



Dementia Care Framework



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Introduction

The Orders of St John Care Trust (OSJCT) is committed to providing high quality, person-centred care for older people, our dementia services have a specialist understanding of the best way to support people who are living with dementia.

The Dementia Care Framework (DCF) draws on published best practice and learning from OSJCT's care homes, colleagues, volunteers, and families, as well as working in collaboration with partners such as Dementia UK. It sets out a framework for our employees who work with people living with dementia, their families and carers that evidences how The Orders of St John Care Trust use an eclectic combination of best practice evidence and care models to create its own model of dementia care that is personalised for people living with dementia, employees and families.

The Dementia Care Framework provides guidance for our employees, detailing the knowledge and skills that they should aspire to achieve in relation to the specific role they play in supporting people living with dementia. The Framework demonstrates to employees, families and external support services OSJCT's dementia care provision and ongoing development of its dementia services. The Framework has been designed in a way that recognises the existence of various sector specific standards and frameworks, the principles of the NICE Guideline's for dementia (June 2019) The National Dementia Strategy, (July 2009), NICE Dementia Quality Standards (June 2019), Dementia: assessment, management and support for people living with dementia and their carers, NICE guideline [NG97] (June 2018), The Prime Minister's Challenge on dementia 2020 (February 2015) which describe what good dementia care should look like.

Providing high quality, person-centred care for older people from all sections of the community

What is dementia?

Dementia is a broad umbrella term used to describe a range of conditions which causes progressive changes and damage to the brain. Symptoms may include memory loss and difficulties with thinking, perception, problem-solving or language.

There are many different forms of dementia and some people may present with a combination of types. Regardless of which is diagnosed, each person will experience dementia in their own unique way.

Alzheimer's disease is the most common cause of dementia, during the course of the disease, protein 'plaques' and 'tangles' develop in the structure of the brain, leading to the death of brain cells. People with Alzheimer's also have a shortage of some important chemicals in their brain. These chemicals are involved with the transmission of messages within the brain. Gradually, over time, more parts of the brain are damaged. As this happens, the symptoms become more severe.

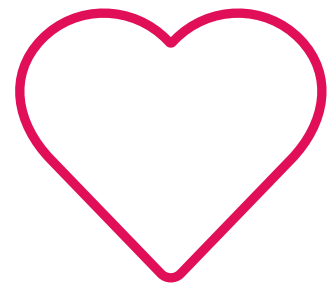
Vascular dementia is the second most common form of dementia after Alzheimer's disease. It is caused by problems in the supply of blood to the brain. To be healthy and function properly, brain cells need a good supply of blood. Blood is delivered through a network of blood vessels called the vascular system. If the vascular system within the brain becomes damaged and blood cannot reach the brain cells, the cells will eventually die, this can lead to the onset of vascular dementia.

There are over 200 different subtypes of dementia, it can affect younger people and is not part of the normal aging process.

A diagnosis of dementia does not mean that life comes to a standstill, at OSJCT we encourage people to live fulfilled lives while maintaining their independence for as long as possible.

There are many different types of dementia, and some people may present with a combination of types.

Each person will experience their dementia in their own unique way.



What we do well

OSJCT has developed considerable expertise in supporting people living with dementia and their families. OSJCT utilises person-centred dementia care to enable people to connect with others and embraces their uniqueness by providing a safe, supportive environment with high levels of dignity and respect for those within the environment. OSJCT's person-centred approach to care lends itself to supporting people living with dementia who must cope with both the normal effects of ageing and the challenges of dementia that cause a threat to their personhood.

OSJCT's new build care homes have adopted the household model with a person-centred approach that shapes the environment, organisational structure and interpersonal relationships in ways that create an atmosphere of a genuine home, while providing people living with dementia with clear opportunities to direct their own lives.

OSJCT is committed to adapting existing care homes to ensure that the environment is welcoming and dementia friendly. We are building capacity and competence in all employees and volunteers to enable them to provide person-centred care for people living with dementia.

OSJCT plans to grow in areas of high demand, such as specialist dementia care and is well positioned to build on its reputation as a strategic partner to the public sector in the modernisation and development of care and support of older people.

Our vision

To be the leading care provider, trusted to create enriched environments where people love to live, work and visit. We aspire to be at the forefront of developing further evidence to support best practice and innovation. We will work with other organisations to develop this evidence base such as **Dementia UK**.

Our mission

We will continuously strive to provide high quality person-centred care and relationship centred care services to everyone with dignity, respect and compassion. We will support independence in an atmosphere of warmth, security, companionship and laughter.

We will work with other organisations to develop this evidence.

We will continuously strive to provide high quality person-centred care and services to everyone with dignity, respect and compassion.





Building on success

This Dementia Care Framework details the knowledge and skills all OSJCT employees aspire to achieve in relation to the role they play in supporting people living with dementia, and their families and carers.

This Framework details our current dementia service provision and our aspirations to explore new ways of working for employees to ensure we enable people living with dementia, and their families and carers, to maximise their rights, choices and health and well-being at all stages of their unique dementia journey.

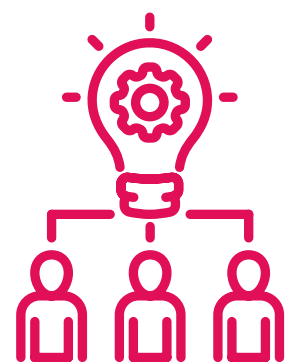
The development of the Framework was informed by several activities including:

- Evidence, best practice guidance and literature reviews
- Reviews of existing competency frameworks
- Reviews of existing models of dementia care
- Links being made with wider UK dementia work programmes
- Stakeholder consultation and engagement

There is well documented evidence that dementia has a recognised pathway of progression and the Framework has incorporated this, as the needs of a person living with dementia, their family and carers will be different at different stages of the condition. Whilst acknowledging the life changing impact, challenges and difficulties that often surround receiving a diagnosis of dementia, the Framework recognises that receiving a diagnosis is not the starting place.

Of most importance is that the Framework is underpinned by values and principles that reflect what people living with dementia, and their families and carers have said are most important to them.

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Our services



Extra care housing

Extra Care Housing schemes, also known as assisted living, are made up of self-contained one or two-bedroom apartments, all carefully designed and built to help clients live as independently possible. With the ease of living paramount, all apartments have mobility standard kitchens with a built-in oven and hob, and en-suite bathrooms with walk-in showers where grab rails can be installed if required. Care teams are on-site 24 hours a day, seven days a week to provide individual care packages, which can be altered as a client's needs change. Support can also be provided with household tasks, meal preparation, laundry and shopping. All clients have access to communal areas and can have a meal at the onsite restaurant if they wish.

Care homes

Care homes offer accommodation and personal care for people who may not be able to live independently. Some homes also offer care from qualified nurses or specialise in caring for particular groups such as people living with dementia and younger adults with learning disabilities. Living in a Care Home can be funded publicly, but many people pay for their own care. The Care Quality Commission (CQC) state that there are two main types of care homes, those that provide residential care and those that provide Nursing care.

The Care Quality Commission (CQC) state that there are two main types of care homes.



Residential care homes

OSJCT residential care homes provide a 'home-style', live-in accommodation, with 24 hour-a-day supervised staffing for residents, who may need extra help and support with things such as washing, dressing, personal hygiene, medication, communication and mobility. Residential care homes provide dining facilities, and include social programmes and activities.

In addition to what you would expect from a residential care home some homes have gyms with low impact exercise equipment, Cinemas, executive chefs, and private dining rooms to host special occasions.



Care homes with nursing

OSJCT Nursing homes (sometimes called Residential Nursing Homes / care homes with nursing) – equally provide 24-hour care and support, as residential care homes, but the care is supervised by a registered nurse for residents who have a long-term illness or disability where more complex medical support is required. The registered nurse will devise, monitor and review care plans, provide and administer treatment and carry out timely medical interventions.

Nursing homes offer care and support throughout the day and night.





Dementia friendly environments

There is the need to nurture familiarity within the dementia care environment with the use of dementia friendly furniture and items that suggest recognition of home. People living with dementia also need to feel protected in an environment that maximises safety and independence, with clearly defined areas and access to safe outside space.

The importance of providing a well-designed environment for people living with dementia is well supported by research literature. Evidence suggests that quality of life for older people is influenced by the environment in which they live, with good design increasingly recognised as an important aid in the care of people living with dementia.

Research suggests an agreement on the 'features' of designing for dementia includes:

- Small households
- Familiar, domestic, homely in style
- Plenty of scope for ordinary activities e.g. kitchens, washing lines, garden sheds, etc.
- Unobtrusive concern for safety
- Different rooms for different functions
- Accessible furniture for mobility needs. furniture and fittings
- Safe and secure outside space with unrestricted access
- Single rooms big enough for lots of personal belongings
- Good signage and multiple cues where possible, i.e. sight, smell, sound
- Use of objects and colour for orientation
- Enhancement of visual access and line of sight
- Controlled stimuli, especially noise

We understand that living with dementia brings its own challenges and each person's experience is unique; however, we are committed to ensuring that everyone can still enjoy an independent and fulfilling life.

Evidence suggests that quality of life for older people is influenced by the environment in which they live, with good design increasingly recognised as an important aid in the care of people living with dementia.

Reinforced by various studies suggesting a small 'homelike' environment is beneficial for older people living with dementia, the 'household' model developed for OSJCT new build care homes incorporates the suggested design features. A unit size of sixteen was established for the household model. However, a central domestic kitchen allows the household to be broken down further into two smaller households of eight people – creating a small and homelike care setting. The kitchen is designed to create a safe environment to actively encourage people's participation in activities of daily living such as baking, cooking, washing-up, etc. In addition to en-suite bedrooms and other ancillary areas, each household has its own dining room, lounge and separate sitting room. People are also provided with direct access to a safe and secure garden on the ground floor and external balconies on upper floors.

With advancing dementia, people may encounter difficulties in retrieving a mental image of a place they cannot see. Therefore, the household design adopts the concept of 'total visual access'. For example, the dining room and lounge are designed with a combination of solid walls, half-height walls and timber screening, providing maximum visual access into the rooms whilst maintaining both privacy and the mitigation of noise transfer.

The small-scale environment not only encourages residents with limited mobility to walk and maintain independence, but also assists with way-finding and orientation. Careful consideration is given to the interior design, with the inclusion of themed areas and variances in décor further assisting orientation and way-finding.

In our older homes, we have adapted and refurbished different areas in specific themes, for example an indoor potting shed or a beach scene. This not only provides greater variety but also helps bring back fond memories. The use of colour and other visual cues, with signage and tactile decoration helps residents to find their way around the home. Colour contrasting handrails and doors support with maintaining people's independence. The refurbishments also incorporate many of the suggested design features that our new homes have.

People are actively encouraged to bring with them into the home, as many familiar and treasured items as they wish, for example, maybe a favourite cushion, a bedspread, ornaments and photographs, so that they feel at home. We will even help to hang any precious pictures in their room.



In our new home designs, we include small household units so that there is a consistency of seeing the same people most days and it feels more like a traditional home

The use of colour and other visual cues, with signage and tactile decoration helps people to find their way around the home.

People are actively encouraged to bring along as many familiar items as they wish - maybe a favourite cushion, a bedspread, treasured ornaments and photographs - so that they really feel at home with us.

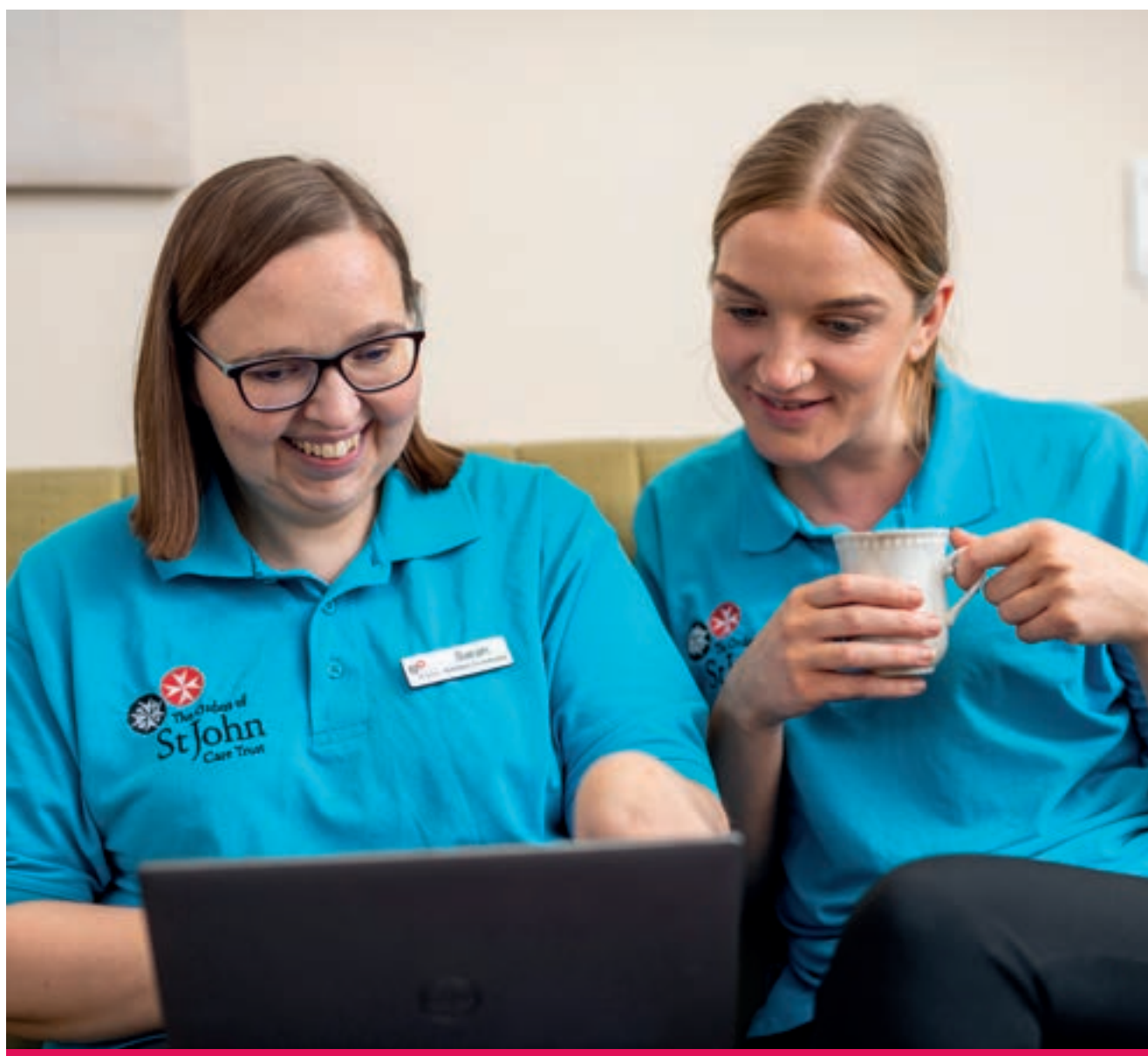
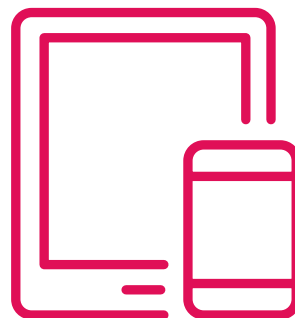


Electronic care records

An electronic care record is a digital version of a person's paper record of care. Electronic care records are real-time, person-centred records which make information available instantly and securely, to authorised users. The system is accessed via either a handset, tablet or PC, which allows flexibility for users. The Electronic Care Records System (eCare) which OSJCT have chosen to use is called Nourish. eCare is now being rolled out across the organisation.

Services which are using eCare, instead of paper care records, are seeing many positive benefits such as real time oversight of care applied, and greater confidence in night security and resident checks. Relatives of people living in our services have also shared positive comments and enthusiasm for this new system after learning about it from team members.

The Nourish system has a family portal, which when switched on will allow family members to view certain records such as activities and messages. The feature will be switched on when eCare is fully embedded within the organisation.





Learning and development

Our care provision reflects best practice and learning in dementia care. We endeavour to ensure all our employees have a real understanding of what it's like to live with dementia.

We are committed to providing on-going learning and development in all areas of dementia care to all employees using our dementia training pathway, which is mapped to the Dementia Training Standards Framework. This pathway enables progression to an advanced level of knowledge and competence and ensures everyone is confident to deliver care.

We have our own Learning and Development Advisors (LDAs) who are assigned to specific Homes or geographical areas.

We are committed to providing on-going training in all areas of dementia care to all employees using our dementia training pathway, which is mapped to the Dementia Training Standards Framework.

OSJCT levels of knowledge and skills

OSJCT's Dementia Care Framework's dementia training pathway reflects the integration between health and social care services and is mapped to the Health Education England three tier principal mandate requirements and the four workforce groups as identified by the Skills for Care Regulated Framework.

GROUP 1: all of the social care workforce – dementia awareness.

This provides the baseline knowledge and skills required by all employees and volunteers working in OSJCT.

GROUP 2: people working in social care who are providing personalised direct care and support to people with dementia.

This describes the knowledge and skills required by all OSJCT employees and volunteers that have direct and/or substantial contact with people living with dementia and their families and carers.

GROUP 3: registered managers and other social care leaders who are managing care and support services for people with dementia.

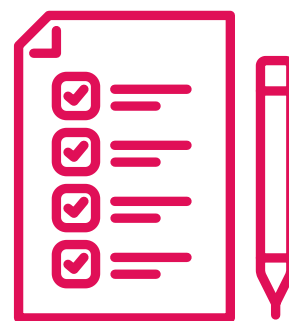
This outlines the knowledge and skills required by OSJCT employees, such as Home Managers, Deputy Managers, Heads of Care, Head of Dementia Care, Care Leaders and Dementia Leads, that have more regular and intensive contact with people living with dementia, provide specific interventions and/or direct/ manage care and services.

GROUP 4: social care practice leaders and managers who are managing care and support services and interventions with people with dementia which includes social workers, and occupational therapists working in social care.

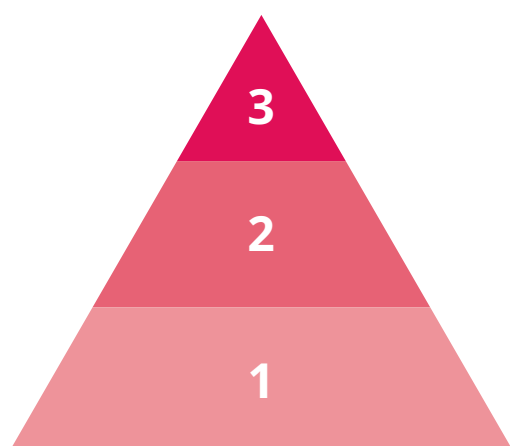
Our Admiral Nurses, who by virtue of their role and practice setting, play an expert specialist role in the care, treatment and support of people living with dementia and their families.

The knowledge and skills outlined at each level are constructed in an incremental way, for example employees that operate at the Group 3 level would also possess the knowledge and skills, attitudes and behaviours described at all preceding levels. People working in our dementia specialist households will be trained to the Group 3 level and complete all bespoke workshops provided by the OSJCT Admiral Nurses.

The knowledge and skills outlined at each level are constructed in an incremental way, for example employees that operate at the Group 3 level would also possess the knowledge and skills, attitudes and behaviours described at all preceding levels.



3-tier dementia pathway



TIER 3: Enhancing the knowledge, skills and attitudes for key employees (experts) working with people living with dementia designed to support them to play leadership roles.

TIER 2: Knowledge, skills and attitudes for roles that have regular contact with people living with dementia.

TIER 1: Dementia awareness raising, in terms of knowledge, skills and attitudes for all those working in health and care settings.

About the three tiers

TIER 1: Relevant to the entire health and care workforce. This could form part of induction training and also provide a foundation for more advanced practice.

Matched to social care **workforce group 1** such as all social care employees including those not providing direct care and support.

TIER 2: Relevant to all health and care employees in settings where they are likely to have regular contact with people affected by dementia. This also underpins the more specialist skills and knowledge required at tier 3.

Matched to social care **workforce group 2** such as social care employees directly providing care and support.

TIER 3: Relevant to employees working intensively with people affected by dementia including those who take a lead in decision making and developing or disseminating good practice.

Matched to social care **workforce groups 3 and 4** such as registered managers and other social care leaders who have responsibility for services which provide care and support to people with dementia.

Social Care practice leaders, managers and a range of key employees who work intensively with people affected by dementia including those who take a lead in decision making and developing or disseminating good practice. Employees in this group will use the framework in conjunction with their relevant professional standards and requirements.

Research on behalf of Health Education England has identified that successful dementia education and training is characterised by the following:

- A blended learning approach for example - face to face, small group delivery using interactive methods, activities and discussion
- Focused rather than broad in content
- Tailored to the role and service setting of the staff attending
- Delivered by an experienced facilitator/clinical expert
- At least 3 hours duration with longer programmes more likely to be effective
- Supported by commitment from the top and an organisation-wide culture of person-centred care

OSJCT's learning and development programmes all follow this approach to employee's training and development.

OSJCT’s dementia training pathway

	Group 1 Tier 1	Group 2 Tier 2	Group 3 Tier 3	Group 4 Tier 3
	All employees	All care employees	All Homes Home Manager (HM), Care Leader (CL), Carers, Nurse New/Dementia Specialist Homes Head of Dementia Care, Dementia Lead (DL), Senior Carer	Admiral Nurse (AN)
Dementia Training Standards Framework (DTSF) subjects. Key learning outcomes are in the OSJCT dementia training programme section.	Training programme that includes the subjects	Training programme that includes the subjects	Training programme that includes the subjects	How these subjects are covered
Dementia awareness	Living well with dementia Living well with dementia refresher	Living well with dementia Living well with dementia refresher	Step With Me Walk With Me	Support from Dementia UK
Dementia identification, assessment and diagnosis			Walk With Me	Support from Dementia UK
Dementia risk reduction and prevention	Living well with dementia Living well with dementia refresher	Living well with dementia Living well with dementia refresher	Healthy lifestyles Walk With Me	Support from Dementia UK
Person-centred dementia care		Living well with dementia Living well with dementia refresher Understanding distress reactions Step With Me	Understanding distress reactions Step With Me Walk With Me	Support from Dementia UK
Communication, interaction and behaviour in dementia care	Living well with dementia Living well with dementia refresher	Living well with dementia Living well with dementia refresher Understanding distress reactions Step With Me	Understanding distress reactions Step With Me Walk With Me Sexual relationships and dementia	Support from Dementia UK
Health and well-being in dementia care		Recognising pain in people living with dementia Understanding distress reactions	Understanding distress reactions Healthy lifestyles	Support from Dementia UK
Pharmacological intervention in dementia care		Recognising pain in people living with dementia	Recognising pain in people living with dementia Medication workshop Mental Health Conditions Sexual relationships and dementia	Support from Dementia UK
Living well with dementia and promoting independence	Living well with dementia Living well with dementia refresher	Living well with dementia Living well with dementia refresher Step With Me	Walk With Me Healthy Lifestyles	Support from Dementia UK
Families and carers as partners in dementia care		Living well with dementia Recognising pain in people living with dementia	Step With Me Walk With Me	Support from Dementia UK
Equality diversity and inclusion in dementia care	Living well with dementia Living well with dementia refresher	Living well with dementia Living well with dementia refresher Understanding distress reactions Step With Me Walk With Me	Step With Me Walk With Me Sexual relationships and dementia Mental Health conditions	Support from Dementia UK
Law, ethics and safeguarding in dementia care		Advanced MCA/DoLS eLearning	Advanced MCA/DoLS eLearning	Support from Dementia UK
End of life dementia care		End of life	End of life	Support from Dementia UK
Research and evidence based practice in dementia care			Dementia Leads meetings NICE booklets HM leadership courses	Support from Dementia UK
Leadership in transforming dementia care			i3 Leadership programme	Support from Dementia UK AN Leadership course through the AN Academy i3 Leadership programme
Research and evidence based practice in dementia care				Support from Dementia UK
Leadership in transforming dementia care				Support from Dementia UK AN Leadership course through the AN Academy i3 Leadership programme
Admiral Nurse Competency Framework Masters module				Worcester University

The OSJCT dementia training programmes



There are four types of training pathways available through the OSJCT dementia training pathway:

STATUTORY: Legal, regulatory or contractual requirement.

STATUTORY

TRUST ESSENTIAL: Trust policy or procedural requirement.

TRUST ESSENTIAL

RISK BASED: Selective Colleagues (Home/Scheme or Role Specific) that is either Statutory or Trust Essential where applicable.

RISK BASED

GOOD PRACTICE: Professional or personal development.

GOOD PRACTICE



Living well with dementia

Overview

This three-hour session which is LDA lead, will introduce employees to the most common types of dementia, the symptoms that people may experience and introduces people to best practice in dementia care. Employees are introduced to person-centred care and the butterfly approach to dementia care. It outlines OSJCT's Trust's dementia specialist services provision and how these can support good dementia care.

Aims

Those attending will:

- Understand what dementia is and what it is not
- Gain an insight to the lived experience of dementia
- Gain an understanding of lifestyle risk factors
- Receive information about the Trust's dementia specialist services

Learning outcomes

By attending this workshop, you will:

- Know what dementia is and what it is not
- Be able to describe the symptoms that people living with dementia might experience and learn how to support them using best practice
- Be able to state what person-centred care is
- Understand the butterfly approach to dementia care
- Be confident in how to best support people living with dementia to live well
- Know how to use the Trust's dementia specialist services to support the person living with dementia, their family, and others
- Be able to apply their knowledge and give examples relating to their own practice

Employees will complete a Living Well with Dementia refresher every 3 years to further develop their skills and embed their knowledge. During the refresher learners will be expected to apply the learning to examples from their own practice to demonstrate their understanding.

This three-hour session will introduce employees to the most common types of dementia, the symptoms that people may experience and introduces people to best practice in dementia care.

Employees will know how to use the Trust's dementia specialist services to support the person living with dementia, their family and others.

Step With Me

Overview

This one-day training programme will support employees to be aware of the stigma, myths and stereotypes associated with dementia and introduces them to communication and language when supporting people who are living with dementia. We also explore the importance of recognising how feelings matter most and how our behaviour can impact on others. Employees are introduced to person-centred care, relationship centred care and the butterfly approach to dementia care. We look closely at some of the difficult questions that employees can be faced with and how to respond to these and examine some of the truth and wellbeing aspects of supporting people in their journey of dementia. Some focus is given to person centred documentation and the importance of accurate recording.

Aims

Those attending will:

- Be aware of the stigma, myths and stereotypes associated with dementia
- Be confident in communication and the use of language in dementia care
- Be confident when asked difficult questions
- Care practices will use person centred and relationship centred approaches

Learning outcomes

Those attending will:

- Have a good understanding of advanced communication and language when supporting people living with dementia
- Recognise the importance of focusing on how feelings impact on behaviours
- Have a good understanding of person-centred care and relationship centred care
- Have increased confidence when difficult questions are asked and how to respond to these and how truth telling and wellbeing are closely linked to each other
- Be competent in person centred record keeping



Walk With Me

Overview

This one-day training programme, combined with Step With Me, has been endorsed by Dementia UK and developed to increase the knowledge of employees who have completed Living Well with Dementia and Step With Me. It takes employees on the journey with a person living with dementia as their condition progresses.

The programme gives the employees a more in-depth understanding of the different types of dementia and the neurological impairment caused by these. It emphasises the importance of knowing the person, not only as they are now but also learning about their past. We explore the significance of the environment and ask employees to start to look at the world through the eyes of the person living with dementia while exploring how the senses are affected by dementia. Focus is given to meaningful occupation and engagement and how this must be a whole team approach.

Aims

Those attending will:

- Have an extensive knowledge of the signs and symptoms of different types of dementia
- Understand that a person's history makes them who they are today, how this may impact on building relationships
- Understand the importance of how the environment can support well-being
- Understand the impact that dementia has on a person's senses and their perception of the world around them
- Have gained confidence when supporting the families of people living with dementia

Learning outcomes

Those attending will:

- Understand that everyone's experience of dementia is individual and unique
- Understand the impact of the neurological damage that dementia has on the brain and the impact this may have on the individual
- Understand how the memory works and how different types of dementia effects its function
- Understand how the past has made the individual the person they are today
- Understand how life story work should be used to improve well-being and its importance in providing person centred and relationship centred care
- Understand how the senses are affected by dementia and the impact this may have on the individual
- Understand how the environment can be utilised to support people living with dementia and maintain their independence
- Be able to support individuals to continue their interests, social life and community involvement and know why this is important
- Be aware of the stigma, myths and stereotypes associated with dementia



Understanding distress reaction workshop

Overview

This three hour session which is LDA led, supports employees to identify when a person living with dementia shows signs of distress, as it is often misunderstood and perceived negatively. If this behaviour is not recognised as a distress reaction, then the underlying cause or unmet need may not be addressed, increasing the risk of medication being used to manage the behavioural and psychological symptoms of dementia (BPSD) or causes such as pain or infection to be overlooked. The workshop enables employees to recognise what a distress reaction is, to challenge the negative language used to describe behaviours and refocuses on behaviour being an attempt of those people living with dementia to communicate an unmet need. The focus is on how they are feeling with the challenge being for us to understand and meet the need and to identify and reduce any potential triggers in order to reduce the person's distress.

Aims

Those attending will:

- Be confident in implementing the behaviour monitoring process in recognising, assessing and monitoring for signs of distress and will be effective in taking appropriate action
- Be confident in implementing basic de-escalation techniques
- Recognise the importance of care planning to ensure that any unmet need is identified and met to maintain well-being and prevent the use of unnecessary medication

Learning outcomes

Those attending will:

- Be able to define and recognise Distress Reactions
- Understand what might trigger changes in behaviour.
- Be able to support people when they become distressed, including basic principles of de-escalation
- Understand how their behaviour and communication may trigger or increase the distress of residents and how to manage this effectively
- Recognise that behaviour is a form of communication.
- Use real life scenarios to identify how carers approaches can impact on behaviours
- Understand the basic principles of documentation and how to utilise and evaluate assessment tools in practice
- Understand the importance of care planning in maintaining well-being

When a person living with dementia shows distress, often it is misunderstood and labelled as difficult behaviour.

This three-hour session enables the employees to recognise what a distress reaction is and how it can be a reaction to triggers which can be avoided.

This workshop looks at basic de-escalation and how to recognise signs of distress and how to respond.

Recognising pain in people living with dementia

Overview

This 90-minute workshop highlights to employees that people living with dementia are just as likely to suffer from pain as people living without dementia. However, they may find it more difficult to communicate their pain or recognise what they are experiencing as being pain. This workshop covers different types of pain, pain signals, assessments and treatments. It then focusses on how to identify whether a person living with dementia is experiencing pain and using the pain prompt as a useful reminder of what to look out for.

Aims

Those attending will:

- Have the knowledge, skills and confidence to recognise pain in people living with dementia and effectively utilise assessment tools such as the Abbey pain scale
- Act appropriately upon recognising pain in people living with dementia in order to improve the quality of life for all

Learning outcomes

Those attending will:

- Understand and be able to discuss the underlying conditions that could cause pain
- Be able to recognise the signs that could indicate pain in people living with dementia
- Understand the assessment of pain for people living with dementia and the use of the pain prompt
- Understand how pain can be observed in a person's body language and facial expressions
- Understand the impact of pain on a person's mood and be able to recognise changes in mood as potential indicator of pain
- Be able to recognise and assess verbal cues of pain
- Be aware of the pharmacological and non-pharmacological treatments and approaches used in pain management
- Understand what action is required when a person living with dementia is believed to be experiencing pain

People living with dementia are just as likely to suffer from pain as people living without dementia.

This training covers different types of pain, pain signals, assessments and treatments.

Care teams will have the knowledge, skills and confidence to support people living in our Services to live full lives with dignity and respect.

Sexual relationships and dementia workshop

Overview

This two-hour workshop recognises that for some employees this may seem to be a controversial subject, however sexuality continues to be an important part of who we are throughout our lives and those living within care homes should have the same rights and responsibilities as they would have enjoyed whilst living at home, providing it does not affect the rights of others. In circumstances where individuals are unable to make specific choices, those caring for them must adhere to the legal and professional guidance to ensure that they act in the persons best interest. The purpose of this workshop is to challenge the thinking behind sexuality and sexual relationships in dementia and to enable care home employees to confidently support people to express their sexuality and to maintain relationships whilst recognising behaviours and circumstances where support may be required to maintain the person's well-being or to reduce the potential risk of harm or abuse. This workshop incorporates best practice guidance and evidence such as the RCN guidance, Older People in Care Homes: Sex, Sexuality and Intimate relationships (2018) and CQC, Relationships and sexuality in adult social care services (2019) and adheres to relevant legislation including the Mental Capacity Act (2005) to ensure that employees are equipped with the necessary knowledge and skills to apply this learning in practice. Employees are able to demonstrate this through the use of scenarios and case studies during the workshop.

Aims

Those attending will:

- Be able and confident in supporting people to have relationships in care homes
- Be able to support residents who are exhibiting sexual disinhibition
- Understand and implement Trust guidelines and policy, act in accordance with the Mental Capacity Act

Learning outcomes

Those attending will:

- Understand what is meant by sexuality
- Be able to identify the difference between sexual behaviour and intimacy
- Be able to identify fact from fiction regarding older adults and sexuality in dementia
- Have a greater understanding of how to support individuals from the LGBT community
- Have a greater understanding of how the neurological damage caused by dementia may impact on an individual's sexuality
- Understand what is meant by the term sexually inappropriate behaviour and be able to differentiate this from physical or environmental causes
- Understand how care homes can support people to maintain relationships
- Be able to identify why people may form close friendships
- Understand the implications of the Mental Capacity Act with regard to consent
- Know how to respond to incidents of sexualised behaviours

The OSJCT Admiral Nurse Team won a Dementia UK Award in December 2022 for their work around the courageous conversations they had with employees and family members around the subject of sexualised behaviours in our Homes.

Mental health conditions workshop

Overview

Nationally 1 in 4 people will experience some form of mental illness during their lifetime and care residents are no exception. Moving into a care home is a significant life event which increases the risk of mental ill health.

These mental illnesses can be stand alone or present alongside a dementia and/or other physical conditions.

This 90 minute workshop gives employees an insight into the most common types of mental illnesses, their signs, symptoms and treatments. Guidance is shared on ways to support and care for people living in our Services with these conditions.

Aims

Those attending will:

- Gain an insight and understanding of mental health conditions, the signs, symptoms and treatments
- Understand their role in caring for people with one or more of these conditions in identifying behaviours and symptoms that may be of concern and taking action to ensure that the appropriate assessment, treatment and support is provided

Learning outcomes

Those attending will:

- Be able to identify the most common types of mental illness' and the common symptoms associated with each
- Have an awareness and understanding of potential treatments for these illnesses and any associated common side effects
- Understand that some symptoms of mental illness are similar to dementia and a misdiagnosis can happen and will be aware of how to seek help when a resident is suspected of having a mental illness as well as dementia
- Understand how and when to access support from specialist services
- Know what action to take following an incident involving self-harm or a suicide attempt in line with Trust policy
- Be aware of the stigma, myths and stereotypes associated with dementia
- Recognise their limitations and the need for specialist support when caring for people with mental health conditions

This 90 minute workshop gives employees an insight into the most common types of mental illnesses, their signs, symptoms and treatments. Guidance is shared on ways to care for people living in our Services with these conditions.

Medication workshop

Overview

This two hour workshop outlines the most common medications used to treat the behavioural and psychological symptoms of dementia (BPSD), and some of the treatments that are beneficial in the management of cognitive symptoms. It describes how commonly used medications can affect people living with dementia and explains the risks and benefits of antipsychotic medication for people living with dementia. It will explain the importance of recording and reporting side effects/adverse reactions to medication, describe how 'as required' (PRN) medication can be used to support people living with dementia who may be in pain. It will describe person-centred ways of administering medicines whilst adhering to administration instructions and explain the importance of advocating for a person living with dementia who may be prescribed medication. It will explain ways of monitoring the effectiveness of treatments and outline non-pharmacological interventions that may be appropriate and the benefits of these.

Aims

Those attending will:

- Understand the common medications available to, and appropriate for, people living with dementia
- Understand how to appropriately and effectively provide medication to people living with dementia in a person-centred way to meet their care and support needs

Learning outcomes

Those attending will:

- Understand the common medications for people with dementia
- Understand how to provide person-centred care through effective use of medication
- Will be able to identify different classes of Psychotropic medications
- Will know the main risks and benefits of using psychotropic medications
- Have awareness of the risks and benefits of prescribed medication
- Understand what is meant by Behavioural Psychological Symptoms of Dementia
- Be able to identify within your own job role the importance of non-pharmacological interventions in supporting people living with dementia

This workshop will outline the most common medications used to treat symptoms of dementia.

Explain the importance of advocating for a person who is living with dementia who may be prescribed medication.

Employees will have a deeper knowledge regarding the use of medications to support people living with dementia.

Advanced Mental Capacity eLearning

Overview

The Mental Capacity Act (MCA) eLearning modules are aimed at increasing the confidence and competence of care leaders and senior members of the care team with regards to the application of the Mental capacity Act in practice. It comprises of three modules. Module one revisits the basic principles of the Mental Capacity Act to ensure that all senior carers have a good understanding, before moving on to look at the complex issues within modules two and three.

Aims

Those attending will:

- Build on existing knowledge of the Mental Capacity Act (MCA) and to enable those attending to apply these principles in assessing capacity and making best interest decisions appropriately within their job role and to further develop knowledge and skills regarding supported decision making.

Module one: Learning outcomes

By the end of this module, those attending will be able to:

- Identify what is required for consent to be valid
- State the Five Key Principles of the Mental Capacity Act and apply these in practice
- Define and apply the two-stage capacity test

Module two: Learning outcomes

By the end of this module, those attending will be able to:

- Identify who the decision maker would be and key factors to consider when making best interest decisions
- Demonstrate the principles of positive risk taking and how this applies to Mental Capacity and best interest decision making

Module three: Learning outcomes

By the end of this module, those attending will be able to:

- Outline and recognise the importance of supporting individuals to make decisions
- Identify and distinguish between the two different types of Lasting Powers of Attorney (LPA) and how this applies in the context of care delivery
- Recognise and explain the differences between advanced statements and advanced decisions
- Identify when and how an individual should be referred for an Independent Mental Capacity Advocate (IMCA)

Advanced Deprivation of Liberty (DoLS) eLearning

Overview

This advanced course has been designed to build on the learners existing knowledge of the Mental Capacity Act (2005) and the application of the five key principles gained in completing the Advanced Mental Capacity eLearning. Learners will have an understanding of the requirements of MCA in relation to DoLS, develop the knowledge and skills required to recognise when a Deprivation of Liberty may be occurring, what action is required and be aware of circumstances that may prompt a request for a DoLS review.

Aims

Those attending will:

- Be equipped with the knowledge and skills required to complete an application (request) for a Deprivation of Liberty Safeguards (DoLS) authorisation and to recognise when this is required

Learning outcomes

Those attending will:

- Identify what restrictions may be present within their home
- Recognise the importance of mental capacity assessments with regards to deprivation of liberty
- Define what constitutes a deprivation of liberty
- Recognise when a deprivation of liberty may be unlawful
- Know the appropriate action to take when an individual is believed to be deprived of their liberty

DoLS is due to be replaced by Liberty Protection Safeguards (LPS), however the Government has announced that implementation has been delayed. DoLS continues to be the mechanism for authorising a deprivation of liberty.



Healthy lifestyles workshop

Overview

To understand that for everyone, making positive lifestyle choices can impact on the risks of developing some types of dementia and other health conditions. This 90-minute workshop outlines the lifestyle changes that can be made to reduce these risks and improve our physical and mental health and well-being.

Aims

Those attending will:

- Have knowledge and information to understand the importance of health promotion and to make informed decisions and choices about their own health and the health of our residents

To give our workforce the knowledge and information to understand the importance of health promotion and to make informed decisions and choices about their own health and the health of people living in our care.

Learning outcomes

Those attending will:

- Understand lifestyle factors which may increase risk of developing some types of dementia
- Discuss health promotion and what motivates people to make changes to lifestyle
- Acknowledge challenges to healthy living that may be experienced by different groups within society
- Be able to support individuals to continue their interests, social life and community involvement and know why this is important
- Understand the importance of physical activity (including access to outside space) in maintaining a person's independence and abilities
- Know how to take action in response to dehydration and hunger (including unplanned weight-loss), how to improve the provision of good nutrition and hydration through monitoring food and drink intake using appropriate tools and understand the factors that influence mealtimes to provide a positive mealtime experience

End of Life workshop

Overview

End of Life care is delivered by the Learning and Development team, it is a 3-hour workshop focussing on delivering high-quality, person-centred end of life care to those living in our care homes and extra care housing (ECH) schemes.

Everyone has a right to die with dignity and respect, whilst being as comfortable as possible, considering spiritual, religious and cultural wishes and preferences.

Whilst end of life care can be an emotional journey for those involved, it can also be rewarding to know that we have been able to support a person on the final part of their journey. We also support the loved ones to have a positive experience of death and understand the process of dying and supporting the wider employee team.

Being able to maintain your own well-being and self-care is as important as the well-being of the team, residents and loved ones we support, as we must be kind to ourselves to be kind to others.

Aims

Those attending will:

- Be confident in delivering high-quality, person-centred end of life care
- Feel confident to have conversations with people in our care and families
- Know how to look after themselves and others within the team
- Be aware of spiritual, cultural and religious differences, that are important to the person and how their end-of-life care is delivered

Learning outcomes

Those attending will:

- Understand the importance of self-care and wellbeing
- Feel comfortable and be able to speak openly about end of life
- Be able to speak confidently about death and dying with people in our care, their families and within their team
- Understand how Advanced Care Planning, Lasting Power of Attorney's, DNACPR and Respect documentation ensures people's wishes are upheld
- Understand the difference between palliative care, end of life care and terminal care
- Understand that a multi-disciplinary approach is required to manage symptoms associated with end-of-life care and be able to recognise the symptoms
- Understand the End-of-Life Care Core Pathway





Admiral Nurse Service

Introduction

The Trust's Admiral Nurse Service has been developed through collaboration between OSJCT and Dementia UK.

The service is based in Oxfordshire, Lincolnshire, Wiltshire and Gloucestershire, which supports OSJCT's geographical divisions in the north, central and south. The Service is operational between 8.30 and 17.00 hours Monday to Friday.

The Service is provided for employees of OSJCT working with people living with dementia; we also provide support to family or informal carers of people living in a OSJCT Care Home or Extra Care Housing Scheme.

People living with dementia in the community, along with their informal or family carer can access the Admiral Nurse Service via the Memory Cafés facilitated in some Care Homes. These individuals and their carers will not be accepted on to a caseload but will be signposted to alternative services if more regular support is required.

The Service is based across the Trust's three divisions, North, Central and the South. It is operational between 08:30 and 17:00 hours Monday to Friday.

Role of the Admiral Nurse

Admiral Nurses are Registered Nurses that specialise in dementia care. The role has four main functions:

- Nursing interventions based on specialist assessment and complex problem-solving skills
- Emotional support through reflective support and practice
- Dementia specific training and education
- Consultancy work with other health and social care professionals

The Admiral Nurse Service aims to support and empower families of people living and employees working in an OSJCT care setting by providing:

- Emotional support through the transitional process of entering long term care
- Emotional and educational support around disease progression
- Expert guidance throughout the journey of dementia

The Admiral Nurse Service operates an open referral system and welcomes discussions with and referrals from Home Managers, Care Home employees, Operational Teams, Care Quality Team and external professionals.

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OSJCT's Admiral Nurse Service achievements in 2022

In 2022 OSJCT's Admiral Nurse Service won two Dementia UK awards. The Team award was for *"Inspiring through work undertaken with families and complexity"*. The award was given for the courageous conversations that we had with our employees and families around the increase in sexualised behaviours that we saw within our Homes during the covid19 restrictions.

The judging panel said:

"This team demonstrated that they were committed to having very courageous conversations about sexuality and intimacy within the care home sector. This included delivering education to the wider staff team within care homes, along with having those conversations with relatives. Demonstrating person centred practices putting the client needs at the heart of conversations. Recognising anxiety, distress, risk and choice and decision making". Well done!

The second award was for our Senior Admiral Nurse Team Lead who received the Leadership award "Making a difference as a 'leader at every level'".

The judging panel said:

"This person demonstrated a clear commitment to her team and wider organisation through her leadership role and skills. This has been sustained over time and during a challenging period for care homes".



Best Practice in Dementia Care

Dementia Leads

Each Home will have a Dementia Lead who attends quarterly meetings with the Admiral Nurses to keep abreast of best practice and the Trust's developments around dementia care practices.

The Dementia Lead is responsible for keeping their Home's dementia board up to date and interesting, they lead on life story work in their Home, ensuring each person has the opportunity to develop their own All About Me life story.

Dementia Leads support residents with dementia, care teams and relatives by:

- Being a leader – leading by example
- Having courage
- Have a positive attitude
- Motivated – proactive
- Passionate – with good values and beliefs about people living with dementia
- Being assertive
- Being a good communicator
- Influencing change
- Having empathy and understanding
- Holistic approaches
- Having the ability to cascade information
- Being an advocate for residents

Being motivated and proactive.

Being assertive and an advocate for people who may be unable to speak up for themselves.

Role model dementia care.



Life story work

Our life experiences shape us as individuals, and this helps others to understand who we are as a person. People living with dementia sometimes need help to communicate important aspects of their identity such as background, interests, who and what is important to them, due to problems with memory loss and communication. The greatest benefit of this work is that it lifts a person's mood, enabling them to talk about the 'good old days' and share their experiences of growing up, working, holidays and family get-togethers.

At OSJCT, our All About Me Life Story work is an activity in which people living with dementia are supported by employees and family members to gather and review their past life events and build a personal biography. It is used to help us understand their past experiences and how they have coped with events in their life. It can help people living with dementia share their stories and enhance their sense of identity. This is especially useful when they are having difficulty in sharing this information themselves.

All About Me Life Story work can help encourage better communication and an understanding of the person's needs and wishes. This will inform their care and ensure that it is provided in a positive and person-centred way. It will also help people to develop closer relationships with family carers and employees through sharing stories.

People living in our care are also offered the opportunity to complete a one-page profile, a concise summary that is not a biography, but captures the resident here and now!

Therapeutic approaches to care

We support people in keeping their identity and interests, by helping to continue with daily living skills such as baking, sandwich making and household skills such as dusting and polishing, enabling people to enjoy things that they used to enjoy doing.

We use objects of attachment such as dolls, blankets, soft toys and other items; Attachment Therapy is another way for us to help provide comfort to people living with dementia. Research identifies that people living with dementia can gain great comfort from the use of dolls and soft toys.

Activities Coordinators

All of our Homes have Activities Coordinators based in them. The Activities Coordinator develops the weekly activity plan for the Home as well as providing 1-1 engagement with individuals and arranging regular trips out of the Home.

Our Activities Coordinators are supported by the Trust's Activity Lead and Admiral Nurse Team through regular meetings and drop-in sessions

All About Me Life Story work can help encourage better communication and an understanding of the person's needs and wishes.





Meaningful occupation and engagement

Meaningful engagement for someone living with dementia is the involvement in activity or interactions that are rewarding, fulfilling, and purposeful. It involves connecting with others and developing a sense of meaning and value in one's life.

For engagement to be considered meaningful, an engagement should align with one's values, provide a sense of accomplishment, and generate positive emotions. It should also foster connections with others and create a sense of community and promote a sense of autonomy.

Ultimately, meaningful engagement can enhance well-being, improve quality of life, and promote overall happiness and satisfaction.

Types of meaningful engagement activities:

Person-centered: tailoring activities to individual preferences: each person has unique interests, preferences, life history and abilities. Personalise engagement activities are aimed to meet individual needs and preferences. This ensures that the person living with dementia feels connected, included, and valued.

Social activities: interactions among people through group activities such as games, crafts, book clubs, and movie nights. Activities that promote social engagement can help reduce feelings of isolation and loneliness and fosters a sense of community.

Physical activities: Incorporating exercises/physical movement can help improve overall health, mobility, maintain muscle strength and promote better sleep. This can include gentle yoga, chair exercises, dance sessions or walks in the garden etc. Activities should consider the individual's physical abilities.

Cognitive stimulation: Activities should provide cognitive stimulation to help maintain brain. They should encourage problem-solving, memory recall, and attention for example puzzles, trivia quizzes, and reminiscence sessions. Mental stimulation is essential for maintaining cognitive function and preventing it from deteriorating.

Creative expression: activities should provide opportunities for artistic expression through painting, drawing, music therapy, or creative writing. Creative activities can be therapeutic and provide a sense of accomplishment.

Multisensory: engaging multiple senses can help stimulate the brain and create a more immersive experience. Activities should involve sight, sound, touch, smell, or taste when appropriate.

Intergenerational activities/projects/programs: interactions between people living in our care services and younger generations, such as visits from school children or participation in intergenerational projects. These interactions promote mutual understanding and create meaningful connections.

Nature-related activities: outings to parks, gardens, or nature reserves to allow people to connect with nature. Nature-based activities could reduce stress and improve overall well-being.

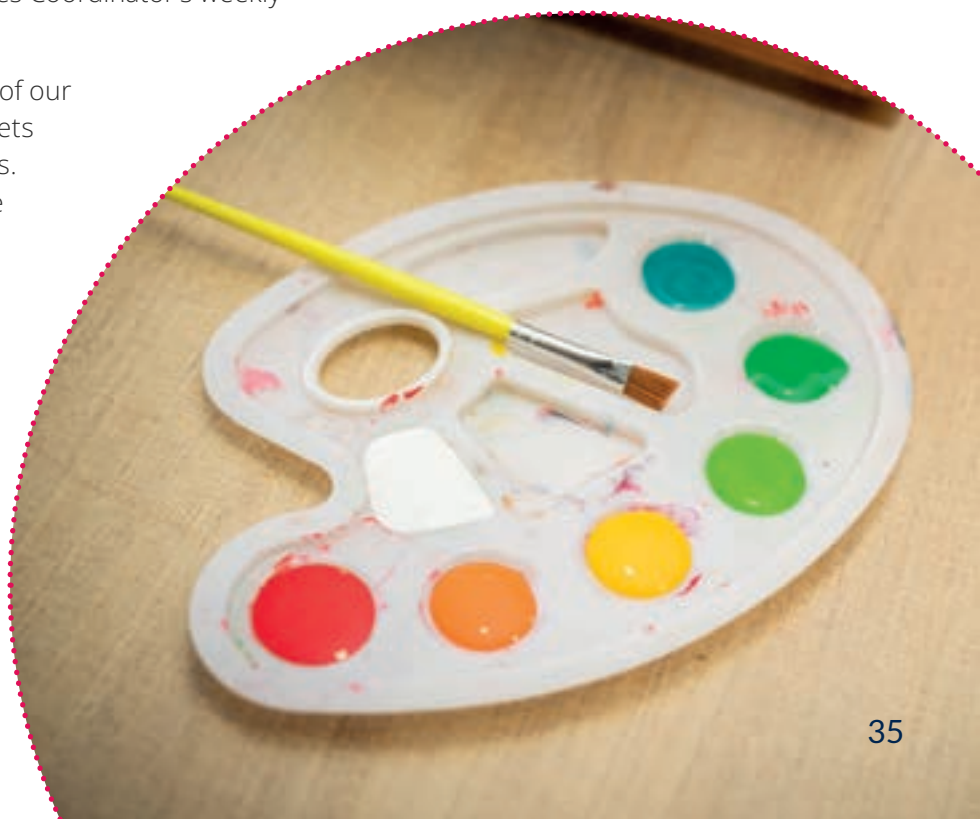
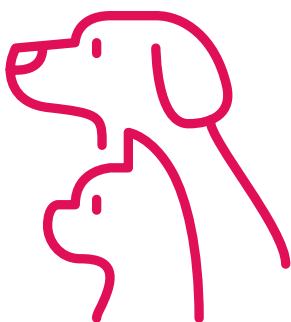
Incorporating technology: implementing technology into engagement programs to offer a variety of activities and opportunities for learning. This can include virtual tours, using interactions table, online classes, and video calls with loved ones etc.

Evaluating and adapting activities: Regularly evaluate the effectiveness of engagement activities and seek feedback from people living in our care services and employees. Adapting activities as needed ensure they remain engaging and meaningful.

Promoting a positive environment: Foster a supportive and inclusive environment where people feel encouraged to participate in activities and socialise with others. Celebrate achievements, special events and milestones to reinforce a sense of accomplishment and belonging.

Meaningful engagement can range from activities of daily living such as dressing, eating, and washing to recreational activities such as reading, gardening, arts, and crafts, talking and singing. The activities should be enjoyable and fun, promoting positive emotions and overall well-being. Finding out what individuals enjoy is at the heart of this, which could be as part of the All About Me life story process or giving more focus on hobbies and interests as part of the initial assessment prior to the person coming into the Care Home. Homes are encouraged to have activity, rummage, memory boxes and reminiscence boxes readily available for people to use when facilitating meaningful occupation and engagement outside of the Activities Coordinator's weekly activity plan.

We have visiting Therapy Dogs in most of our Homes; some Homes have their own pets such as dogs, cats, rabbits and chickens. There may also be an option for people to bring their own pet to come and live with them.



Dementia Action Week

Dementia Action Week aims to raise awareness and to educate people about dementia and those living with the condition so they feel valued, confident and can retain as much of their independence as possible.

Throughout the week there is national and regional press coverage, awareness-raising and fundraising events across England, Wales and Northern Ireland, and a national advertising campaign.

The Trust embraces this by promoting positive interaction between the people living in our homes and the wider community. This may be achieved by having an open coffee morning, healthy walks, sensory awareness days and "All About Me" life-story reminiscence sessions. Additional educational and support material is also available in the homes during the week to open discussion about dementia. Admiral Nurses support this week alongside the dementia leads and Activities Co-ordinators to make it fun for all.

Throughout Dementia Action Week there is national and regional press coverage, awareness-raising and fundraising events across England, Wales and Northern Ireland, and a national advertising campaign.



Time for a cuppa - Dementia UK

In May every year, Homes are encouraged to support Time for a Cuppa as it is the perfect occasion to get together with colleagues or friends and family over a cuppa and some cake, whilst raising awareness of Admiral Nurses and money to help dementia specialist nurses to support more families facing dementia.
www.dementiauk.org/tfac



Antipsychotic medication audit overview

This audit is undertaken twice a year, January and July; an audit is taken of the residents living in our care homes and are prescribed antipsychotic medication for behavioural and psychological symptoms of dementia (BPSD) as well as long standing mental illnesses, such as schizophrenia, bi-polar disorder and psychotic disorders.

The audit identifies individual residents, the medication they are taking and the reason for prescribing. Over the last four years the audit has identified a training and development need across the organisation, as well as areas where the Trust's Admiral Nurses need to provide more intensive support to Homes. From the audit, the organisation can see how it is performing in line with recommendations from the Banerjee's "Time for Action" report 2009 to reduce the use of antipsychotic medications in care homes.

Antipsychotic medication audits have taken place across the Trust since 2012. The Trust's data collected in July 2023 suggested that 3.4% of the overall resident population was prescribed an antipsychotic for BPSD if we assume that 69% of the resident population has a diagnosis of dementia then this equates to a prescribing rate of 4.9%.

The University of Exeter and King's College London compared prescribing rates recorded as part of the COVID-19 iWHELD study and found that the number of people with dementia in UK care homes being prescribed antipsychotic medicines soared from 18% in 2016/2017 to 28% in 2021/2022.

National Figures published by NHS digital suggest that the percentage of people across the general population in England with dementia prescribed an antipsychotic in September 2022 was 9.2%. It is therefore clear to see that the Trust is maintaining a low prescribing rate in comparison to the average national and care home figures.

Achieving this low level of antipsychotic medication usage for BPSD has taken a multi-pronged approach.

All employees receive baseline training on dementia as part of their induction; further training is available for employees depending on their role and responsibility within the care home.

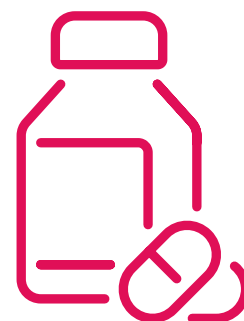
A workshop is also available for all employees in the care homes, to recognise when a person living with dementia is distressed. This gives employees an understanding of BPSD and alternative techniques to implement before considering antipsychotic medication.

With support and advice from the Trust's Admiral Nurses, Homes have a better understanding and are confident in asking for these medications to be reviewed and inappropriate prescribing stopped. They have also been educated to recognise potential side effects to these medications.

The information from the audit has helped to identify a growing population of people across the organisation with long-standing mental health conditions. Using this information, a training workshop has been formulated to give care home employees an overview of some of the more common mental illnesses.

The audit identifies individual residents, the medication they are taking and the reason for prescribing.

All employees receive baseline training on dementia as part of their induction; further training is available for employees depending on their role and responsibility within the care home.



Head of Dementia Care

The Heads of Dementia Care (HoDC) are responsible for overseeing the quality of the dementia care and the lived experience for people living with dementia.

At present OSJCT has 5 HoDC who work within some of our dementia specialist homes within Gloucestershire and Wiltshire. The HoDC works to continually improve and maintain the high-quality care by role modelling and supporting OSJCT employees to implement care that is evidence based and underpinned by best practice, utilising the core principles of relationship centred care to develop enriched environments where families and friends feel welcome and supported within their caring role.

All HoDC's are trained at NVQ/QCF Level 3 in dementia or above and attend monthly supervision with a specialist Admiral Nurse who provides ongoing clinical supervision and professional development within their role. The HoDC role is supported by a competency framework that outlines the role expectations, skills and level of understanding that is required to fulfil the role. All HoDC's are expected to demonstrate their competence by producing reflective accounts to evidence this.

The Admiral Nurse provides direct support to the HoDC's during Admiral Nurse support visits and in completing tasks such as Quality of Interaction Schedule observations to monitor and improve the quality of interactions between employees and people living in our care services.. They are all working towards achieving Well-being and dementia accreditation for the Home, which is endorsed by Dementia UK.

What we do well

- Employ our own Admiral Nurse Services who as service matter experts, provide specialist support to our Homes and families of those people living in our care services
- Dementia specialist environments that promote independence and meaningful occupation.
- Antipsychotic medication use is within national prescribing guidelines
- Dementia Care Framework in situ and available on the intranet
- Specialist dementia training pathways available to all employees endorsed by Dementia UK
- Admiral Nurses provide quarterly dementia leads meetings to ensure best practice
- Admiral Nurse provides monthly supervision and competency framework development sessions for Heads of Dementia Care
- Several Homes have structured relatives support groups either facilitated or supported by Admiral Nurses
- All Homes have structured activity programmes





Well-being and dementia accreditation

The framework for this accreditation uses the Senses Framework. Each of the section headings in this accreditation process refers to one of the six senses; where an enriched environment exists, residents, their families and employees all experience these six senses. It recognises the importance of a positive relationship between people who are living in our care services, their families and employees as well as between the care home and the wider community.

This accreditation runs alongside the OSJCT's internal audit which links to CQC inspections, Homes would be expected to have a CQC rating of Good to apply for this accreditation. It is available for our care homes and ECH schemes to complete once they have achieved the required standard on the OSJCT Care Quality Baseline audit. Any home wishing to apply for the accreditation will do so with the knowledge of their Area Operations Manager; an unannounced visit will then be undertaken by one of the Trust's Admiral Nurses.

The assessment explores the overall life in the care home, focusing on what it is like to live, work and visit the home and the relationships between people in our care and all employees.

This accreditation has been endorsed by Dementia UK, the charity that supports Admiral Nurses; it is valid for one year from the date of being awarded the accreditation.

It recognises the importance of a positive relationship between older people, their families and paid carers as well as between the care home and the wider community.



New developments and aspirations for 2024 -2026

Specialist dementia nursing care

We will explore new models of care for those people living with dementia who have complex care needs. We aspire to have care homes with specialist nursing households for people living with severe behavioural and psychological symptoms of dementia. We recognise the value of multi-disciplinary team working that includes Registered Mental Health Nurses. This will explore the evidence base and best practice, with a focus on developing a model that promotes the inclusion of the person in social and occupational activities designed to enhance, stimulate, develop and maintain the highest quality of life and enjoyment within the homes. Within our new build programme we will determine the most appropriate design that is small and homelike and assists with way-finding and orientation.

Positive behaviour management and restraint reduction training

We continue to explore opportunities to work with experts who can support us to build on the OSJCT training programmes in Understanding Distress and Basic De-escalation training.

We will design training that provides employees with proactive strategies to support people when care is being provided in their best interests.

We will develop a programme of learning that has both a theoretical and practical element, ensuring employees are able to focus on least restrictive practices. We aim to increase the understanding and use of de-escalation techniques, personal safety and least restrictive approaches to minimise risk and maximise safety during difficult situations, building on our Understanding Distress training.

The training is designed to offer learners positive behaviour strategies to support people when care is being provided in their best interests. The course has a theoretical and practical element and teaches employees to focus on least restrictive practices. The course aims to increase understanding and the use of reassuring de-escalation, personal safety and least restrictive approaches to minimise risk and maximise safety during difficult situations.

In 2024 a pilot project trialling breakaway technique will commence with two intakes within one Extra Care Housing Scheme and one Care Home. The course will be specifically developed and delivered to meet the needs of the organisation by a specialist provider following a rigorous training needs analysis to ensure the principles of positive behaviour support and least restrictive care underpin practice.

Activities and meaningful occupation

We will continue to build on the Trust's specialist approach towards activities and meaningful occupation, prioritising the need for a whole home approach for this to be successful.

Activities will be suitable across all genders to meet individual needs and contain a variety of approaches which are underpinned by principles of best practice.

Innovative working 2020-2023

- Wellford Gardens OSJCT's newest home has the addition of Acoustic Monitoring which allows Trust homes equipped with this technology to monitor people living in our care remotely during the night in a non-intrusive way by detecting sounds that exceed individually set thresholds. When alerted employees will complete a remote visual check (via an in-room camera feed) which can be followed up with assistance if required. This technology also means that in room night checks can be replaced by remote monitoring therefore enabling people who sleep peacefully to remain undisturbed.
- The introduction of a male only household in Avon Court.
- Relaunch of OSJCT's All About Me life story which is underpinned by the Senses Framework (2006).
- Series of 5 webinars during covid19 restrictions related to best practice in dementia care for family carers and professionals working in the field of dementia care. The webinars brought together 920 people, with 125 people joining at least two of the events. 697 new attendees discovered our events. (Information supplied by the Marketing Team in conjunction with Eventbrite 2021).
- The launch of Step With Me one day dementia training – see Learning and Development section.
- The Launch of the Advanced Mental Capacity and Deprivation of Liberty Safeguards e learning packages, specifically for care homes – see Learning and Development section.
- Development and launch of the OSJCT's Activity Coordinators toolkit.
- Development and launch of the OSJCT's Activities Resource webpage.
- Roll out of OSJCT's activity project which focused meaningful occupation and engagement for residents – a whole Home approach to this.
- Roll out of Activities Coordinator's development days.
- Podcast – Tips for supporting somebody living with dementia at Christmas time.
- Blog – Tips for Christmas gifts for people living with dementia.
- Blog – Valentines Day celebrations for couples where a loved one lives in the care home (Millbrook Lodge, Gloucestershire).



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