



## 1. Purpose

- 1.1 The purpose of this policy is to provide a clear overview and understanding of how staff at Serendipity Healthcare Ltd can support people with dementia to live well.
- 1.2 It sets out Serendipity Healthcare Ltd ambition and standards for excellent, compassionate Care for people with dementia and recognises the vital role that carers and family provide.
- 1.3 To adhere to regulation, legislation, and best practice recommendations.
- 1.4 To support Serendipity Healthcare Ltd in meeting the following Key Lines of Enquiry:

Key Question	Key Line of Enquiry (KLOE)
SAFE	S1: How do systems, processes and practices keep people safe and safeguarded from abuse?
SAFE	S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?
EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?
EFFECTIVE	E6: How are people's individual needs met by the adaptation, design and decoration of premises?
EFFECTIVE	E7: Is consent to care and treatment always sought in line with legislation and guidance?
CARING	C1: How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?
RESPONSIVE	R1: How do people receive personalised care that is responsive to their needs?
WELL-LED	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?

- 1.5 To meet the legal requirements of the regulated activities that Serendipity Healthcare Ltd (Amber Valley Branch) is registered to provide:

- The Care Act 2014
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974
- Human Rights Act 1998
- Management of Health and Safety at Work Regulations 1999
- Mental Capacity Act 2005
- Mental Health Act 2007



## 2. Scope

- 2.1 The following roles may be affected by this policy:  
All staff
- 2.2 The following Service Users may be affected by this policy:  
Service Users
- 2.3 The following stakeholders may be affected by this policy:  
Family  
Representatives  
Commissioners  
NHS  
Local Authority  
External Health professionals  
Advocates

## 3. Objectives

- 3.1 To deliver care and support to Service Users by trained competent, compassionate, and knowledgeable staff.
- 3.2 To support the national agenda to improve awareness, support earlier diagnosis and intervention and provide a higher quality of Care for people with dementia.
- 3.3 To improve the Service User's dementia journey and provide a dementia-friendly environment.
- 3.4 To ensure that Serendipity Healthcare Ltd Supports Service Users and their families, friends, and carers.
- 3.5 To raise the standards of Care and promote meaningful activity provision.

## 4. Policy

- 4.1 Serendipity Healthcare Ltd (Amber Valley Branch) will work to support a dementia-friendly community that improves awareness among the public, drives improvements in health and care, delivers high standards and provides information for Service Users and their families as well as supporting the carers of Service Users.
- 4.2 Every person diagnosed with dementia will have meaningful Care following their diagnosis and this will be based on inclusive, informed decision-making processes.
- 4.3 Accessible information standards and communication techniques will be applied when supporting Service Users to be as fully involved as possible. Due consideration will be given to accessing interpreters or advocates as necessary to allow inclusivity.

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- 4.4 In accordance with the Care Act, local authorities have a duty to provide support to carers of Service Users with dementia. Serendipity Healthcare Ltd will support carers by signposting to the appropriate authority to access this support if they have not already accessed it.
- 4.5 Serendipity Healthcare Ltd will ensure that staff receive the education and training required to meet the needs of Service Users safely, competently, and compassionately with dementia.
- 4.6 Serendipity Healthcare Ltd will work in partnership with the Service User's GP to reduce polypharmacy and the prescribing of antipsychotic drugs for people with dementia to improve their quality of life.
- 4.7 Serendipity Healthcare Ltd will work in partnership with other healthcare professionals to reduce the number of inappropriate admissions that could result in disruption and distress for the Service User.
- 4.8 In line with the Dementia Action Alliance, Serendipity Healthcare Ltd will promote a service that enables:
- An early diagnosis
  - Information provision so that good decisions can be made when considering the future
  - Service Users to get the support and treatment that is best for their condition and for their life
  - Families and loved ones to be supported and looked after
  - Service Users to be treated with dignity and respect at all times
  - Service Users to be empowered to help themselves and understand who can help them
  - Serendipity Healthcare Ltd to maintain links with the community
  - End of life wishes to be respected so that Service Users can expect a good death
  - Service Users to be supported to take part in research where they have expressed a wish to do so
- 4.9 Staff will act with professionalism at all times and remain non-judgemental. Behaviours that may challenge will be viewed as symptoms of dementia rather than difficult behaviour.
- 4.10 Staff will deliver Care without discrimination and exclusion. Care will be person centred and promote Service Users' human rights. Care Plans and management will be individual and seen from the perspective of the Service User. Staff will recognise that the relationships of Service Users with those close to them will be maintained to aid wellbeing. They will also recognise that they have a duty of care to oversee the needs of carers, families, and friends. Therefore, their delivery of care and support will be based on the 'relationship-based care' model.
- 4.11 Service User Care Plans will reflect diversity, gender, ethnicity, age, religion, sexuality and personal care needs and protected characteristics.  
Serendipity Healthcare Ltd will not be risk averse but will balance independence and choice with minimising risks and ensuring that staff have the tools and knowledge to support this approach.
- 4.12 The Registered Manager will ensure that Service Users have a named member of staff to oversee the coordination and management of the Care Plan. The Care Plans will be endorsed by the Service User and/or their family.
- 4.13 The Registered Manager will coordinate and integrate working across all agencies involved in the treatment and care of people with dementia and their carers, including jointly agreeing written policies and procedures where appropriate.



- 4.14 Any purposeful breach of the content of this policy and procedure by staff will result in disciplinary action.

## 5. Procedure

### 5.1 Communication

Effective communication is vital for building relationships, understanding Service Users, and allowing them to express their views, wishes, feelings and beliefs.

All staff will be competent in communicating effectively with all Service Users, following best practice guidance.

### 5.2 Assessment

At the point of initial enquiry, the level of involvement that a Service User is able to have in the process will be identified. It will always be assumed that every Service User has capacity unless proven otherwise. Staff should refer to Serendipity Healthcare Ltd assessment pack for further details.

If a Service User has been proven to lack capacity due to dementia, evidence should be made available that it has been deemed a best interest decision to receive home care. Where this is not available, a multidisciplinary approach must be taken in accordance with the Mental Capacity Act.

If a Service User has a diagnosis of dementia, they will be supported to talk about how this affects them, identify what support systems are in place and what their support requirements will be. Assessing staff can also identify if there are any advanced Care Plans in place or powers of authority. Gathering this information will enable Serendipity Healthcare Ltd to establish that needs can be fully met before accepting care and the commencement of a Care Plan that aims to provide continuity.

Any legal powers that the Service User has in place will be established at the earliest opportunity and this will be recorded within the Service User's Care records.

### 5.3 Early Signs, Symptoms and Diagnosis

As part of the ongoing support provided to Service Users, staff will monitor for any changes in symptoms and observe for signs of reduced cognitive functions. Serendipity Healthcare Ltd (Amber Valley Branch) will report to the Service User's GP or medical professional, any concerns in relation to the potential risks of dementia.

Staff will also have an awareness of other symptoms that may present in a similar way to dementia but are caused by other conditions such as urinary tract infections, diabetes, the impact of medication, vitamin B deficiency, underactive thyroid, and delirium (refer to

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section 5.4). Within their scope of practice, they should consider the possible causes and discuss with the Service User's GP.

Early diagnosis is an important step for Service Users as it enables access to support services and appropriate care planning and management. Staff will ensure that completed Care records and assessments evidence the changes in the Service User to support a timely referral.

## 5.4 Delirium

Staff must have an awareness of and the ability to observe for signs of delirium in Service Users. Delirium could be confused with dementia due to its symptoms. People with dementia can also get delirium and staff should be able to identify, through the provision of Care, the minor to moderate changes that could be signs and symptoms of delirium or advancing changes due to dementia.

When Service Users first present to Serendipity Healthcare Ltd (Amber Valley Branch), staff will assess them for the following risk factors. If any of these risk factors are present, the person is at risk of delirium:

- Age 65 years or older
  - Cognitive impairment (past or present) and/or dementia. If cognitive impairment is suspected, confirm it using a standardised and validated cognitive impairment measure
  - Current hip fracture
  - Severe illness (a clinical condition that is deteriorating or is at risk of deterioration)
- The risk of delirium will be recorded within the Service User's care record.

## 5.5 Delirium can develop within hours or days and needs to be managed in a timely manner.

The following symptoms may present:

- Being more confused than normal
- Changes in alertness – such as being either unusually sleepy or agitated
- Having a lack of concentration or becoming easily distracted
- Becoming disorientated – not knowing where they are or what day it is
- Rambling speech
- Showing changes in behaviour
- Having disturbed patterns of sleeping and waking
- Being prone to rapid swings in emotion
- Experiencing hallucinations
- Having abnormal or paranoid beliefs

This list is not exhaustive and staff who have any doubts or concerns, as well as observing any of the above symptoms presenting, should refer the Service User to their GP for advice.

## 5.6 Person-Centred Care

In line with national guidance, Serendipity Healthcare Ltd will ensure that all staff deliver their roles with the following principles in mind:

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- Maintaining the human value of people with dementia, regardless of condition, age, or cognitive ability
- Treating Service Users as individuals
- Seeing the Service User's perspective
- Sustaining and promoting relationships and interactions in order to enhance wellbeing
- Supporting carers and families and enhancing their relationships with the Service User

## 5.7 Care Planning and Risk Assessment

All activities of daily living Care Plans will cross-reference to the dementia Care Plan as this relates to the abilities of the Service User as well as the support required by staff.

Service Users should be encouraged to be involved, as much as possible, with the content of the Care Plan kept simple, clear, and precise and in line with record keeping standards. Staff should refer to Serendipity Healthcare Ltd Record Keeping policy for further details. Where possible, small goals will be agreed with the Service User in order to promote self-management.

Service Users will have a small pool of Care Workers assigned to ensure consistency and continuity of care.

It is important that staff capture the main priorities and concerns of the Service User as well considering the following:

- The Service User's ability to be involved, their choices, consent, and capacity
- Other people involved in their care and/or legal powers of authority, advocacy etc.
- Other health or social care professionals involved in their Care
- Contingency plans
- Specific individual care needs and risks and how these can be managed

The use of assessment tools can be a meaningful way to gather information to form a Care Plan. These include behaviour records and cognition tools for example. It is vital that staff are trained to:

- Understand how these assessment forms are used
- Use them on an individual time-specific basis
- Know the action to take in the event that the assessments identify concerns. In these situations, staff should seek the advice of the Service User's GP or mental health professional

## 5.8 Risk Assessment

Serendipity Healthcare Ltd promotes a culture where Service User empowerment and choice will be balanced with managing risks safely.

Staff should refer to Serendipity Healthcare Ltd Risk Assessment Policy and Procedure in relation to the 5-step process for assessing risk. Risk assessments will be produced with Service User involvement where possible. However, if the Service User is unable to be involved, decisions will be made in accordance with the Mental Capacity Act and best interest decisions.

Staff will take due consideration in relation to risks and safeguarding. Where there are any concerns, staff will discuss these immediately with The Registered Manager and safeguarding policies and procedures will be followed.



Staff should refer to the Behaviour that Challenges Policy and Procedure for further support.

### 5.9 **Assistive Technology**

There are many different technologies that can be adapted to the needs of someone with dementia, such as:

- Automated prompts and reminders
- Clocks and calendars
- Location aids
- Medication aids
- Communication aids
- Tracking devices and sensor systems

Any use of assistive technology will be recorded within the Service User's care records.

Where devices are used to alert others to the location of the Service User, due consideration must be given to the Service User's rights to choose, and the consent obtained. Where a Service User is subject to continuous monitoring by assistive technology and not free to leave, staff will refer to the Liberty Protection Safeguards in Community Settings Policy and Procedure.

### 5.10 **Capacity, Consent and Choice**

Staff will always seek valid consent from the Service User. This will include informing the Service User of the options and checking that he or she understands that there is no coercion and that he or she continues to consent over time. The MCA Code of Practice will be applied where it is proven that the Service User is unable to provide consent, express choice or have the capacity to make decisions. Every effort should be made for the Service User to be part of the decision-making process in everyday decisions such as choice of clothes, meals etc. and local procedures will be in place to promote this. The Care Plan will clearly detail the abilities of each Service User around choice.

### 5.11 **Memory Boxes**

Where used, memory boxes accompany the life history and can be a useful aid. The box should contain personal items such as photos, newspaper cuttings, books, or ornaments. Memory boxes should be held safely to help orientate the Service User to their home and can be a talking point for staff and the Service User.

### 5.12 **Advocacy**

Where there is a need for an independent view from someone who acts on behalf of the wishes and perspective of the Service User, staff will ensure that they are able to source advocacy support. Staff should refer to Serendipity Healthcare Ltd Advocacy Policy for further details.

### 5.13 **Physical and Mental Wellbeing**

Service Users will be provided with up-to-date information on local services and events and understand how to access them. Staff will be available to support with this.



Staff should offer time to allow Service Users to talk about their diagnosis, fears, concerns, and wishes and provide ongoing support to cope.

**5.14 Support provided will be holistic and cover physical, emotional, spiritual, and cultural care.**

The Service User's life history will be discussed to ensure that staff can:

- Build a better understanding of who the Service User is
- Identify what and who is important to the Service User
- Have a foundation to build meaningful conversations and social stimulation from
  - Empower Service Users in relation to health and wellbeing

Service Users should be as involved as much as possible in building their life history and this can be captured over a period of time as staff get to know the Service User better. Families and loved ones also play a valuable part in the recording of life history and staff should ensure that they are involved.

Any information gathered can be added to the care plan in an on-going capacity to build a better picture of the Service User and how best to meet their individual needs.

**5.15 Advanced Care Planning and Legal Powers**

Where possible, Service Users will be supported to consider completing:

- An advance Care Plan in readiness for when the dementia journey progresses and they may be unable to share their views, wishes and beliefs about the future
- A Lasting Power of Attorney (a legal document that allows people to state in writing who they want to make certain decisions for them if they cannot make them for themselves, including decisions about personal health and welfare)
- A Preferred Place of Care (which allows people to record decisions about future care choices and the place where the person would like to die)

For Service Users who do not have any of the above in place and who do not have the capacity to be involved, a multidisciplinary approach should be taken to complete a version in their best interest. Consideration should be given to the use of an advocate.

Staff should refer to the End-of-Life Policy and Procedure for further details.

**5.16 Medication**

Staff should work in conjunction with the Service User and their GP in relation to ensuring that medications are reviewed at least every 6 months or sooner if new medications are introduced.

Staff must monitor for any side effects of new medication introduced to help manage the dementia and act upon any concerns in a timely manner by discussing with the GP.

Where antipsychotics are prescribed, staff will work with the GP to aim to keep them in use for short periods only.





Staff should refer to the suite of medication management policies and procedures for further information.

### **5.17 Transfers and Discharges**

Any change in environment is known to disrupt Service Users with dementia and can escalate symptoms.

All efforts will be made to meet the changing needs of Service Users within Serendipity Healthcare Ltd

Timely, appropriate access to existing and new support services and healthcare professionals will be provided as a means of managing changes to health for as long as possible at Serendipity Healthcare Ltd

Where it is deemed that a hospital transfer is necessary, staff will provide the following:

- Details of the current Care Plan
- A copy of the medication administration records
- Where applicable, copies of any high-risk behaviour assessments and management plans

Staff will work with the hospital to streamline a speedy and efficient return to Serendipity Healthcare Ltd

### **5.18 Supporting Carers**

Staff supporting Service Users also have a duty to support their carers, families, and friends. This could include:

- Taking the time to listen to concerns and fears
- Providing information and support such as that referenced in the 'Further Reading' section of this policy
- Signposting to other professionals, so that carers can be offered an assessment of their own needs
- Ensuring that they feel involved in the ongoing care and support of the Service User

Staff should document any support provided to the carers, families or friends and discuss any areas of concern with their immediate line manager.

### **5.19 Staff Support**

Systems will be in place to support all staff working at Serendipity Healthcare Ltd

In the first instance, staff should report to their line manager any concerns they may have with regard to their own health and wellbeing so that they can be supported accordingly.

Following events such as the death of a Service User, behaviours that may challenge etc, The Registered Manager should offer them the opportunity to debrief and cope with their feelings.



Reflective practice is encouraged and incorporated into supervision sessions to allow staff to discuss their experiences.

There will be a positive teamwork culture within Serendipity Healthcare Ltd and colleague support should also be seen as a facility to cope with the challenges of their roles and responsibilities.

The Registered Manager will refer to the suite of HR policies to aid supporting staff.

## 5.20 Training and Education

Standard nine of the Skills for Care Certificate will be completed by new Care Workers working at Serendipity Healthcare Ltd

All staff will have training on dementia which is appropriate to their role and should include:

- Care planning and risk assessment approaches
- Responding appropriately to changes in condition
- Types of dementia and prognosis
- Person-centred care
- Communication skills
- Support
- Roles of healthcare professionals
- Supporting behaviours
- Safeguarding, DoLS, MCA, consent, and choice

All training received will be recorded on the Serendipity Healthcare Ltd (Amber Valley Branch) training matrix. Development and ongoing learning will take place via the other learning opportunities on offer at Serendipity Healthcare Ltd (Amber Valley Branch), such as via supervision and meetings.

When required, Service Users should have access to a range of resources available in different formats such as easy read versions, audio etc.

## 5.21 Lesbian, Gay, Bi-Sexual and Transgender Service Users Living with Dementia

Serendipity Healthcare Ltd should ensure that staff understand that some of the symptoms of dementia may have particular implications for LGBT people. This could be because of changes they have experienced in their past, or because of things that they have to think about on a day-to-day basis. For example, memory problems might make it harder for them to remember who they have told about their sexual orientation or gender identity.

Service Users may need support to plan to help prepare or manage their dementia and there may be some specific things to consider if the Service User is lesbian, gay, bisexual or transgender, for example, getting a Gender Recognition Certificate.

## 5.22 Audit and Evaluation



The Registered Manager will ensure that dementia care forms part of the quality assurance programme.

Feedback from Service Users' review meetings, as well as information obtained via the complaint's procedure, will help to identify the level of satisfaction in relation to the care and support provided to Service Users with dementia.

The Registered Manager should make use of the national dementia mapping tools available to formally audit practice and use this to benchmark and set targets for the continuous improvement of the service. Resources are available in the 'Further Reading' section of this policy. Findings will be shared with staff and an action plan commenced. Changes will be implemented using a SMART approach. The use of the dementia mapping tool should be repeated to evidence and assure that good practice has been implemented and embedded.

## 1. Definitions

### 6.1 Delirium

- Delirium is a common, serious but often treatable condition that starts suddenly in someone who is unwell. It causes a person to become easily distracted and more confused than normal. Delirium can be very distressing for the person and their family
- Delirium is different from dementia. For someone with delirium, symptoms come on over a matter of hours or a few days. The symptoms of dementia come on slowly, over a period of months or even years
- Delirium is much more common in older people, especially those with dementia

### 6.2 Dementia

- Dementia describes a set of symptoms that may include memory loss and difficulties with thinking, problem solving or language. These changes are often small to start with, but for someone with dementia they have become severe enough to affect daily life. A person with dementia may also experience changes in their mood or behaviour
- Dementia is caused when the brain is damaged by diseases, such as Alzheimer's disease or a series of strokes. Alzheimer's disease is the most common cause of dementia, but not the only one. The specific symptoms that someone with dementia experiences will depend on the parts of the brain that are damaged and the disease that is causing the dementia

### 6.3 Relationship-Based Care

- Relationship-Based Care (RBC) is a model of delivering healthcare that has transformed the practice of nursing by returning to basic purpose: caring for and connecting with all other



human beings. Therefore, this is not just about meeting the holistic needs of the Service User but considering their families, loved ones and friends

#### 6.4 **LGBT**

- LGBT is an initialism that stands for lesbian, gay, bisexual, and transgender. The initialism is evolving and other terms such as LGBTQI may also be used. This refers to lesbian, gay, bisexual, and transgender, queer, and intersex

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