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# Acacium Group

## Dementia Care Policy

Policy Reference | CLIN 48

Version | V2.1

<b>Policy Name</b>	Dementia Care Policy
<b>Purpose of Document</b>	To provide Acacium Group workers with an overview of all fundamental aspects of care that clients may require who suffer from Dementia, encompassing their physical, intellectual, emotional and social needs
<b>Target Audience</b>	All Acacium Group workers (Group policy)
<b>Version</b>	V2.1
<b>Author</b>	Sharon Jolley
<b>Date of Approval</b>	December 2017
<b>Published Date</b>	July 2018
<b>Lead Director</b>	Karen Matthews-Shard
<b>Review Frequency</b>	3 yearly
<b>Last Reviewed</b>	March 2024
<b>Next Review Date</b>	March 2027
<b>Risk and Resource Implications</b>	Resource: Training Risk: Workers in the community
<b>Associated Strategies and SOPs</b>	See pages 14 & 15
<b>Equality Impact Assessment (EIA) Form</b>	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
<b>About Acacium Group</b>	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A
<b>Legislation</b>	Legislation and Guidance pertinent to this policy can be found within Appendix B

Document History			
Version	Date	Changes made/comments	By whom
V1	Dec 2017	Implementation of new policy	KMS/SJ
V1.1	Apr 2018	Implementation of new policy template	SJ
V1.2	Feb 2020	Amend Policy number from CLIN 47	CC
V1.3	Mar 2020	Implementation of new Policy Template	CC
V1.4	Sept 2020	3 yearly review	Clinical Advisory Group
V1.5	Oct 2020	Update re Rebrand	CCR/CC
V1.6	Jan 2021	Update re Rebrand	CC
V1.7	Apr 2021	Added CHS brand	CC
V2.0	Jan 2024	Rebrand	Clinical Advisory Group
V2.1	Mar 2024	Reviewed and updated	Clinical Advisory Group

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## 1. Introduction

- 1.1 Dementia is an umbrella term used to describe a range of progressive neurological disorders. The most common are Alzheimer's disease, vascular dementia, Lewy body dementia, frontotemporal dementia and mixed dementia (Dementia UK, 2023). Other forms include frontotemporal, Lewy body, Parkinson's dementia, corticobasal degeneration, Creutzfeldt–Jakob disease, Korsakoff's Syndrome and young-onset dementia (Alzheimer's Society 2017, Dementia UK 2017). Symptoms include change of thinking speed, mental agility, language, understanding, judgement as well as memory loss (NHS Choices 2017), as well as physical decline and physical symptoms, but each affected person will experience dementia differently.
- 1.2 The number of people living with dementia was estimated to be close to one million in 2021 (944,000), by 2050 this figure is expected to rise to 1.6 million (Alzheimer's research UK, 2021). The prevalence and incidence of dementia are dependent on many factors, such as age, gender, and geographical location. It can be difficult to be certain of these numbers due to the low diagnosis rate for dementia and the gradual onset of symptoms (Alzheimer's research UK, 2021).
- 1.3 Being in hospital or cared for in one's home can be an unsettling and disorientating experience for anyone. For a person with dementia the effects may be much worse. There is growing evidence that when compared to clients without dementia, clients with dementia in are more likely to:
  - Experience poor nutrition and poor hydration
  - Develop delirium
  - Receive inadequate pain control
  - Experience extended hospital stays
  - Move from hospital into long term care or community care
- 1.4 At any one time 1 in 4 hospital beds are occupied by people living with dementia. People with dementia often experience longer hospital stays, delays in leaving hospital and reduced independent living (NICE, 2021). People with dementia are usually dependant on staff having the skills and knowledge to meet and understand their needs effectively and ensure the client's experience is the least stressful as is possible.

## 2. Purpose and Policy Statement

- 2.1 The purpose of the policy is to provide Acacium Group workers with an overview of all fundamental aspects of care that clients with dementia may require to be in receipt of, encompassing their physical, intellectual, emotional and social needs and that Acacium Group workers are required to deliver.
- 2.2 To ensure compliance with national guidance, specifically: the National Dementia Strategy (NDS), Dementia Action Alliance (DAA), National Audit for Dementia (NAD), National Institute for Health and Care Excellence (NICE).
- 2.3 Acacium Group believes that all clients should be treated with dignity and respect, free from discrimination, with the needs of clients placed paramount, therefore providing individualised and complete care. Care and support must be of high quality, safe and effective.
- 2.4 All Acacium Group workers are expected to comply with this policy at all times and work with statutory partners in order to fulfil the requirements of the policy.
- 2.5 Acacium Group workers who are unsure at any time of what action to take should contact the office for advice.

### 3. Scope of Policy

3.1 This policy complies with all legislation in relation to the Human Rights Act, Disability Discrimination Act, Race Relations Act and all relevant Health & Social Care Acts.

### 4. Definitions

Definition	Explanation
<b>Policy</b>	A high level, overall statement of intent embracing general principles and the steps which the organisation expects to be followed to achieve them. Policies are enforceable and failure to comply may result in disciplinary action.
<b>Procedure</b>	A formal set of steps to follow in order to achieve specific outcomes, which are specifically agreed for designated staff. Any deviation from the steps is acceptable if this can be justified and the rationale for doing so documented appropriately.
<b>Competence</b>	Competence should be acquired through general professional training, attending educational workshops, observation and supervised practice in the clinical setting. Competence can be examined by questioning knowledge, observing practice and reflective practice journal.
<b>Registered practitioner</b>	Refers to nurses, midwives and specialist community public health nurses who are registered on the Nursing and Midwifery Council Register.
<b>Carers</b>	A trained care worker who has relevant, current experience.
<b>Dementia</b>	The term 'dementia' is used to describe the symptoms that occur when the brain is affected by specific diseases and conditions. These include Alzheimer's disease, vascular dementia, dementia with Lewy bodies and sometimes as a result of a stroke.

### 5. Roles & Responsibilities

#### 5.1 Organisational

5.1.1 **Staff training and continuing professional development:** Acacium Group will enable staff to participate in training that supports the healthcare professional to deliver safe and effective care. This training will also help them to understand their responsibilities in relation to the discharge and admission of clients from and into hospital. Local induction programmes and regular refresher training will be provided to support organisational objectives, client safety and care that is relevant to the individual needs of the client. The training will be proportionate, and relevant, to the roles and responsibilities of each staff member.

5.1.2 **Supervision and support:** Acacium Group recognises the importance of providing supervision and support to staff.

5.1.3 **Safe recruitment and vetting procedures:** Acacium Group has in place robust recruitment and vetting procedures for all staff, in line with national and local guidance. This includes thorough checks being carried out as part of the recruitment process. Gaps in employment history are

checked and accounted for. Qualifications are checked with references always being taken up, and followed up, if necessary.

**5.1.4 Robust complaints procedures:** Acacium Group has in place robust complaints and whistleblowing procedures. Acacium Group guarantees that staff and vulnerable adults using these procedures appropriately will not prejudice their own position and prospects.

Job Title	Responsibilities
<b>Group Global Clinical Director/Group Chief Nurse</b>	Responsible for ensuring that all policies, standard operating procedures (SOPs), protocols, training, and competencies, are in place to support the Pulse nurse or care in the safe delivery of safe and effective care provision.
<b>Team leaders and senior nurses / managers</b>	<ul style="list-style-type: none"> <li>• Demonstrate leadership, be informed about, and take responsibility for the actions of their staff</li> <li>• Ensure that all staff follow policies and procedures</li> <li>• Lead on working with partners and agencies locally in order to provide timely and seamless care</li> <li>• Ensure that care is routinely planned and re-assessed with the appropriate use of resources</li> <li>• Maintain confidentiality</li> <li>• Ensure their staff access training, supervision and support relevant to their roles and responsibilities</li> <li>• Ensure their staff are clear about their professional roles and responsibilities</li> <li>• Ensure their staff make comprehensive and accurate healthcare records</li> <li>• Ensure their staff work effectively with professionals from other relevant organisations</li> <li>• Facilitate and/or undertake regular audit of practices</li> </ul>
<b>Individual staff members</b>	<ul style="list-style-type: none"> <li>• Provide a consistently high standard of care that promotes quality of life for all</li> <li>• Promote client safety, dignity, privacy, independence, choice, equality and individuality</li> <li>• Plan care routinely and use resources wisely</li> <li>• Be aware of and comply with Acacium Group policies procedures and guidance</li> <li>• Promote confidentiality, sharing information with partners on a need to know basis</li> <li>• Take part in training, including attending updates so that they maintain their skills and are familiar with procedures</li> <li>• All practitioners registered and non-registered should access regular supervision and support in line with local procedures</li> <li>• All staff should maintain accurate comprehensive and legible records, with records being stored securely in line with local guidance</li> <li>• Support the undertaking of audits and implement revisions to policies, protocols and procedures</li> </ul>
<b>Clinical Advisory Group - CAG</b>	Review polices and clinical documents for the Group in order to safeguard and improve quality in line with the Groups vision, strategic aims and in a context in which diversity is recognised and widely celebrated

## 6. Dementia Screening

6.1 It is essential that dementia is diagnosed as early as possible in the disease process to enable people access to the appropriate care, support and treatment available, including support to plan for the future i.e. making an advanced decision and appointing a Lasting Power of Attorney (Dementia Action Alliance (DAA), National Dementia Strategy (NDS), and The National Institute for Health and Care Excellence (NICE). UK NSC screening recommendation Based on the last UK NSC review of this condition that occurred in April 2019.

6.2 Screening is not currently recommended for this condition.

6.3 Screening for dementia is not recommended because:

- there are no screening tests which could find people with dementia before they show symptoms
- there is no evidence that current treatments for dementia are effective
- there is concern about how people diagnosed by screening may be affected by dementia related screening

6.4 It is estimated that only 63% of people with dementia receive a diagnosis (NHS England, 2016).

6.5 This is completed by a nursing or medical professional and involves a comprehensive physical examination and also a biographical profile must be completed to confirm a diagnosis of dementia. Many GP's now refer to memory clinics for diagnosis.

6.6 Assessment of risk and planning are integral to the effective management of dementia care provision and Acacium Group health staff will be expected to contribute to these processes.

6.7 The assessment of risk and minimising risks to clients and staff are not laborious and all Acacium Group healthcare professionals must support the need to improve the wellbeing of clients, their families and the people they work with.

## 7. Equality of Care and Promoting Choice

### 7.1 Privacy and dignity

7.1.1 All clients are entitled to care that is sensitive to their needs, in the privacy of an appropriate room within their home. They will be offered the choice of having relatives support their care, however their wishes will be respected if this is not what they want.

7.1.2 Acacium Group workers will ensure that where possible windows are shut, curtains closed and that when care is being delivered this will be given free of interruptions. Care will be provided in a timely and efficient manner; the use of mobiles will be restricted during the provision of care to emergencies only.

**Please refer to Policy CLIN 05 Privacy & Dignity.**

### 7.2 Safety

7.2.1 Safety of the client is paramount. Risk assessments are required to ensure that clients are not put at risk from care activities. Where risks are found, actions will be taken to minimise. Such actions may be the use of anti-slip devices, sitting instead of standing, checking the temperature of water before use and any other safety measures as required.

7.2.2 The health and safety of staff is also of paramount importance to Acacium Group executives and senior managers. Acacium Group staff should ensure they follow all Acacium Group health and safety policies and procedures such as:

### 7.3 Independence

7.3.1 Where possible, independence should be promoted and clients encouraged and enabled to do as much as possible for themselves. Where Acacium Group workers are aware of ways that may help the service to overcome difficulties these should be discussed. "Care plans should address activities of daily living that maximises independent activity, enhance function, adapt and develop skills and minimise the need for support." Dementia: assessment, management and support for people living with dementia and their carers June 18.

### 7.4 Protection of vulnerable adults and children

7.4.1 At all times the Acacium Group worker must be aware that clients and members of their family may be at risk of forms of abuse. Acacium Group staff should be on the constant look out for signs of abuse and report any concerns they may have, following the Acacium Group policies:

- CLIN 08 Safeguarding of children
- CLIN 09 Safeguarding of adults

### 7.5 Reducing the risk of infection

7.5.1 It is always important to try and minimise the risk of infection to clients, so a clean environment when working and caring should always be provided, following Acacium Group policies and procedures on:

- CLIN 07 Infection Prevention
- SOP INF CONTROL 01 Aseptic Technique
- SOP INF CONTROL 02 Standard Precautions
- SOP INF CONTROL 03 Hand Washing

### 7.6 Care planning and provision

7.6.1 All care must be thoroughly assessed and planned and re-assessed. The following policies and procedures are for use:

- Care planning
- Activities of daily living
- Personal care

7.6.2 Interventions Care plans for carers should include tailored interventions, such as:

- Individual psychoeducation
- Peer-support groups tailored to the needs of the individual (for example, the stage of dementia of the person being cared for)
- Telephone and internet information and support
- Training courses about dementia, services and benefits, and dementia-care problem solving.

7.6.3 **'This Is Me'**: To enable effective care planning and to provide appropriate occupation and stimulation for clients with dementia, it is essential that a life history is obtained. This should be completed using the 'This Is Me' format. Ideally, relative/carer involvement should be sought. This will improve client experience, support client centred care and reduce agitation/aggression thus reducing their anxiety. If applicable 'This Is Me' documentation should be copied and accompany the client when outside of the home.

7.6.4 **Individualised Care Plan**: All clients care plans must be individualised to meet their specific needs and identify aims and goals of care/treatment (NDS, NAD, DAA, NICE). An on-going

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assessment must take place to identify signs changes or deterioration. If detected a detailed assessment should be completed by a nursing or medical professional, who will plan care accordingly and implement any relevant changes.

7.6.5 **Gold Standard Framework:** It is important that clients with dementia receive treatment for all potentially reversible illnesses if appropriate. However, as the dementia advances it is important that all professionals consider whether the person may be reaching the end stages of the disease and plan future care appropriately. This is likely to require a Mental Capacity Assessment and Best Interests decision carried out by a medical professional. The Dementia Prognostic Indicator provides guidance and aims to help clinicians in earlier identification of those adult clients nearing the end of their life who may need additional support.

7.6.6 **Approaching End of Life:** It is essential to note that when reference is made to nearing the end of their life this is referring to anyone it is identified may not survive the next year nor that we are anticipating that they might die within days or weeks. If it is identified that the client may be nearing the end of their life the Gold Standard Framework Checklist should be considered which will trigger specific support, clarify particular needs, offer advance care planning discussions, prevent crisis admissions to hospitals and provide pro-active support to help the client 'live well until they die.'

7.6.7 **Nutritional Assessment:** As dementia progresses, there may be changes in a client's eating habits and their ability to eat independently. There may be changes to taste, the ability to swallow or appetite (increase or decrease). Various factors can also hinder oral intake including constipation, mouth problems and poor oral hygiene. Finger foods are good way of prolonging independent eating and can be used if the client is unable to sit still for long periods of time. If there are concerns about a client's nutritional intake, please complete the MUST (Malnutrition Universal Screening Tool) booklet and refer as appropriate to the dietitian and/or Speech and Language Therapy (SALT).

7.6.8 **Behavioural and Psychological Symptoms of Dementia:** More than 90 per cent of client's with dementia will experience behavioural and psychological symptoms of dementia. These symptoms, which include aggression, agitation and psychosis (delusions and hallucinations), can be distressing as well as presenting a challenge for care and treatment.

7.6.9 In many cases behavioural and psychological symptoms can be prevented and managed without resorting to antipsychotic drugs. The key to achieving this is to follow the principles of good person-centred care.

7.6.10 Person-centred care involves tailoring a person's care to their interests, abilities, history and personality. This helps them to take part in the things they enjoy and are meaningful to them and can be an effective way of preventing and managing behavioural and psychological symptoms of dementia.

7.6.11 The key points of person-centred care are:

- Treating the person with dignity and respect
- Understanding their history, lifestyle, culture and preferences, including their likes, dislikes, hobbies and interests
- Looking at situations from the point of view of the person with dementia
- Providing opportunities for the person to have conversations and relationships with other people
- Ensuring the person has the chance to try new things or take part in activities they enjoy

7.6.12 Family, carers and the person with dementia (where possible) should always be involved in developing a care plan based on person-centred care. Their knowledge and understanding of the client is extremely valuable to make sure the care plan is right for them (Alzheimer's Society; How to become a recognised dementia-friendly community).

7.6.13 It is essential that all behaviour is documented on a Behaviour chart. The purpose of this is so themes can be examined and 'triggers' which might precipitate behaviour and effective strategies can be identified.

7.6.14 Where clients are requiring increased levels of support or observation staff must inform the office where a decision will be made by senior managers/nurses, to consider making a Deprivation of Liberty Safeguards (DOLS) application if the client lacks the mental capacity to consent. In all instances where clients with dementia are declining or refusing any aspect of care or treatment a mental capacity assessment should be considered and a referral must be made to a Dementia Specialist/Clinician.

7.6.15 Clients with dementia who experience distress, or who present with behaviour that is perceived to be challenging, should be referred to a Dementia Specialist (NDS, DAA, NAD, NICE). A mental health opinion should be sought where appropriate.

## 7.7 Unmet Needs

7.7.1 The Alzheimer's Society report that the prescription of antipsychotic drugs to people with dementia was often the result of factors other than the symptoms of dementia. In particular, a lack of training in dementia care for staff means that professionals are often not aware that symptoms such as restlessness and shouting out can be the expression of unmet needs. This could be because of unidentified pain or boredom due to a lack of social activity being available. The report showed that two thirds of prescriptions for antipsychotic drugs are unnecessary or inappropriate (Alzheimer's Society, 2014).

7.7.2 Clients with dementia have the same needs as everyone else, including comfort, social interaction, stimulation, emotional wellbeing, spiritual needs and being free from pain. However, people with dementia may be unable to recognise their needs, know how to meet them, or communicate/express what they need to others. It is therefore important, that staff ensure the client is not experiencing any of the following:

- Pain
- Thirst
- Dry/sore mouth
- Constipation
- Boredom
- Lack of exercise
- Too hot/cold
- Over-stimulation

7.7.3 Ensure the client is supported to communicate their feelings. It is common for all people to become frustrated and sometimes aggressive if they feel ignored

## 7.8 Information & Records Management

7.8.1 Sound documentation will form the basis of good care. All care will be well recorded and Acacium Group personnel should remember that almost all information can be made available to the public under the Freedom of Information Act and that all personal identifiable information must be kept secure and not disclosed apart from when it is legal to do so.

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7.8.2 The following policies and procedures are available to support personnel in their functions:

- CLIN 11 Freedom of Information
- CLIN 13 Record keeping
- CLIN 14 Records Management
- SOP IG 1 Disclosure of Information
- SOP IG 2 Retention, archive and disposal of documents

#### 7.9 Staff competence

7.9.1 Acacium Group will invest in their personnel to enable nurses and carers to provide care that is clinically efficient, safe and up to date.

#### 7.10 Complaints and incidents management

7.10.1 Acacium Group will ensure that the organisation learns from complaints and incidents and therefore expects an open and honest culture. The following policies and procedures are developed for Acacium Group personnel to follow:

- CORP 14 Complaints
- ORG 04 Incident Reporting

### 8. Evidence Based Care

8.1 The effectiveness of care will be regularly reviewed and improved, and Acacium Group will work with other care providers to promote areas of new evidence or research that may benefit the client.

### 9. Client and Family Involvement

9.1 Acacium Group recognises that the input of the client and members of the family is vital to providing care that is acceptable and to a high standard.

9.2 The wishes of the client and family must always be taken in to account and if the desired aspect of care cannot be provided or is unsafe, this should be explained.

9.3 Clients and family members should also be trained to provide aspects of care when appropriate and be fully involved in care planning and review.

### 10. Decision Making

10.1 All clients with dementia should be presumed to have capacity unless proven otherwise. All decisions about their care and treatment and consent must be gained lawfully. All staff should adhere to the consent policy.

10.2 The client must remain at the centre of decision making even if it is deemed that they do not have the capacity to make a particular decision.

10.3 Within England and Wales, where there is a registered LPA for health and welfare, please refer to ORG 41 Mental Capacity Act 2005 (MCA) & Deprivation of Liberty Safeguarding Policy.

10.4 With Northern Ireland, they would follow the Deprivation of Liberty Safeguards. With Scotland, they would follow the Adults with incapacity (Scotland) act 2000.

## 11. Consent

- 11.1 Acacium Group policies comply with the national consent requirements. Acacium Group recognises that clients have the right to be given information about any care due to be given and to decide if they want the care provided or not.
- 11.2 All clients with dementia should be presumed to have capacity unless proven otherwise. All decisions about their care and treatment and consent must be gained lawfully. All staff should adhere to the consent policy.
- 11.3 The client must remain at the centre of decision making even if it is determined that he/she does not have the capacity to make a particular decision.
- 11.4 Alternatives, risks and benefits must always be explained and consent documented in the nursing care records.
- 11.5 Relatives cannot give consent on behalf of the client unless it is a person with responsibility for a person under the age of 18 or they have been given appropriate rights e.g. Lasting Power of Attorney for health and care (LPA)
- 11.6 Acacium Group personnel are able to deliver care in the best interests of the client as long as there is an urgent need and the client's health and wellbeing could be seriously affected without appropriate intervention.

**All Acacium Group personnel must refer to the Acacium Group CLIN0 6 Consent policy.**

## 12. Record Keeping

- 12.1 All records must be kept in accordance with national requirements such as the Data Protection Act 2018 and with Acacium group information governance and records management policies.
- 12.2 All aspects of care provided must be thoroughly documented along with the actions taken and rationale for the actions taken.
- 12.3 All records remain the property of the commissioner of the care package, and the commissioner is responsible for the storage and retention of the records in line with the CQC Fundamental Standards.

## 13. Reporting Breaches in Policy

- 13.1 Acacium Group supports the use of a thorough, open and multi-disciplinary approach to investigating adverse events, where improvements to local practice can be discussed, identified and disseminated.
- 13.2 It is important that an open culture exists in order to encourage the immediate reporting of errors or incidents.
- 13.3 All errors and incidents require a thorough and careful investigation at a local level, through the use of DATIX, taking full account of the context and circumstances and the position of the practitioner involved. Such incidents require sensitive management and a comprehensive assessment of all the circumstances before a professional and managerial decision is reached on the appropriate way to proceed.

- 13.4 If any Acacium Group staff member makes or identifies an error or incident, they should inform their line manager and/or the Clinical Director as soon as possible after the event.
- 13.5 All errors (client safety incidents) and near misses should be reported through the Acacium group incident reporting system.
- 13.6 The Clinical Director would then make the decision to report the incident to the NHS England and NHS Improvement through the National Reporting and Learning System (NRLS).
- 13.7 When considering allegations of misconduct, the Clinical Director will identify if the error was the result of reckless or incompetent practice and/or was concealed, if identified this may result disciplinary action and external reporting to the professional bodies.
- 13.8 Those that result from other causes, such as serious pressure of work, and where there was immediate, honest disclosure in the client's interest. Acacium Group may still suspend to take local disciplinary action where it is considered to be necessary.
- 13.9 All lessons learned from errors and incidents will be reviewed by the Governance committee and disseminated across the organisation.

**Please refer to the Acacium Group Incident Reporting Policy for further direction.**

## 14. Audit/Monitoring

- 14.1 Audit of compliance with policies and procedures is detailed in individual policies.

## 15. Associated Policies / SOPs

### **Polices**

- CLIN 01 Risk Management Policy
- CLIN 03 Medicines Management Policy
- CLIN 04 Urinary Catheterisation Policy
- CLIN 05 Dignity & Respect Policy
- CLIN 06 Consent Policy
- CLIN 07 Infection Prevention Policy
- CLIN 09 Safeguarding Vulnerable Adults at Risk Policy
- CLIN 10 Allergy Policy
- CLIN 12 Safe Use of Medical Devices Policy
- CLIN 11 Freedom of Information
- CLIN 13 Record keeping
- CLIN 14 Records Management
- CLIN 15 Nutrition Policy
- CLIN 18 Manual Handling
- CLIN 23 Tissue Viability Policy
- CLIN 25 Transporting a Client Policy
- CLIN 27 Death of a Client & Care After Death Policy
- CLIN 40 Do not Attempt Resuscitation (DNAR) Policy
- CORP 11 Risk Management Strategy Policy
- ORG 06 Communication Policy
- ORG 03 Health & Safety Policy
- ORG04 Incident Reporting Policy

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## ORG 41 Mental Capacity Act 2005 (MCA) & Deprivation of Liberty Safeguarding Policy

### **SOPs**

- SOP CATH 01 Urethral Catheterisation (male & female)
- SOP CATH 02 Supra Pubic Catheterisation (male and female)
- SOP CATH 03 Guidance for the Care of Clients Catheterised for Retention of Urine
- SOP CATH 04 Catheter Management for Urinary Catheters that Block, Bypass or are Expelled with Balloon Intact
- SOP CATH 05 Intermittent Self-Catheterisation
- SOP CATH 06 Urinary Catheter Removal
- SOP CATH 07 Urinary Catheter Bag Emptying
- SOP CATH 08 Bladder Washouts
- SOP CATH 09 Urinalysis
- SOP CATH 10 Collection of a Catheter Urine Specimen
- SOP CATH 11 Penile Sheath Application & Changing
- SOP CATH 12 Attaching and Detaching a Night Bag
- SOP CON 01 Gaining Consent and Declining Consent
- SOP EM 01 Emergency Procedures
- SOP GEN 03 Pressure Area Management
- SOP GEN 06 Chaperoning Clients
- SOP GEN 10 Stoma Care
- SOP GEN 12 Pain Assessment
- SOP GEN 13 Eye Care
- SOP GEN 14 Mouth Care
- SOP GEN 15 Management of the Confused
- SOP HS 02 Lone Working
- SOP INF CONTROL 01 Aseptic technique
- SOP INF CONTROL 02 Standard Precautions
- SOP INF CONTROL 03 Hand Washing
- SOP IG 1 Disclosure of Information
- SOP IG 2 Retention, archive and disposal of documents
- SOP IG 13 Collection and Recording of Client Data
- SOP MEDS 01 Controlled Drugs
- SOP MEDS 02 Oral Administration
- SOP MEDS 03 Rectal Administration
- SOP MEDS 04 Subcutaneous administration
- SOP MEDS 05 Administration of Meds via PEG
- SOP MEDS 06 IM Injection
- SOP MEDS 07 IV Administration
- SOP MEDS 08 Central Line Administration
- SOP MEDS 09 Removing Discontinued and Out of Date Medications
- SOP MEDS 10 Administration of Meds per Vagina
- SOP MEDS 11 Topical Administration of Meds
- SOP MEDS 12 Administration of Ear Drops
- SOP MEDS 13 Eye Drops and Ointments
- SOP MEDS 15 Administration of Meds via Gastrostomy & Jejunostomy
- SOP MEDS 16 Buccal and Sublingual Administration
- SOP MEDS 17 Administration via Metered Dose Inhalers
- SOP MEDS 18 Administration of EpiPen and Anagels
- SOP MEDS 19 Self Administration of Medication
- SOP MEDS 20 Administration of Oxygen Therapy (Adult and Child)
- SOP NUT 01 Gastro Care & Jejunostomy Care
- SOP NUT 02 Enteral Feeding

SOP NUT 03 Gastro and Jejunostomy Feeding  
SOP NUT 04 Nasogastric Feeding  
SOP RISK 01 Risk Assessment

## 16. References

- Alzheimer's Society How to become a recognised dementia-friendly community  
<https://www.alzheimers.org.uk/get-involved/dementia-friendly-communities/how-to-become-dementia-friendly-community?documentID=341>
- Alzheimer's Society (2014) Reducing the use of antipsychotic drugs: A guide to the treatment and care of behavioural and psychological symptoms of dementia. Available from: <https://www.alzheimers.org.uk/about-us/policy-and-influencing/what-we-think/antipsychotic-drugs>
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## Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 <b>GP World</b> Part of Acacium Group	 <b>pulse</b> Part of Acacium Group	 <b>Proclinical</b> Part of Acacium Group
 <b>Bank partners</b>	 <b>espirita</b>	 <b>INGAGE</b> multistaffing   one solution
 <b>Liquid</b> + Healthcare	 <b>Thornbury Nursing Services</b>	 <b>Scottish Nursing Guild</b>
 <b>Thornbury Community Services</b>	 <b>Hobson Prior</b>	 <b>maxxima</b> +
 <b>xyla</b>	 <b>Ellea Nursing</b> Part of Acacium Group	 <b>CHS Healthcare</b>
 <b>DRA</b> DUNN REGULATORY ASSOCIATES		

## Appendix B: Legislation

1. This policy complies with all legislation in relation to the Human Rights Act, Disability Discrimination Act, Race Relations Act and all relevant Health & Social Care Acts.
2. The Health & Safety at Work Act 1974 requires that all organisations with more than three staff have in place processes to promote the health and safety of their staff.
3. Latex is classed as a hazardous substance which is covered by the Health and Safety Executive's Control of Substances Hazardous to Health (COSHH) Regulations 2002. Under the regulations, organisations have a duty to assess the risk, eliminate, substitute, and limit and control exposure to latex, unless there is a need to use it.
4. There is a requirement to report diagnosed cases of Occupational dermatitis (schedule 3) to RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995.
5. **Equality and diversity**
  - 5.1 Under the Race Relation (Amendment) Act 2000 Acacium Group has a statutory duty to 'set out arrangements to assess and consult on how their policies and functions impact on race equality', in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. The Equality Act October 2010 demands a similar process of Equality Impact Assessment in relation to disability. An EAI must be completed by the author of this policy using the checklist provided in Appendix A. See also Acacium Group Equality and Diversity policy.
  - 5.2 All staff are expected to deliver care and support in a manner which respects the individuality of each client and their carers and treat users of Acacium Group services and their carers fairly and members of the workforce respectfully, regardless of age, gender, race, ethnicity, religion/belief, disability and sexual orientation.