

DEMENTIA
NATIONAL AUDIT OF
DEMENTIA



National Audit of Dementia

Care in General Hospitals 2016-2017

Key findings and recommendations



Accessible version



Many thanks to Created Out of Mind for permission to use the cover artwork. Ceramics decoration with plate design by John Fowler, created at a workshop for people with dementias, led by artist Charlie Murphy as part of the Created Out of Mind residency, Wellcome.

This report

The National Audit of Dementia (care in general hospitals) reported for the third time in July 2017. This document is a shorter version of the national report's findings and recommendations. It tells you about the key findings from the audit, but in less detail. Not all the results or recommendations are included in this document.

To see the full national report of the National Audit of Dementia, please go to: www.rcpsych.ac.uk/dementiareport2017

This accessible version was produced by Chloë Hood and Chloë Snowdon from the National Audit of Dementia Project Team. We would like to thank Hilary Doxford and Chris Roberts, co-founders of the 3 Nations Dementia Working Group and members of the National Audit of Dementia Steering Group for reviewing and commenting on the report.

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Introduction

Dementia is the umbrella term used for conditions and symptoms caused by illnesses which damage the brain. The symptoms vary but may include memory loss and difficulties with thinking, language and problem solving, and changes in mood and behaviour.

Being in hospital can be especially difficult for a person affected by dementia, who has to cope with an unfamiliar environment, as well as illness or injury. Common reasons why people with dementia are admitted to hospital include falls, hip fractures, stroke, urinary tract and respiratory infections.

The latest Government figures released said about a quarter of hospital beds are occupied by people with dementia at any one time. Dementia remains a priority for the governments in England and Wales, and this includes hospital care.



National Audit of Dementia and previous reporting

In 2011, our first report showed that improvements were needed to many aspects of hospital care.

The second audit report was published in 2013. This showed some improvement had been made. Further improvements were still needed to make sure:

- People with dementia had full assessments and properly planned discharge; and
- Staff were properly trained and supported to care for people with dementia.

You can [see our previous reports](#) on the audit website.

The third National Audit of Dementia

The third National Audit of Dementia collected information in 2016, and reported in 2017. It explored whether further improvements to care for people with dementia had taken place since the second audit.

Nearly all acute general hospitals took part in the third National Audit of Dementia (199 hospitals of the 203 which were asked to take part).

The report for the third round of the National Audit of Dementia was published in July 2017. You can download a copy of it at

www.rcpsych.ac.uk/dementiareport2017

Information collected from hospitals

We asked hospitals to provide four types of information. They were:

1) A **checklist** with information about:

- Guidelines they had in the hospital to support the care of people with dementia;
- Support they had in place for people with dementia, carers and staff; and
- Training they provided to staff.

2) Information from the **notes of 50 patients with dementia** admitted to hospital for at least 3 days between April and June 2016. We asked hospitals for information about:

- What happens when the patient arrives and leaves hospital;
- The patient's care plan; and
- The physical and mental health assessments the patient received.

We did not ask for any information such as name, date of birth, address or postcode, to ensure that the information was anonymous.

3) **Carer questionnaires** given to carers and family members visiting people with dementia and asking about:

- Patient care;
- Communication; and
- Support for the carer.

4) **Staff questionnaires** given to nursing staff, doctors and therapists in the hospital and asking about:

- Training in dementia care;
- Communicating with carers, other staff and people with dementia; and
- Supporting the needs of people with dementia.

Key findings and recommendations from the third National Audit of Dementia

The National Report contained five key (priority) findings. These are set out below with the audit recommendations for each one. You can find the full set of recommendations in the main [National Report](#).

Further results from the third audit are presented after the key findings, starting on page 12.

1. Delirium recording requires improvement

Delirium is a serious condition which affects thinking and understanding of what is happening. People with delirium can often see or hear things that are not actually there (hallucinations). People with dementia have a high risk of developing delirium.

According to their notes, only 45% of people with dementia had been examined or assessed to see if they had delirium when they were admitted to hospital.

Recommendations for Delirium

Hospital Directors should:

- Make sure that people with dementia going into hospital are assessed for delirium.
- Make sure that staff receive training in delirium and its relationship to dementia.

2. Hospitals should make better use of the personal information provided about the person with dementia

Nearly all hospitals (99%) now use a document to collect personal information about the person with dementia that will help staff to provide better care. A personal information document can include the person's preferred name, the names of their family members and details of food and drink the person likes. The document is often called *This is Me*, which is produced by the Alzheimer's Society. There are other similar documents too.

In a spot check, only half of patients with dementia had their personal information document at their bed, for staff to read.

Recommendations on personal information use

NHS leaders in England and Wales should:

Create a national system for collecting and using personal information. This should be used in all health services used by people with dementia.

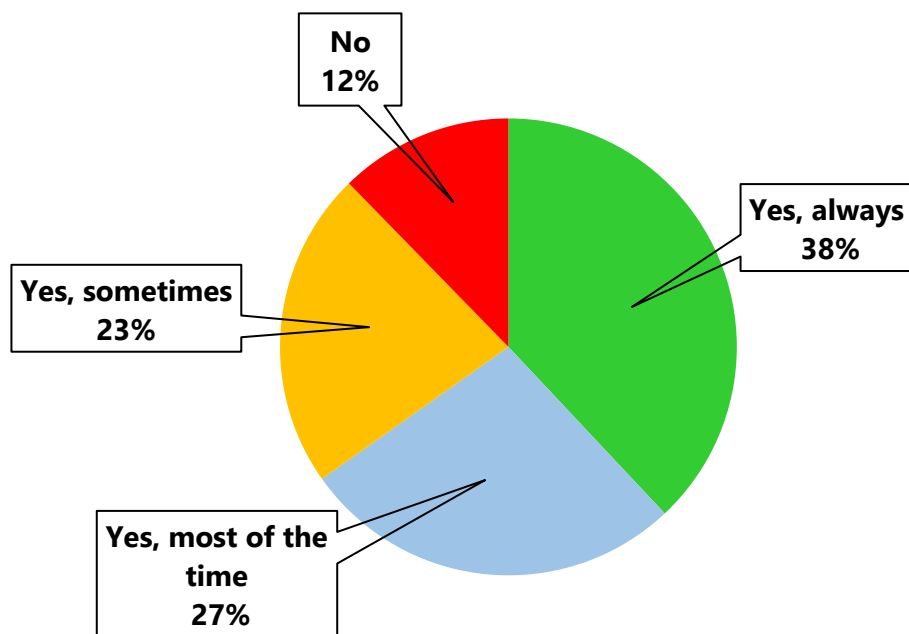
Hospital Ward Managers should:

Monitor use of personal information documents (like *This is Me*) on the wards. They should feedback the results to others involved in the care of people with dementia – such as dementia champions and ward staff.

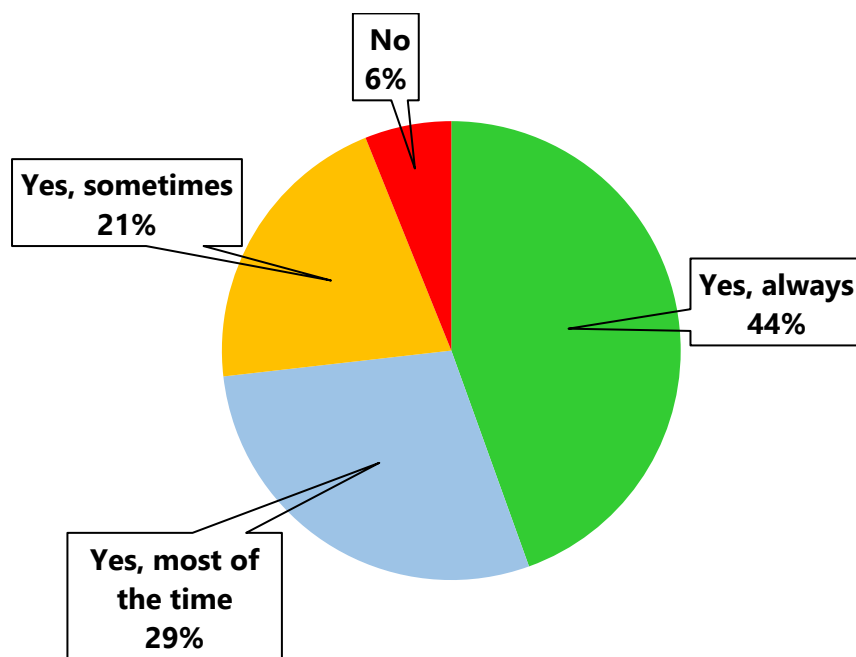
3. Hospitals must provide suitable food and drink for people with dementia

Catering services in hospitals should be able to provide for the needs of people with dementia. To ensure they are properly nourished, people with dementia often need foods which can be eaten without a knife and fork (known as finger foods) and snacks to be available.

This graph shows the percentage of staff answering the staff questionnaire who said they could get finger food for people with dementia in their hospital.



This graph shows the percentage of staff answering the staff questionnaire who said they could get snacks between meals for people with dementia in their hospital.



Recommendations on nutrition (food and drink)

NHS Committees responsible for directing hospital services should:

Make sure that catering contracts always include provision of finger foods (foods which can be eaten without a knife and fork), and a range of snacks between meals.

Hospital Directors should:

- Make sure that family members/carers can visit the person with dementia to support care.
- Allow carers to stay to help with mealtimes, if they wish to.
- Listen to carer feedback, suggestions and complaints.

4. Hospital staff need more support from people who are specially trained in dementia care

Nearly all hospitals (94%) have put in place trained staff known as 'dementia champions' at ward level. But staff said they needed more support from trained staff, especially at evenings or weekends. Only 24% of staff said they could access specialist support for dementia at these times.

Recommendation on Dementia Champions

The Chief Executive Officer should:

Ensure there is a dementia champion available to support staff 24 hours per day, 7 days per week.

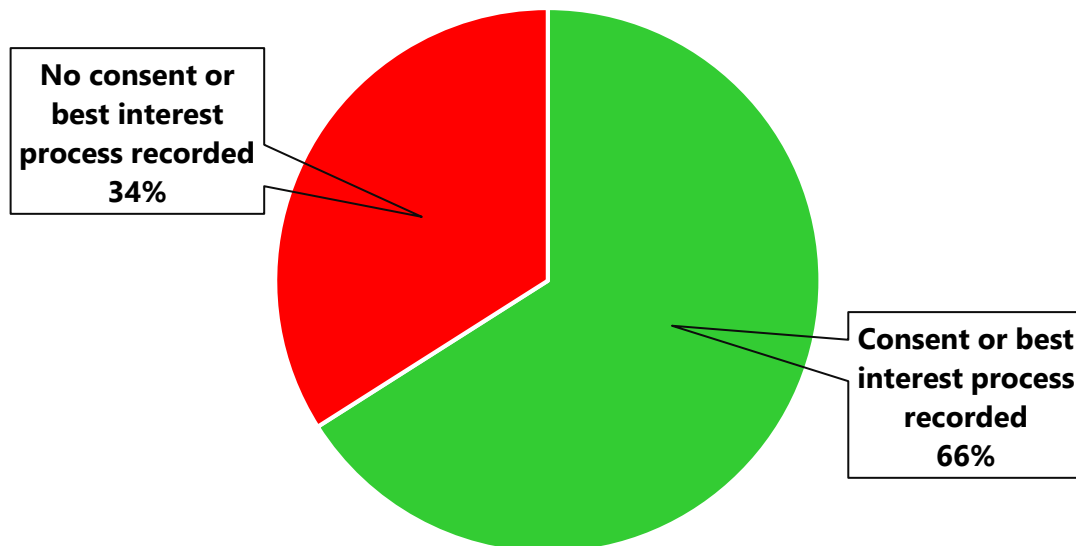
5. Involve the person with dementia in decision making

People with dementia should be involved when decisions are discussed relating to their care or treatment. This includes changes in care needs after leaving hospital, such as moving to a care home.

If the person is too unwell, a process known as 'best interests decision making' should be carried out where health professionals and people important to the person with dementia, make decisions on their behalf. This should be recorded in the patient's notes.

Information in patient notes showed people with dementia were not always involved when a referral to a social worker to discuss a change in housing needs was made.

This graph shows that just over one third of patients did not have their consent to a referral to a social worker recorded, or a record of a best interests decision.



Recommendations on decision making

Hospitals employ a person who takes charge of protecting the rights and safety of children and vulnerable adults, known as the Safeguarding Lead.

The Safeguarding Lead should:

Ensure staff are trained in the Mental Capacity Act, including consent and the use of Lasting Power of Attorney and Advance Decision Making.

Further results from the third National Audit of Dementia

In this section, you will find more of the results from the National Report. These results were not highlighted as key messages, but are still very important.

The national report has seven chapters, each based on a theme:

- Physical and mental health assessment
- Information and communication
- Staffing and training
- Provision of suitable food (Nutrition)
- Leaving hospital (Discharge)
- People, plans, and procedures to support care for people with dementia (Governance)
- What carers and family visiting people with dementia in hospital thought of the quality of care.

In each theme you will find:

- A summary of the information that was collected by the hospitals
- A summary of the changes since the second audit.

Assessment



This theme looks at the physical and mental health assessments received by people with dementia when admitted to hospital.

Results from the third audit

Mental health assessments

People with dementia often did not receive mental health assessments, looking at whether they were more confused, experiencing low mood, or other difficulties. Only 54% of the patient notes showed that this had been assessed.

Delirium

Delirium is a serious condition which can arise when a person has a severe illness or injury and is more likely to happen in people with dementia. Over half (55%) of the patients were not screened for signs of delirium (see key findings).

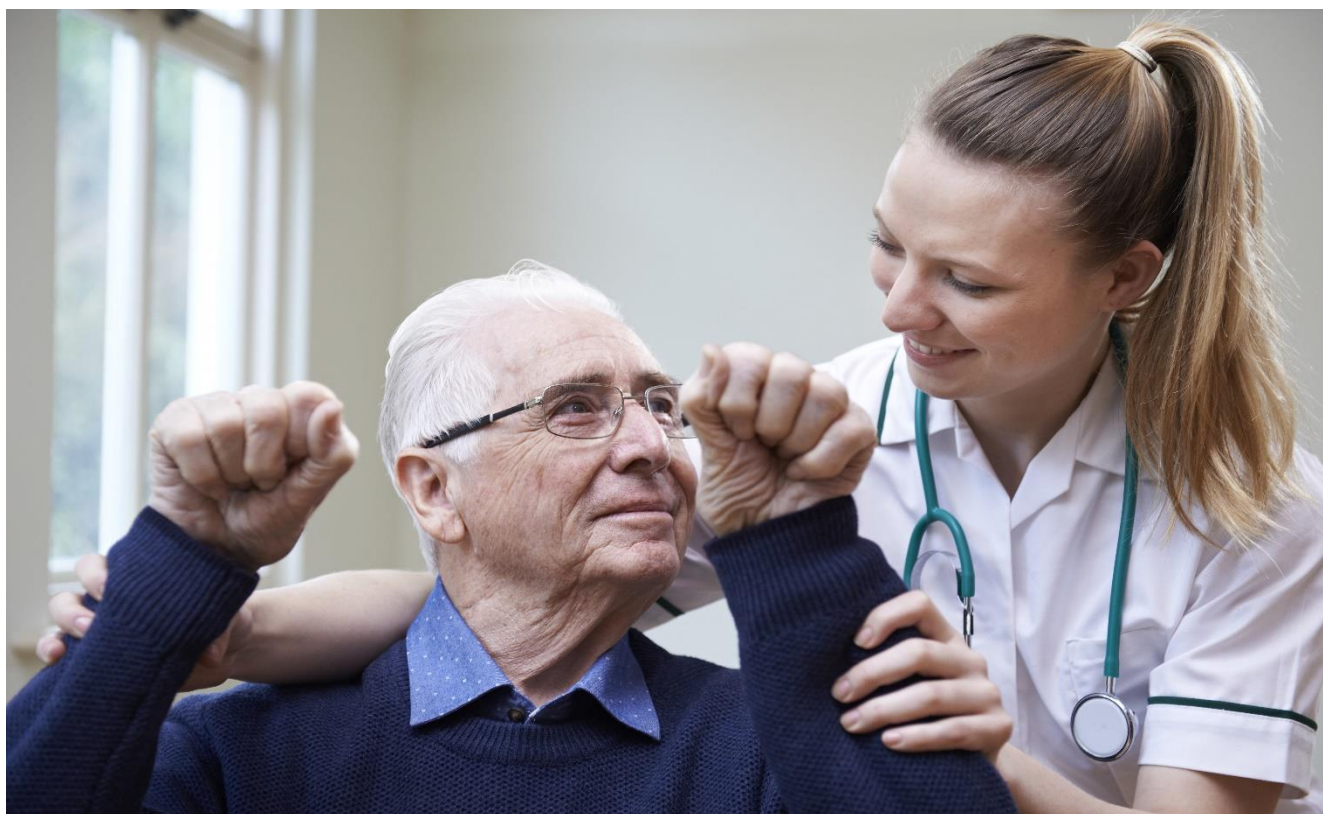
Physical assessments

Most people with dementia received physical assessments when they came into hospital:

| % of patients who received the assessment | Type of assessment |
|--|--|
| 94% | How well they could move around |
| 90% | How well they could carry out daily activities such as getting dressed, walking, bathing |
| 90% | Whether they needed help to eat, or under weight |
| 83% | Whether they were in any pain |
| 96% | Whether they were at risk of pressure ulcers (caused by pressure to the skin which can happen when a person is in bed for a long time) |
| 88% | Whether they had difficulty using the toilet or controlling bladder or bowel. |

Progress made in assessment

In the second audit, there had been improvement in physical assessments. However, mental health and delirium assessments needed further improvement. In the third audit, further improvements to assessment have been made, but mental health and delirium still lag behind physical health assessments.



Information and communication



This theme looks at personal details recorded by the hospital about the person with dementia. This helps the hospital to provide better care. It also looks at how hospitals shared important information about the person with the doctors and nurses who came into contact with them.



Results from the third round of audit

Hospital systems for information and communication

A form with personal information about the person with dementia (for example *This is Me*) lets staff know important details about the person. It helps staff to provide better care.

Nearly every hospital (99%) now uses a form to collect this information. However, a spot check showed that it was not always with the patient - half of the patients checked did not have one at their bedside (see key findings).

Ninety-one percent of hospitals said they had a system in place to let staff know when a person has dementia. This can be a picture of a forget-me-not flower, or a butterfly shown on patient notes or by someone's bed.

Communication with carers and relatives

Good communication between staff and the carers and families of the person with dementia helps ensure that the person with dementia receives the information and support they need.

Carers and relatives of the patient who are involved in providing care at home, should have the opportunity to be as involved as they would like when the person with dementia is in hospital.

We asked carers if they were kept informed about the care of the person with dementia. Forty-two percent of carers said that they were definitely kept fully informed.

Progress made in information and communication

Nearly every hospital (99%) said they used a special form for collecting important personal information about the person with dementia, an improvement from 74% in the second audit.

Over 90% of hospitals used a system to make staff aware of a person affected by dementia, an improvement from 49% in the second audit.

Staffing and training



This theme looks at whether there are enough staff to provide care, what kind of dementia care training hospitals have in place for staff, and if they are providing dementia awareness training to all staff.

Results from third round of audit

Staff numbers

Most hospitals (99%) said they used an approved method to work out how many staff should work on the wards each day. However, 62% of staff said extra staffing is only sometimes provided, or not provided, when it is needed.

Training in dementia care

Most staff (82%) of all specialities said they had received some training in dementia care. More nursing staff reported that they had received training than other staff groups.

Most staff (93%) who had received dementia care training, said it had better prepared them for caring for people with dementia.

Staff rated how helpful they found different types of training. Computer based training on its own was found the least helpful. Only a fifth of staff thought this had made them much better prepared to care.



Progress made in staffing and training

Most hospitals (88%) said they made sure that nursing staff had training in dementia care regularly, or that this had been provided in the past year. This is an improvement from 51% in the second audit. There had also been a large increase in the training provided to

doctors, therapists, and support staff such as porters and domestic staff.

Most hospitals (82%) said they use the experiences of people with dementia and carers in their training. This is an improvement from 66% in the second audit.

Provision of suitable food (nutrition)



This theme looks at whether hospitals can provide suitable food and drink services for people with dementia, how staff report this is working, and whether carers can come in at any time to provide support.

Results from the third audit

All hospitals said they could provide food that can be eaten without a knife and fork (finger food) – at least sandwiches and wraps.

However, about a third of staff answering the staff questionnaire said they could not (or could only sometimes) get finger food for their patients (see key findings).

Most hospitals (96%) said they could provide some type of food at any time of day or night, if necessary. A quarter of staff said they could not (or could only sometimes) get snacks for patients outside of meal times (see key findings).

Ninety percent of hospitals said they allowed carers of people with dementia to visit the person at any time (including at meal times). But only half of staff completing the staff questionnaire said this was always allowed.



The majority of staff (80%) said food and drink needs of people with dementia are talked about at morning and evening handovers (when staff change shifts).

Progress made in nutrition

The nutrition questions were all new measurements for the third audit.

Leaving the hospital (discharge)



This theme looks at patient discharge from hospital. This means looking at how plans are made when patients are ready to leave the hospital, and whether people with dementia and their carers are involved in planning for discharge.

Results of the third round of audit

When people with dementia are sent home from hospital, they should have their level of thinking and understanding assessed to see whether they will need more care at home. Most people with dementia had not had this assessment - only 22% had this recorded.

Fifty-four percent of notes for people with dementia showed they had a discussion with hospital staff about going home and what support they would need once they left hospital. Most notes (81%) showed this was discussed with the family or carer of the person with dementia.

For a third of patients where there was a referral to a social worker to discuss a change in residence, there was no recorded consent or best interests decision for this referral (see key findings).

Family members and carers should be informed in good time about when a person with dementia is leaving hospital. Seventy-four percent of family members were informed, but 32% were given 24 hours notice or less.



Progress made in discharge

Overall, there has not been significant improvement in the quality of discharge planning and the involvement of people with dementia and their carers since the second audit.

People, plans and procedures to support care for people with dementia (Governance)



This theme looks at how hospitals plan and review care for people with dementia.

Results from the third audit

Just 43% of hospitals have reviewed the environment in the whole hospital to see how well suited it is to care for people with dementia. However, 90% of hospitals have done this in at least part of the hospital.



Only 15% of hospitals said there were possibilities for social interaction to take place on all their wards – this means areas away from the bed where patients can socialise with each other.

Almost all of the hospitals (94%) have a Dementia Working Group which reviews the care provided to people with dementia in the hospital. Sixty-six percent of these groups include people with dementia and their carers.

Progress made in governance

Eighty percent of hospitals now have an overall plan called a care pathway in place (or being developed). A care pathway sets out how to provide the best care for people with dementia. Most (97%) of these hospitals also had a senior doctor or nurse in charge of the plan.

Ninety-four percent of hospitals now have specially trained staff known as dementia champions on wards.

Carer feedback on the quality of care



During the third audit, a carer questionnaire was given to carers and family members visiting people with dementia in hospital. The questionnaire was given out in June, July, August and September 2016.



Results from the third audit

Below are some of the findings from the carer questionnaire:

| | |
|-----|---|
| 76% | of carers said that the person with dementia had been treated with respect. |
| 70% | said the care overall was excellent or very good |
| 20% | said they had not been asked about the needs of the person with dementia. |
| 10% | of carers said that staff were not well informed about the needs of the person with dementia. |
| 5% | of carers of people with dementia said the care in hospital was poor. |

Overall, these were encouraging results, and the questionnaire will be used in future rounds of audit to see if carers report any improvements.

Other reports from the third audit

This accessible report shows the key findings from the full National Report. The National Report also contains scores for each hospital, based on their results. You can [see the National Report here](#). The [National Report Executive Summary in Welsh](#) is also available.

Each participating hospital also received a report with all their results, and these can be found on the [audit website](#).

We compared results for each of the 4 NHS England Regions, and Wales. [Regional reports and the report for Wales](#) are also available.

The Project Team visited some Service User Review Panels through the Alzheimer's Society and asked the members what they thought about the findings of the third audit. You can [view the report on the comments made by service users on the audit](#).

Future audit

We will collect data for the fourth audit from hospitals in England and Wales in 2018, and compare these results with the findings from the third audit.

Organisations involved in the audit

The audit was run by the Royal College of Psychiatrists. The National Audit of Dementia Project Team collected information from the hospitals and analysed the results. We received support from the following organisations:

- Age UK
- Alzheimer's Society
- Royal College of Physicians
- Royal College of Nursing
- Royal College of General Practitioners
- British Geriatrics Society
- Dementia Action Alliance.

The audit was funded by NHS England and the Welsh Government. Audit funding is managed on their behalf by the Healthcare Quality Improvement Partnership.

Contact the project team

If you would like to get in touch with the project team, please contact us:

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