First round of audit recommendations 2010-11

An extensive set of recommendations were made in the first National Report and these are presented below for information. Many have been updated and included in recommendations for the second round of audit as they were not fully met. It was not possible to measure progress against all of the themes from the first round of audit because ward level data was not collected in the second round. Themes affected are nutrition, staffing and staff support, staff training (in detail), and ward environment.

Update on recommendations made to professional bodies in the first round of audit

Progress is underway against these recommendations. Most notably, the Royal College of Nursing have produced detailed guidance on determining staffing levels sensitive to the care needs of people with dementia and frailer older people. These are included in the report and supporting toolkit Safe Staffing for Older People's Wards.

Assessment

The Royal College of Psychiatrists' Faculty of Old Age recommends structured assessments with proven reliability in the assessment of delirium (Confusion Assessment Method, Delirium Rating Scale) and cognitive function (Abbreviated Mental Test Score, General Practitioner assessment of cognition). The Faculty comments that the General Practitioner assessment of cognition is widely used in primary care and its use in secondary care could help facilitate communication between these two different settings. Guidance on individual patient outcome measures including brief screening tools is available on the college website.

The Colleges collectively input into the work of the Future Hospital Commission, which will draw up recommendations that all staff dealing with older people, whether on medical, surgical or other wards should have the skills to assess older people, and those who may have dementia. This includes mental state screening and functional assessment.

The Royal College of Physicians respond that the curriculum for core medical training and specialist training in general medicine covers the diagnosis, and management of people with dementia and delirium. This is also in the curriculum for the membership of the Royal College of Physicians examination. The Royal College of Physicians has been a partner with

11 other organisations in the project to reduce antipsychotic medication in hospitals and care homes and worked to develop tools to help with this.

The British Geriatric Society is working jointly with the Royal College of Physicians and other colleges on the future hospital commission, and with Royal College of Physicians co-chairs, the joint specialty committee. The recommendations will be returned to ensure that points in them have been addressed in internal and joint work.

Antipsychotics and PRN prescription

Representatives of the British Geriatrics Society, Royal College of Nursing and the Royal College of Physicians will be meeting to develop recommendations on PRN medication.

Update on recommendations made to the project team in the first round of audit

Information and communication

The National Audit of Dementia project team will be compiling actions plans received and circulate a bulleting to all participating hospitals to encourage sharing of good practice and resources in this area

Provision of training programmes

Dementia awareness is reported on in the second round of audit. The audit also asked about elements of training related to the care of people with dementia provided to different staff groups and fed back to hospitals in their local reports. The results for England and Wales together can be found in the national data tables on the audit's website.

All recommendations from first round of audit, presented by theme

Governance

- The Trust Board/Board of Governors/Board of the Health Board should ensure that review of key policies and procedures to include the needs and perspective of people with dementia is undertaken, requiring the following as evidence:
  - clinical information on admission rates, falls, treatment and discharges, in which people with dementia can be identified;
  - the appointment of a senior clinician lead for dementia with designated time in their job role to develop, implement and review the dementia pathway;
  - information from a local sample of casenotes of people with dementia tracked through admission, demonstrating adherence to the pathway;
  - measurement of nutritional status (weight and BMI) at admission and discharge for people with dementia;

- evidence of measures of frequency of assessment of pressure sore risk and pain for people with dementia;
- measures of cognitive functioning and delirium at admission for people with dementia;
- evidence from audit of in-hospital prescription of antipsychotics that prescription is in line with guidance.

Trusts should consider including this information in their Quality Accounts. Health Boards should consider including this information in their Quality and Safety Committee Reports.

- The Chief Executive Officer should ensure that the Trust/Health Board identifies a senior clinician in each hospital to take charge of developing, implementing and monitoring the care pathway for dementia.

- The Chief Executive Officer should ensure that it is within the remit of the senior clinician to identify Dementia Champions in each department in the hospital and at ward level.

- The Senior Clinical Lead for Dementia should ensure that the hospital has a care pathway in place for dementia that is adaptable for use within or fitted to existing acute care pathways, with the aim of making sure that the acute care and treatment provided by the hospital takes account of the needs of people with dementia at each stage of admission.

Assessment

- The Royal College of Physicians, the Royal College of Psychiatrists and the British Geriatrics Society should recommend brief screening tools for cognitive function and delirium for the assessment of people with dementia and older people in the general hospital.

- The Royal College of Physicians with the British Geriatrics Society should recommend brief tools for the standardised assessment of functional ability and for the assessment of pain in people with dementia. The Royal College of Physicians and the British Geriatrics Society should liaise with other Royal Colleges about including these assessments in the management of surgical patients and others.

- The Medical Director, Director of Nursing and Head of Therapy Directorate should ensure that all staff responsible for the assessment of older people have had training in the assessment of mental state using standardised measures.

Mental health and liaison psychiatry

- Commissioning Boards/Health Boards should ensure that liaison psychiatry services are in place to provide adequate access over 24 hours for treatment and referral of people with dementia in hospital. This should include the ability to provide an emergency or urgent response82. Response times to referral should be a key performance indicator for these services.

- The National Clinical Directors for Dementia and for Older People (England) should ensure the Common Core Principles and NICE guidance on the use of antipsychotic medication are disseminated to general hospitals and that there is a process that separately audits prescribing in general hospitals. A period of treatment in hospital should be highlighted as an appropriate point for reviewing any use of antipsychotic medication. The Medical Director of NHS Wales should ensure that the review targets for psychotropic medication set out in 1000 Lives Plus are fully addressed in secondary care settings.

- The Royal College of Psychiatrists, Royal College of Nursing, Royal College of Physicians with the British Geriatrics Society, should provide guidance on any circumstances in which PRN (as required) prescription of antipsychotics is appropriate.

- The Chief Executive Officer should review policies and procedures in place to ensure that they clearly set out guidance for interventions for challenging behavioural and psychological symptoms of dementia in line with NICE guidance. In-hospital prescription of antipsychotics should be routinely audited for clear indicators that prescription is in line with guidance and this information should be presented to the Trust Board/Board of the Health Board.

- Mental health providers should self-assess their policies and practice of liaison teams and report to commissioners on equality of access for people with dementia.

Discharge planning and discharge

- The Chief Executive Officer should review Trust/Health Board discharge policies with particular reference to the needs of people with dementia/their carers to ensure that they describe the task of discharge co-ordination, and the importance of carer assessments.

- The Chief Executive Officer should ensure that notification of discharge is a routinely collected statistic for reporting to the Governing/Executive Board/Board of the Health Board. This should be presented as the percentage of discharges of people with dementia where less than 24 hours notice has been given/divided by all discharges of cases receiving less than 24 hours notice (unscheduled care).

Information and communication

- The Senior Clinical Lead for Dementia should ensure that a named healthcare professional acts as a point of contact for people with dementia and their families during the admission to hospital. The named healthcare professional should ensure that the family, next of kin or appointee is involved in the care plan and in decisions about discharge.

- The Senior Clinical Lead for Dementia should put in place procedures for clinical teams to follow to ascertain how the patient's next of kin should be involved in treatment decisions. This should take into consideration mental capacity, stated wishes and best interests decisions (as defined under the Mental Capacity Act)*, and should be communicated to the ward team and to the family carer.

- The Senior Clinical Lead for Dementia should ensure that a personal information document (e.g. "This is Me") is in use throughout the hospital. This should be completed with the help of someone who knows the patient well. The document should include information such as the patient's preferred name; routines and preferences; 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. This document should be held in the patient's notes as well as by the bed so that it is readily accessible to all those involved in the patient's care.

- The Senior Clinical Lead for Dementia should implement systems of good practice to ensure that staff can identify people with dementia on the ward/during care and treatment, and provide an appropriate response (e.g. "Butterfly Scheme").

- 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.

- The National Audit of Dementia Project Team should seek to identify key examples of good practice in information provision and sharing with people with dementia and their carers.

Staff training

- The National Clinical Directors for Dementia and for Older People (England) should promote the development of an overall competency framework to ensure that guidance on staff training contained in the Common Core Principles28 is implemented across all secondary care settings. In addition to providing 100% of staff with basic dementia awareness training and updates, local frameworks should promote and evidence enhanced and specialist levels of knowledge, e.g. that 50% of front line workers should have or be working towards, enhanced knowledge of dementia care, and that 10% of front line workers should have or be working towards specialist knowledge. The Medical Director and Nurse Director for NHS Wales should promote development of a framework along similar lines in secondary care settings to support and enable the pathway/interventions set out in 1000 Lives Plus.

- The General Medical Council and Nursing Midwifery Council should develop appropriate curricula for enhanced and specialist skills in dementia care, including requirements in undergraduate and postgraduate medical and nursing curricula.

- The Medical Director, Director of Nursing and Head of Therapy Directorate should develop the training and knowledge strategy such that all staff are provided with basic training in dementia awareness and a locally agreed and specified proportion of ward staff receive higher level training.

- The National Audit of Dementia Project Team should assess whether current provision for staff training is in line with recommendations made in Common Core Principles28 in the 2012 re-audit.

Nutrition

- The Chief Executive Officer should ensure that non-reporting of nutritional status, missed meals or other risk to nutrition is considered a safeguarding issue for people with dementia and reported in accordance with guidance.

- The Director of Nursing should require ward managers to carry out an assessment of staffing levels required to support mealtimes, including assessment of the additional support needs of people with dementia, and ward managers should review this on a regular basis.

- The Medical Director, Director of Nursing and Head of Therapy Directorate should ensure the provision of education and training to support the routine use of the MUST tool (or alternative recommended nutritional assessment tool) and monitoring nutritional intake must be provided to all staff, including Healthcare Assistants.

- The Director of Nursing should ensure ward managers are given responsibility and support to promote mealtimes as a social activity and provide appropriate equipment and an engaging environment, e.g. music, group tables or seating, use of familiar types of crockery and vessels.

- Ward managers should ensure that all those involved in supporting people with dementia at mealtimes, including staff and volunteers, are provided with training or are skilled in recognising swallowing problems, the use of equipment and aids and encouraging nutritional/hydration intake.

- Ward managers should ensure that nutritional snacks and finger foods are readily available at mealtimes and between mealtimes on wards so that people with dementia are provided with options to enable them to maintain nutritional intake.

Staffing and staff support

- The Royal College of Nursing should provide guidance to Trusts/Health Boards on how staffing levels should be determined, including consideration of measures of acuity and dependency sensitive to the care of people with dementia.

- The Chief Executive Officer should ensure that key leadership roles and support from specialist staff are in place to ensure delivery of dignified, skilled and compassionate care, for example Dignity Leads, Dementia Champions, Older People's Nurse Consultants.

- The Director of Nursing should make sure that comprehensive systems for guidance, supervision and support are in place for staff on the ward caring for people with dementia, including:
  - supervision, mentorship and appraisal for registered nurses and healthcare assistants;
  - access to peer support and reflective practice groups.

- Ward managers should be supported to ensure that these systems for support are available to all nursing staff.

- The Senior Clinical Lead for Dementia should ensure that champions represent the range of job roles working with people with dementia including those staff involved in day-to-day care provision.

Physical ward environment

- The Department of Health, Welsh Government Department for Health, Social Services and Children, NHS Estates, and NHS Wales Shared Services Partnership, should provide guidance on dementia friendly ward design, to be incorporated as standard into all refurbishments and new builds, including safe walking spaces and the use of colour, lighting, signage, orientation cues and space used to promote social interaction.

- The Chief Executive and Trust Board/Health Board should promote the role of public/patient governors and non-executive directors (Independent Board Members in Wales) in reviewing the environment and comfort for people with dementia on the wards. Reviews could make use of a checklist of standards and feedback from patients, carers and visitors and include looking at placement of signs, availability of personal items and the quality of the food.

- Ward managers and Dementia Champions should ensure that simple and effective improvements to the environment are promoted in all wards admitting older people, including:
    - appropriate lighting and floor coverings plus aids to support orientation and visual stimulation; personalising bed area; adequate space and resources to support activity and stimulation.

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