patients with dementia e.g. to eat/socialise away from their bed are with other patients	OC 33	Opportunities for social interaction for patients with dementia are available e.g. to eat/socialise away from their bed area with other patients	2 10

Staffing

Standard no. (Type)	Standard	Tool and Question no.	Question/Statement	Reference
7.1 (2)	There is a named dignity lead to provide guidance, advice and consultation to staff	OC 27	There is a named dignity lead to provide guidance, advice and consultation to staff	14 36
7.2 (2)	There is a training and knowledge framework or strategy that identifies necessary skill development in working with and caring for people with dementia	OC 19	There is a training and knowledge framework or strategy that identifies necessary skill development in working with and caring for people with dementia	26 24
7.4 (2)	Within the hospital, all staff, including support staff who work with adults, are provided with basic training in dementia awareness including externally contracted staff	OC 20 OC 25	Dementia awareness training: Response options for each job role: Mandatory; Provided in induction; Provided in the last 12 months; Not provided in the last 12 months • Doctors • Nurses • HCAs • Other allied healthcare professionals, *e.g. physiotherapists, dietician* • Support staff in the hospital, *e.g. housekeepers, porters, receptionists* 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	26 24 30

		SQ 2 SQ 2a SQ 4 CQ 2 CQ 4	What form did your dementia training at this hospital take? Following your training at this hospital, do you feel better prepared to provide care/support to people with dementia? 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* Do you feel confident that hospital staff delivered high quality care that was appropriate to the needs of the person you look after? Was the person you look after treated with respect by hospital staff?	
7.5 (3)	Dementia awareness training is provided to other healthcare staff	OC 22 OC 23	What format is used to deliver basic dementia awareness training? How many staff were provided with training in at least Tier 1/Informed/dementia awareness between 1 April 2017 – 31 March 2018: a) In the trust/heath board?	26 24

			b) In the hospital?	
7.11 (3)	Involvement of people with dementia and carers, and use of their experiences is included in the training for ward staff *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*	OC 21	The dementia awareness training includes input from/makes use of the experiences of people with dementia and their carers	37 24
7.12 (1)	Wards that admit people with dementia provide staff with systems for supporting staff development in dementia care including appraisal and mentorship, clinical supervision and access to ethical guidance, access to reflective practice groups[1]	SQ 5	As a team, how often do you talk about the way you care for/support people with complex needs (including dementia)?	19
7.18 (1)	All patients who need assistance with food and drink receive it	SQ 10	Do you think people with dementia you care for/support have their nutritional needs met while on the ward(s) you work on?	1 3
N7a (3)	Ward nursing staff establishments are monitored using the safe nursing guidelines from NHS England/Welsh Government's Chief Nursing Officer	OC 8 OC 9 OC 9a	Ward staffing levels (nurses, midwives and care staff) are made available for the public to view An evidenced based tool is used for establishing ward staffing levels Does the tool take into account patient dependency and acuity?	27 31 40

Environment

Standard no. (Type)	Standard	Tool and Question no.	Question/Statement	Reference
	Physical environment on the ward			
N8a (3)	The physical environment within the hospital has been reviewed using an appropriate tool (e.g. Kings Fund Enhancing the Healing Environment tools for wards/hospitals) and necessary improvements carried out	OC 34	The physical environment within the hospital has been reviewed using an appropriate tool (eg. King's Fund Enhancing the Healing Environment or Patient Led Assessment of the Care Environment) to establish whether it is "dementia-friendly"	20
		OC 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)	
		OC 34b	Service users/carers/lay volunteers have been part of the team reviewing the environment	
		OC 34c	There are plans to further review the changes implemented	

Information and communication

Standard no. (Type)	Standard	Tool and Question no.	Question/Statement	Reference
9.3 (1)	There is a system to ensure that staff directly involved in caring for/treating the person with dementia are informed about any effect of the dementia on the persons behaviour and communication e.g. ability to answer queries about health accurately or to follow instructions, or other behavioural/psychological symptoms, such as agitation or hallucination	OC 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	3 26
		OC 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	
		OC 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	
		OC 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	

		SQ 3 SQ 3a CQ 1	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* Do you have the opportunity to use this [personal] information to help you care/support people with dementia? Do you feel that hospital staff were well informed and understood the needs of the person you look after?	
9.7 (2)	Staff explain changes in care and treatment to people with dementia and/ or their carers and provide regular updates on progress	CQ 5	Were you (or the patient, where appropriate) kept clearly informed about their care and progress during the hospital stay? For example, about plans for treatment and discharge.	25
9.11 (2)	Carers or relatives are asked about the extent to which they prefer to be involved in the care of the person with dementia while on the ward, e.g. help with personal care or at mealtimes, looking after clothing, spectacles or hearing aids, enjoyable pastimes	CQ 6	Were you (or the patient, where appropriate) involved as much as you wanted to be in decisions about their care?	25
9.13 (2)	There is a system in place to ensure that carers are advised about obtaining carer's assessment and support,	OC 18	The Dementia lead or dementia working group collates feedback from carers on the written and verbal information provided to them	3 25

	e.g. wards can provide information about who to approach in the hospital for further information and assistance			

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