Enhancing healthcare assistants’ dementia role

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- The prevalence of dementia in general hospitals
- Skills needed to undertake an enhanced dementia care role
- Potential benefits of the role for staff, patients and families

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One in four inpatients in general hospitals has dementia care needs, and faces worse outcomes if these needs go unrecognised. One large NHS trust has introduced an enhanced dementia care role for healthcare assistants, offering training in how to recognise dementia and providing one-to-one support. This article outlines the content of the training and its impact on practice and teamwork at the trust.

There are approximately 670,000 people in England living with dementia, and this number is predicted to double over the next 30 years; this increased incidence is having profound effects on patient care in hospitals. An estimated 25% of hospital beds are occupied by people with dementia; these patients also stay in hospital for longer and are more likely to be readmitted (Department of Health, 2013). On average 40% of patients aged over 75 admitted to general hospitals have dementia; only half have a prior diagnosis.

Dementia is a generic term used to describe a range of conditions that affect the brain and result in an overall impairment of the person’s function (Royal College of Nursing, 2012). It affects everyone differently, but starts with mild symptoms that get worse over time. Many people fail to seek help at an early stage, believing symptoms to be a natural part of ageing.

Despite a high prevalence among older people, dementia in this group is also often overlooked by health professionals as clues to its presence may be subtle and non-specific. However, unrecognised dementia may lead to iatrogenic illness, inappropriate and costly use of resources and poor outcomes for patients (National Chronic Care Consortium and Alzheimer’s Association, 2003).

Dementia in hospital settings
People with dementia come into hospital for the same reasons as older people generally - most commonly due to acute illness, stroke or a fall. Care delivery in general hospital settings is based on the assumption that patients are able to express their wishes, acknowledge the needs of other patients, move through the system, have their acute needs addressed and be discharged as required. However, people with dementia are often unable to do some or all of these things (Archibald, 2003).

When compared with the general patient population, patients in general hospitals who have dementia are known to have worse outcomes in terms of:
- Length of stay;
- Mortality;
- Institutionalisation.

As such, early diagnosis through assessment is essential.

The effect of going into hospital can be overwhelming for these patients; it can cause confusion and anxiety that often leads to them being viewed as aggressive and challenging. Patients may:
- Harm themselves or others;
- Say or do things that are obscene or offensive and do not reflect their true beliefs;
- Harm others;
- Require additional support.

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Nursing Practice
Innovation
Dementia care

Being admitted to hospital can be overwhelming for patients with dementia.
Nursing Practice

Innovation

Box 1. A POSITIVE EXAMPLE OF HCA CARE

A healthcare assistant on the course worked early shifts and was particularly involved in caring for Matthew James, who had been admitted from a nursing home. Mr Jones had not spoken for a very long time but his history indicated that he had enjoyed socialising and having a “sing along”.

The HCA sang while delivering personal care to him and chatted about all sorts of things. After caring for him for some time, she told Mr Jones that it was her birthday the following day. When she went to him the next morning she wished him a happy birthday.

- Be at risk of falling or wandering off;
- Inadvertently remove intravenous lines;
- Be disruptive and affect ward routines.

Ward staff may have difficulty managing this unpredictable behaviour and feel frustrated with their inability to keep wandering patients safe and at not having enough time to spend with patients to provide one-to-one care. A better understanding of dementia can enable staff to defuse potential disruptive behaviour before it escalates.

The trust’s dementia pathway

Royal Stoke University Hospital, formerly University Hospital of North Staffordshire, is the main provider of acute, general hospital services to a population of approximately half a million people living in and around North Staffordshire; it provides a range of specialist services to a wider population of three million. The trust also operates an accident and emergency department with an average of 120,000 people attending each year. It is engaged with the government’s national dementia strategy (Department of Health, 2009), with a commitment to early diagnosis and good-quality interventions for all.

Although the trust is working to ensure all staff have a fundamental understanding of dementia and the skills required to reassure and support patients, the pressures and pace in the acute setting leave little time to concentrate on developing relationships with patients who have dementia that can positively affect the way they function and interact.

To improve the situation the trust developed a dementia care pathway and produced guidance to inform and help staff to:

- Recognise the individuality and capabilities of people with dementia to ensure they are treated with dignity and respect;
- Help people with dementia to understand and manage their illness and enhance the things they can do;
- Help informal carers to continue caring for as long as possible;
- Have a rehabilitative emphasis to help people with dementia have the best quality of life possible within the limitations of their illness;
- Communicate in a way that people with dementia and their families or informal carers can understand.

Addressing the needs of patients with dementia

The trust identified the need to address the specific needs of patients with dementia, developing the role of HCAs working in nursing and therapy teams who had an interest in the condition. These HCAs would work closely with patients who have dementia, offering one-to-one support, linking with the family and carers and reporting directly to the named nurse.

A person-centred and integrated approach to the provision of care and support is fundamental to the delivery of high-quality care for people living with dementia, as it focuses attention on the individual patient’s needs rather than the system. It is the small considerations in the delivery of care that can create a more positive experience for patients and their families, such as allowing time to offer reassurance, and giving information and support in ways appropriate to the individual. Staff need to see the person and not the dementia and, while it takes time to appreciate patients’ unique history and personality, doing so can have positive effects, as demonstrated by the example in Box 1.

Recruiting participants

We advertised the opportunity to participate in the programme across the hospital and some 40 HCAs expressed an interest. The final cohort of 38 was recruited via informal interview, with selection based on personal attributes, support from line managers and work locations.

One aim of the project was to help cascade learning and skills across a broad range of clinical teams, including emergency portals, acute stroke, older people’s care, medical outpatients and the A&E.

Box 2. DEMENTIA COMPETENCY WORKBOOK

The dementia competency workbook includes the following:

- Introduction to dementia
- Reflective practice
- Supervision record
- Early signs of dementia – assessment and diagnosis
- Communication and information
- Nutrition and hydration
- Responding to unmet needs
- Context of care and support for people with dementia and their family or carers
- Promoting independence and activity
- Mobility
- End of life
Training days demonstrated dementia care techniques, such as making a memory box for patients with dementia, their families and carers.

**Outcomes and impact**
Enhancing the HCAs’ skills in caring and supporting people with dementia has enabled the trust to make better use of skill mix, as nurses can focus higher-level skills at more complex cases and broader patient services while being confident in the improved knowledge of their HCA.

One HCA working in A&E is now involved in induction training for junior doctors; another, working on the acute stroke unit, has engaged in delivering dementia awareness training to her team as well as increasing the use of “This is me” documentation and emphasising the importance of involving family and carers. Other sustainable developments include noticeboards and folders with information on dementia for staff, families and carers.

Members of the initial cohort now champion dementia and are the basis of a forum to drive best practice, leading from the bottom up, enabling protocols and procedures to be activated that can bring about change in the cultural views of dementia.

Early identification of people with dementia enables quicker access to treatment, care and support, and should break down barriers to services. For example, a better understanding of the patient with advanced dementia and person-centred care enables staff to approach individuals appropriately and gain their trust. This helps them offer patients appropriate support to adhere to treatment and hopefully speed up their recovery and discharge, increasing their chance of returning to their prior level of ability.

Increased understanding of dementia also results in greater acceptance by staff of patients with dementia and more positive experiences of care overall. Good liaison through knowledgeable, dedicated HCAs should facilitate more timely and effective discharge, thereby promoting a shift in care so that it is proactive, rather than reactive (Box 4).

**Conclusion**
Dementia care begins the moment a patient with dementia arrives at the trust and continues right through to the time they leave the hospital and beyond.

The trust aims to engender a culture that values and supports staff to be able to interact with people who have dementia, and their families, in a caring and holistic way, with an emphasis on high-quality care and best practice. This enhanced dementia care course has enabled a group of staff members to support patients with dementia, as well as their families or carers, with an emphasis on the four elements of person-centred care defined by Brooker (2003):
- Valuing people with dementia and those caring for them;
- Treating people as individuals, appreciating that all people have a unique history and personality;
- Looking at the world from the perspective of the person and listening to their voice;
- Recognising that all human life is grounded in relationships and that people need to live in a social environment that supports their wellbeing.

A second cohort commenced the programme in September 2014.

**References**


Royal College of Nursing (2012) Dementia: Commitment to the Care of People with Dementia in Hospital Settings. Bit.ly/RCNdementia.

For more on this topic go online...
- Training new HCAs to give compassionate care: Bit.ly/NTHCACompassion