

Dementia Awareness

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Please complete the above, in the blocks provided, as clearly as possible.

Completing the details in full will ensure that your certificate bears the correct spelling and date.

The date should be the day you finish & must be written in the DD/MM/YYYY format.

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N.B: We are aware that official practice is to use the terms “service users” or “people using this service” to describe those receiving care. We prefer the term “client” and use it throughout our training package.

Key:



worksheet



important



Dementia Awareness

Learning outcomes.

- Identify the different types of dementia.
- Understand the different factors that make up an individual and how these may be affected by dementia.
- Recognise behaviour to avoid when dealing with an adult with dementia.
- Recognise communication difficulties that may occur where dementia is present.
- Understand how the person centred approach can enable the carers to be more responsive in the care they provide.

Alignment to Qualifications and Credit Framework (QCF).

Covers unit DEM201 elements 1, 3 and 4; and unit DEM202.

Fundamental standards.

The fundamental standards are the standards by which CQC will inspect social care. The standards are based on the regulations from the Care Act 2014 and CQC have changed the focus for the purposes of inspection.

The fundamental standards are those standards that no care setting must fall below.

The standards are based on five areas as follows:

- | | |
|--------------------|---|
| Safe. | People are protected from abuse and avoidable harm. |
| Effective. | People's care, treatment and support show quality of life and promote good outcomes, and providers should show evidence to prove it. |
| Caring. | Care should be person centred involving dignity and respect, and compassion. |
| Responsive. | Following correct working procedures as agreed by your workplace and as set out in the client's care plan. |
| Well led. | Management leadership and governance should ensure all of the above happens. Staff training should be recognised and openness and fairness be apparent. |

These areas are known as key lines of enquiry or KLOES. Each KLOE has a set of criteria which CQC use to check whether the fundamental standards are being met.



Dementia Awareness

The fundamental standards are as follows:

- Person centred care.** Ensuring that those receiving the care are at the centre of all decisions.
- Dignity and respect.** Providing the client with dignity and respect in all aspects of their care.
- Need for consent.** Asking the client's permission before carrying out tasks that affect them.
- Safe care and treatment.** Following correct working procedures as agreed by your workplace and the client's care plan.
- Safeguarding service users from abuse.** Following agreed working and safeguarding procedures and being aware of signs and symptoms.
- Meeting nutritional needs.** Being aware of dietary needs, working with the care plan, ensuring clients have the right equipment and conditions to eat.
- Cleanliness, safety and suitability of premises and equipment.** Carrying out required checks of premises and equipment, implementing cleaning rotas and carrying out safety checks.
- Receiving and acting on complaints.** Having a complaints policy and procedure in place that is accessible to all and act in accordance with the policy when dealing with complaints.
- Good governance.** Ensuring that all aspects of the workplace is overseen and policies and procedures are implemented and monitored regularly.
- Staffing.** Fit and proper persons employed.
Fit and proper person requirement for Directors is followed.
- Duty of candour.** Relevant information must be volunteered to all persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made.

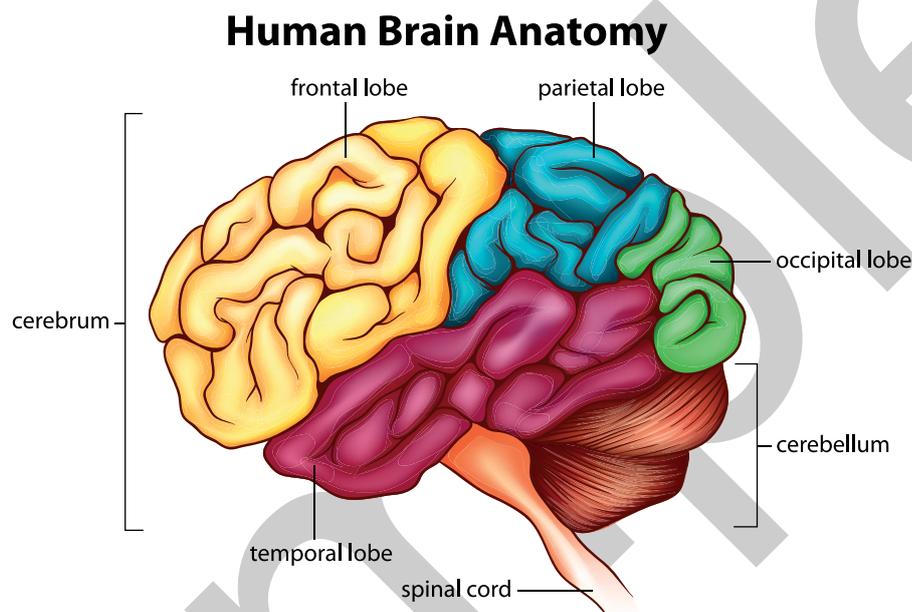
Our Redcrier manuals will provide your staff with training to support attainment of the fundamental standards.



Unit One

What is dementia?

Dementia is not a disease, it is a word used to describe a number of symptoms that affect people when the brain cells in specific areas of their brain stop working. It can cause them to have difficulty thinking, remembering and communicating. The human mind has been described as a 4 drawer filing cabinet, top drawer most recent memories, bottom most distant. As the brain cells stop working, the mind regresses and starts to live the memories of the past.



Areas of the brain and key functions.

Key functions:

Frontal lobe.	Behaviour, personality, interpretation, movement, feeling and emotion.
Parietal lobe.	Language, spacial awareness and recognition.
Temporal lobe.	Memory, speech and hearing.
Occipital lobe.	Vision.
Cerebellum.	Balance, posture and movement.

There are over 100 different types of dementia. It is currently incurable and it is unlikely that it will ever be.

It has been identified that lifestyle can influence our chances of developing Dementia. We can reduce the risk if we:

Dementia Awareness

- Eat a healthy diet.
- Maintain a healthy weight.
- Exercise regularly.
- Avoid too much alcohol.
- Avoid smoking.
- Keep your blood pressure at a healthy level.

Assessment and diagnosis.

Usually the first step of diagnosis is a visit to their doctor because they feel something may be wrong and are feeling concerned. The doctor may wish to visit them in their normal surroundings eg at home and will ask them questions such as when did the symptoms start, how are the symptoms affecting them. They may look at their medical records and what medicines they are taking.

They will carry out tests including blood tests and urine tests and a physical examination. A mental test may be applied such as a series of questions to test memory.

The doctor may be able to make a diagnosis but is more likely to arrange an appointment with the mental health team, to speak to a memory specialist. The individual may also be sent for brain scans.

Once all of the information has been gathered, it may be looked at by a consultant who may conduct further tests or examinations before making a diagnosis.

Once diagnosis has been made the individual will be able access services to support them and a care plan will be formulated.

Possible services available.

Post diagnosis sessions with the mental health team, these can help the individual to come to terms with their diagnosis and how they can move forward.

- Support groups for people with dementia.
- Counselling services.
- Cognitive behavioural therapy.
- The local Alzheimers Society may be able to identify local services and groups.

Having dementia should not make the individual feel unwell so any signs of being unwell should be investigated as this may exaggerate the dementia symptoms.



Dementia Awareness

It is possible to identify the essential factors relating to PERSON CENTRED CARE

as a simple equation: $D = P + E + R + S + O + N$

D	Dementia.
P	Personality.
E	Experiences.
R	Relationships.
S	Surroundings.
O	Overall health.
N	Neurological impairment.

This helps to emphasise the importance of caring for the person not the dementia.

P - Personality.

We need to get to know the person by talking to them or their friends or family, creating life books and being familiar with their care plan.

E - Experiences.

Find out the factors that shape them as an individual, their background, religion, working life, etc. What are their expectations and views? Our background and life experiences make us who we are. A client who feels socially different to those around them, whether superior or inferior, will find it difficult to form acquaintances and may feel isolated. A client with a large extended family may find it easy to adjust to communal living while one who has lead a solitary life may be frightened by the prospect. Abnormal behaviour from a client may be the result of a past experience of a similar situation.

R - Relationships.

Our relationships and how we interact are an important part of our life. It is important that we identify who the important people are in the life of the client.

S - Surroundings.

Finding out about the client will help you to provide surroundings they can identify with, this may be different for each client so try to make their room work for them. The client may need help to make sense of the environment as they may think they are in hospital or a hotel. It will be important to define areas or rooms of the building with clour coding, signs, pictures etc to help the client find their way around.

O - Overall health.

It is important to look at the clients diet and nutrition and hydration. Consider their personal hygiene, their continence and infection control risks. This will involve checking mental capacity, carrying out risk assessments and keeping documentation up to date.

N - Neurological impairment.

What does this mean to the client? Do they have communication difficulties, short term memory loss or time disorientation? Are they displaying challenging or inappropriate behaviour? They may also have eating difficulties.

Safeguarding.

When working with clients with dementia it is very important that you are aware of your duty of care especially if you may have to make decisions about a clients care or treatment because they are unable to make decisions themselves. Duty of care means you must make decisions that are in the best interests of the client even if they do not match your own judgement. In the case of a client with dementia you may have dilemmas such as needing to enable their independence as well as maintaining their safety. The answers to these dilemmas will never be the same for every client with dementia as each client is an individual. Always involve others who are close to the client in these decisions and where possible the client. Those with dementia are also more at risk of harm or neglect so it is important that you raise any concerns following your workplace whistle blowing or alerting procedures. Support the client to be as independent as possible to reduce their risk of abuse or neglect.

Mental Capacity Act and Dols.

As we have said where decisions are being made the individual should be involved unless it has been proved that they lack capacity to make a particular decision in which case they **must** have somebody who is able to make that decision in their best interests.

End of life.

People with dementia have the same entitlement to good end of life care as the next person. Making advance decisions about their end of life whilst they are in the early stages of dementia can support this happening.

Pain is often not recognised and may go untreated and eating and drinking difficulties may lead you to think they are deteriorating. It is important that any changes in behaviour are noted and investigated as they may have a treatable condition that is not part of their dementia or aging process. Ensuring those caring for the individual know them well will support this happening quickly to avoid too much discomfort for too long.

Recognising end of life.

There are five priorities when a person is reaching end of life:

1. Recognise.

We should recognise when the individual is reaching end of life.

2. Communicate.

All communication should be sensitive and involve the person who is dying as much as possible.

3. Involve.

Involve all important people in any decisions to be made and where possible in their care.

4. Support.

The needs of friends, family and those important to the individual are listened to and respected.

5. Plan & implement.

A plan of care, including food and drink, pain control and psychological, social and spiritual support, is agreed and implemented and with compassion and is individual to that person.

Types of dementia.

There are many types of dementia, all of which affect the brain in different ways. Some of the most common types are described below. Your clients' care plans may, or may not, include a specific diagnosis of their illness. Whatever the situation, your experience will have shown you that no two people are affected in the same way. Certain signs and symptoms occur regularly, but labelling a person will not tell you everything you need to know about what will happen to them; their personality and existing abilities will uniquely shape the progression of their condition.

Alzheimer's Disease is by far the most common form of dementia, it accounts for 50-60% of all cases and is believed to affect about 570,000 people in the UK at the moment.

Alzheimer's Disease generally affects people aged 65+ becoming more likely with increasing age. However, it is possible to develop the disease much earlier in life.

Alzheimer's can only be properly diagnosed at post mortem by examining damage caused to the brain. Diagnosis made on living patients should involve discounting all other possible causes of their symptoms. The disease is progressive causing a steady decline in mental and physical abilities. Possible signs and symptoms are divided into three stages, early, middle and late. Alzheimer's is incurable, the average life expectancy post diagnosis is eight years.

Early stage.

- Language difficulties.
- Memory loss, particularly short term.
- Time disorientation.
- Getting lost in familiar places.
- Difficulty making decisions.
- Lack of motivation.
- Signs of depression and aggression.
- Loss of interest in hobbies and activities.

These early signs may be noticeable only to the sufferer and their close friends and family. The affected person may still be able to lead an independent life.

Middle stage.

- Very forgetful of names and recent events.
- Unable to cope at home alone.
- Personal hygiene difficulties.
- Problems getting dressed.
- Difficulty with speech.
- Abnormal behaviour e.g. clinginess / aggression.
- Possible hallucinations.

As the disease progresses the sufferer becomes less able to look after themselves and will be more dependant on others to ensure personal well being and safety.

Late stages.

- Difficulty eating.
- Non recognition of family and friends.
- Difficulty understanding events.
- Unable to find the way round their own home.
- Walking difficulties.
- Bladder / bowel incontinence.
- Inappropriate behaviour in public.
- Confined to wheelchair or bed.

Dementia Awareness

In the late stages Alzheimer's can have severe physical effects, however, it is important to remember that these problems may have causes other than the dementia so they should be investigated thoroughly and treated where possible.

Vascular Dementia is responsible for about 20% of cases and often occurs in combination with Alzheimer's disease. It is caused by a series of mini strokes, which destroy small areas of the brain.

Unlike Alzheimer's the progression of vascular dementia is not steady but stepped, it becomes worse as each mini stroke causes more damage. The disease may be accompanied by severe depression, mood swings and epilepsy, but as some areas of the brain may be unaffected some mental abilities may be relatively unchanged.

Dementia with Lewy Bodies is caused by growths forming within the brain, at least half of the people affected by this type of dementia will also show signs and symptoms of Parkinson's Disease.

Signs & symptoms.

- Lack of ability to concentrate.
- Memory loss.
- Language difficulties.
- Loss of ability to judge distances.
- Loss of ability to reason.
- Possible visual hallucinations.

Fronto Temporal Dementias are a relatively rare type which generally affect people at an earlier age than Alzheimer's disease, typically in their forties or fifties. Progression is similar to that of Alzheimer's but in the early stages damage to the brain is more localised affecting the frontal lobe first.

The frontal lobe governs mood and behaviour and are the most affected areas. The sufferer's mood can become fixed and hard to change making them seem difficult, selfish and unfeeling.

There are many other causes of dementia including AIDS related dementia and dementia caused by alcohol abuse. Often the specific type that the person is suffering from cannot be confirmed until after their death.

Dementia Awareness

As the forms of dementia discussed here are incurable, (present medical treatment concentrates on alleviating symptoms), many people feel that a definite diagnosis is not necessary. There are, however, good reasons for seeking medical advice:

1. There are other treatable conditions that can produce symptoms of dementia:
 - Chest infections.
 - Urine infections.
 - Grief at loss of a loved one.
 - Difficulty with hearing / sight.
2. It can be helpful for the person to know what is wrong with them. They may have worried that they were “Going Crazy”; there is such a stigma against mental illness that it can be a relief for sufferers to know that there is a name for what is wrong with them. A diagnosis can give them a chance to put their affairs in order and prepare themselves while they still retain an awareness of the implications of their illness.
3. Carers; family, friends, you, can be prepared for the future of the sufferer. Care and understanding can make all the difference to their quality of life. People with dementia have been described as experiencing a “living death”, this is not true, they still feel, they just don’t comprehend their environment or react to it in a way we would consider to be “normal”.

Dementia Awareness

Unit One Questions

1. Give four early signs of Alzheimer's disease.

- 1.
- 2.
- 3.
- 4.

2. Why might people with dementia require your care for their well being?

3. If you were caring for a client with Vascular Dementia how would you expect their illness to progress?

4. If you were caring for a client and you suspected that they were developing dementia what action would you take and why?

5. How do you think hearing or sight difficulties might produce signs or symptoms similar to those of dementia?