

## **Aligning Nursing Skills**

# **All Wales NHS Nursing Skill Set for Dementia and Cognitive Impairment**

## Introduction

This Dementia Skill Set for registered nurses in NHS Wales has been developed as part of the Chief Nursing Officer's Aligning Nursing Skills programme and is devolved through the All Wales Executive Directors of Nursing group. The primary intention of that programme is to ensure that, in a rapidly changing world, the registered nursing workforce across Wales is fit for purpose, both now and in the future. In particular the programme acknowledges and addresses the issue of potential deficits in both knowledge and skill associated with a number of increasingly prevalent clinical conditions or patient populations.

This skill set contributes to the overall programme by setting out realistic expectations regarding the minimum knowledge and skills that **all** registered nurses employed by NHS Wales, should possess in relation to the care of people with cognitive impairment. It is particularly aimed at band 5 nurses and for those who are newly qualified. The skill set is not only for the acute hospital nurse but is equally applicable to all clinical settings, including community, primary care, mental health and learning disability nursing. It supports the All Wales Aligning Nursing Skills Governance Framework and Portfolio; specifically how this skill set and the portfolio complement each other is shown in figure 1 (see appendix I).

The vision is for a future in which citizens with dementia can expect to have both their physical and mental health needs fully met in the setting that is most appropriate whether that be their own home or a hospital. There will be a small number of people, those who present with more complex and challenging mental health needs, for whom specialist mental health advice and care planning will be required. That should be available through advanced nurse practitioners specialising in dementia care. Finally, a very small number of patients with dementia will require the attention of a liaison psychiatrist and possibly transfer to a specialist mental health ward

In short this skill set is intended to support nurses to provide care to the majority of patients who in addition to their physical health problems are also affected by a dementia.

## Dementia and Cognitive Impairment in context

Cognition is one's ability to process information, apply knowledge, and make decisions. Cognitive impairment refers generally to any condition that acts as a barrier to effective cognitive functioning. It encompasses a broad range of conditions that may be congenital (such as a learning disability) or acquired (such as that related to a head injury, a mental health problem, or a specific neurological condition). It is important to note that different forms of cognitive impairment may co-exist with each other and that this will add to the complexity of an individual's presentation and management.

There are an estimated 43 477 people with dementia across Wales<sup>1</sup>. This figure is set to increase by 31% over the next decade as the population ages. Across the age spectrum there are almost 13,000 people with a learning disability using services in Wales. People with Down's syndrome, as a sub set of this population, are significantly at risk of developing dementia; one in every 50 between the ages of 30 to 39 years increasing to almost one in two with Down's syndrome over the age of 60 years<sup>2</sup>.

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<sup>1</sup> Dementia UK 2<sup>nd</sup> edition, 2014

<sup>2</sup> Alzheimer's Society, 2014

Across Wales there are estimated to be 500,000 people with a neurological condition of which 100,000 will have a long term neurological condition<sup>3</sup> (excluding dementia) that may cause temporary or progressive cognitive impairment. The prevalence of neurological conditions includes; stroke (800 cases per 100,000 of the population); epilepsy (500 cases per 100,000); Parkinson's disease (160 cases per 100,000) and motor neurone disease (5 cases per 100,000).

The delirium syndrome only affects 0.4% of the adult general population but almost 14% of the population aged over 85 years will, at some point, be affected. Amongst hospital in-patients delirium occurs in around 20% to 30% of cases on medical wards and 10% to 50% on surgical wards, so, dependent upon speciality between one and five of every ten acute hospital beds will be occupied by a person with delirium<sup>4</sup>. It is challenging to manage, slow to resolve and for older people has outcomes as poor as those for dementia<sup>4</sup>.

By far the commonest cause of cognitive impairment seen in our hospitals across Wales is dementia but it is important to state that no-one should be admitted because they have dementia. Admission to an acute hospital is related to the presence of acute physical health problems, most commonly related to injury from a fall, or an infection or a stroke<sup>5</sup>. Over and above the need to provide effective clinical care the presence of dementia brings further challenges that often, and regrettably, the NHS as a whole fails to rise to. Patients with dementia are faced with common negative outcomes<sup>5</sup>:

- stay in hospital longer than patients without impairment who are admitted for the same illness or injury
- lose independent living skills
- communicate unmet needs through behaviours that we find challenging
- are more likely to be discharged into a permanent care facility rather than return home

Effective dementia care nursing at times of acute illness requires a specific set of skills informed by a specific knowledge base that together reflect a series of core principles. The principles for effective nursing care, as set out in this document, for those with dementia, are equally applicable to those with other cognitive impairments. In focussing specifically upon dementia no disrespect is intended to those affected by other conditions nor do we intend to diminish the personal impact of those conditions.

## **Developing the skill set**

A panel of adult and mental health nurses<sup>6</sup> with a special interest in dementia care and education was convened to develop this skill set. All Health Boards in Wales were invited to participate and the panel was joined by senior representation from Welsh Government and NHS Wales. Through a series

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<sup>3</sup> Jader, L. 2007. An overview of neurological disorders in Wales. *Neuroepidemiology* 28 (2) 65-78

<sup>4</sup> National Institute for Health and Clinical Excellence. 2010. Delirium: diagnosis, prevention and management. NICE Clinical guideline 103

<sup>5</sup> Alzheimer's Society. 2009. Counting the cost – caring for people with dementia on hospital wards. London, Alzheimer's Society.

<sup>6</sup> See appendix I for panel membership

of workshops ten themes were identified and refined around what the panel believed were realistic expectations.

For each of the ten themes the panel has also identified the minimum requirement (the 'sufficient degree') and presented this as a behavioural indicator. For those nurses not yet able to evidence competence or understanding the panel has provided advice on the means by which these may be acquired. It is important to note that evidence comes from a diverse array of sources and as such this document does not take a prescriptive stance.

## **Underpinning values and beliefs**

The panel identified a fundamental set of values and beliefs that underpin this skill set. In essence where the cognitive impairment cannot be treated then nurses should aim to support people to;

- live well despite the impairment,
- feel part of a supportive community,
- live a life that has value, meaning and purpose,
- feel listened to and valued,
- be safe and free from restrictive physical intervention.
- be compassionately cared for when ill.
- die with dignity.

It is imperative that the knowledge, expertise and opinions of carers and family members is acknowledged and used to shape care that is delivered by each nurse. This represents a pragmatic and honest move away from the perception that the health care professional always knows best towards a more desirable partnership model. As well as learning to offer carers opportunities to remain involved each nurse must become sensitive to the needs that carers of people with dementia have and build skills aimed to helping to address those needs.

## **The Tool Kit**

It is important that nurses have adequate access to a range of tools and resources that support the acquisition of knowledge and the development of technical skills. The tool kit associated with this skill set is maintained on the cognitive impairment web pages of the Aligning Nursing Skills platform.

That platform may be found at [website address will be inserted here.](#)

## The Ten Themes

1	<p><b>Understanding dementia as a clinical syndrome –</b> To a sufficient degree that the nurse can correctly educate or inform others including the patient and carers.</p>
2	<p><b>Understanding how people are affected by dementia –</b> To a sufficient degree that the nurse can differentiate between the impact on the patient and also on his carers or significant others. That understanding can be evidenced through the nurse’s professional practice.</p>
3	<p><b>Appreciating and learning from the experience of the carer –</b> To a sufficient degree that the nurse can engage with carers to enhance the quality of care delivered whilst being mindful of the impact that caring has on the carer.</p>
4	<p><b>Effective and sensitive communication –</b> To a sufficient degree that communication between the nurse and the patient with dementia is a satisfactory experience for both parties.</p>
5	<p><b>Understanding of the Person Centred Approach –</b> To a sufficient degree that the nurse can apply the principles of person centred care and that can be evidenced through the nurse’s professional practice.</p>
6	<p><b>Having sensitivity to unmet need –</b> To a sufficient degree that the nurse understands the concept of unmet need in respect of both physical and psychological care and responding to unmet need can be evidenced through the nurse’s professional practice</p>
7	<p><b>Responding compassionately through meaningful intervention –</b> To a sufficient degree that the nurse understands how to use personal qualities and life experience in a therapeutic manner and can also identify which broader interventions are appropriate for the individual patient.</p>
8	<p><b>Understanding vulnerability and safeguarding –</b> To a sufficient degree that the patients are safe, their rights are recognised and protected by the nurse who is also competent to participate in activity related to the Mental Capacity Act.</p>
9	<p><b>Awareness of aspects of physical health and well-being –</b> To a sufficient degree that health promotion messages can be incorporated in the nurse’s advice about how to live well with dementia.</p>
10	<p><b>Awareness of the supportive environment –</b> To a sufficient degree that the nurse can understand the principles of a dementia supportive environment and can influence the development of such an environment within the workplace.</p>

## The Self-assessment checklist

For each theme you should personally assess your own level of competency against the standards. The most you can score in total for each theme is 10, then, to derive your average score, for the theme, divide your total by five. A working example may be found within the online tool kit associated with this skill set.

### The scoring criteria for each expected standard

<b>2</b>	You believe that you are competent and can demonstrate this through behaviour in your nursing practice and by producing the required portfolio evidence.
<b>1</b>	You believe that you are competent in some elements but need to develop further so as to fully demonstrate competence. You might be starting to develop portfolio evidence to use at your next review.
<b>0</b>	You believe that you never had the opportunity to develop this competence or have not used it for some time.

### What your average score means

<b>2</b>	<b>You are fully competent in this theme.</b> To achieve this score you will need to provide portfolio evidence of the kind that is suggested for each theme which we have identified as key to delivering quality dementia care. It is anticipated that within two PDP cycles all nurses should be in a position to demonstrate level 2 competency.
<b>1.99 to 1</b>	<b>You are not yet fully competent but probably soon will be.</b> In discussion with your PDP reviewer you decide that you have achieved level 1 competency and as such do not need to provide the same portfolio evidence as you would for level 2 competency. The main evidence at this level is a personal development plan. However, you would probably be starting to collect the kind of evidence that you will need for level 2 competency and you will be achieving a score of 2 for some of the themes.
<b>0.99 to 0</b>	<b>You need to take action to start building your competence.</b> You need help to develop and demonstrate this in your nursing practice –you must develop a robust personal development plan setting out your plans for the coming twelve months.

## Theme 1 – Understanding Dementia as a Clinical Syndrome

This theme highlights how important it is to recognise if a person is affected by dementia so as to protect their dignity and better identify, and meet, their nursing needs. It is essential that you understand dementia as a clinical syndrome rather than an illness itself. Being able to differentiate between the common causes of dementia will allow you to plan and deliver more effective care. It is also important that you can recognise when a person does not have dementia, even though they may present with one or more of the general symptoms, and especially important to know how to respond to people affected by a delirium.

Expected Standards	Portfolio Evidence	Self-Assessed Score		
		2	1	0
You can explain what is meant by the term dementia sufficient to show an understanding of the aetiology of dementia.	<p>You must demonstrate that you have an understanding of what dementia is in clinical terms.</p> <p>Choose one or more of these standards and write a short reflective piece of around 500 words that demonstrates your knowledge and clinical application.</p> <p>Successful completion of module 1 of the All Wales dementia e. Learning is required.</p>			
You can define dementia syndrome sufficient to state the main signs or symptoms.				
You can differentiate between the commonest types of dementia sufficient to explain these to the patient and carer and, to identify implications for nursing care.				
You can demonstrate an understanding of the cognitive changes which accompany delirium sufficient to identify the key similarities, differences and management strategies.				
You can correctly use one of the basic cognitive assessment measures from the tool kit <sup>7</sup> and you can correctly interpret the score obtained.				
Average self-assessed score (total divided by five)				

<sup>7</sup> The All Wales bi-lingual cognitive assessment toolkit is included in the Aligning skills toolkit

## How can you acquire the required knowledge?

You must satisfy your personal development reviewer that you have acquired the knowledge that is necessary to strengthen and underpin your practice. If you cannot yet meet one or more of the standards then your personal development plan should identify how you will do so. There are many, varied and creative opportunities for acquiring knowledge and these might include:

- All Wales Dementia e- learning modules
- Credible evidence-based textual sources such as text books or NICE guidelines
- Multi-disciplinary team meetings
- Ward or service-based teaching sessions which may be led or facilitated by dementia champions
- Locally-developed training modules in dementia awareness
- Through the local production of dementia literature or handbooks
- Post registration courses provided through higher education institutions

This is not a prescriptive list and it is the responsibility of your reviewer, your line manager, your dementia education or training lead as well as yourself to decide on the appropriate acquisition method. We do, however, suggest that you may want to explore the following:

	<p>The Alzheimer’s Society website contains a wealth of reliable information that can be referred to as you evidence many of the standards in this framework. The address is:</p> <p style="text-align: center;"><a href="http://www.alzheimers.org.uk">http://www.alzheimers.org.uk</a></p>
	<p>National Institute for Health and Clinical Excellence. Guideline CG42: Supporting people with dementia and their carers in health and social care.</p> <p>This guideline makes specific recommendations on Alzheimer's disease, dementia with Lewy bodies (DLB), front temporal dementia, vascular dementia and mixed dementias, as well as recommendations that apply to all types of dementia. It can be accessed from this address:</p> <p style="text-align: center;"><a href="https://www.nice.org.uk/guidance/cg42/chapter/introduction">https://www.nice.org.uk/guidance/cg42/chapter/introduction</a></p>
	<p>The All Wales dementia modules can be accessed from this address:</p> <p style="text-align: center;"><a href="https://learning.wales.nhs.uk">https://learning.wales.nhs.uk</a></p>

## Theme 2 – Understanding how people are affected by dementia

This theme highlights all the ways in which the person with dementia is affected by it. We call that the lived experience and it encapsulates not just all of the physical and psychological changes that dementia brings but the ways in which that person tries to make sense of what is happening to him or herself. Achieving competence in this theme makes it easier for you to interact with and deliver compassionate and dignified care to the person with dementia, have more meaningful interaction with carers and support colleagues who may not be coping.

Expected Standards	Portfolio Evidence	Self-Assessed Score		
		2	1	0
You can correctly describe the psychological and emotional impacts of dementia upon the person with dementia and use this knowledge to inform your practice.	<p>For this theme you must evidence your understanding through your professional practice and you are required to provide at least one written reflective example in your portfolio.</p> <p>Additionally a written statement from a patient or carer testifying to your practice around this theme would be acceptable.</p> <p>You could deliver a teaching session to students or colleagues and include your teaching materials.</p> <p>You could include an anonymised care plan that you have developed and which reflects this theme.</p>			
You can correctly explain the common experience of the loss of the sense of self described by many people with dementia.				
As a hospital based nurse you understand how the experience of being in hospital can be a profoundly negative experience for a person with dementia. Or, As a community nurse you understand how dementia can contribute to social isolation within that persons own community.				
You demonstrate an understanding of the relationship between the psychological and emotional aspects of dementia and changes in behaviour that some may find challenging.				
You can describe the changes to independent daily living skills that dementia can cause and the impact this on self-esteem.				
Average self-assessed score (total divided by five)				

## Theme 2 - How can you acquire the required knowledge?

Opportunities for acquiring knowledge might include:

- Reflective practice
- Clinical supervision
- The use of “This Is Me”, “Getting To Know You” and similar patient-focused information tools as the basis of reflective discussion
- Conducting or helping to conduct a carer’s needs assessment
- Conducting formal Observations of Care
- Using complaints, concerns, incidents and Root Cause Analyses as the basis of critical reflection

This is not a prescriptive list and it is the responsibility of your reviewer, your line manager, your dementia education or training lead as well as yourself to decide on the appropriate acquisition method. We do, however, suggest that you may want to explore the following:

	<p>The Dementia Advocacy and Support Network International (DASNI) is a worldwide network developed by people affected by dementia to tell their story. Its address is:</p> <p><a href="http://www.dasninternational.org">http://www.dasninternational.org</a></p>
	<p><b>Dancing with Dementia</b> authored by Christine Bryden and published by Jessica Kingsley in 2005 (ISBN-13: 978-1843103325)</p> <p><b>Telling tales about dementia</b> an anthology of carers stories edited by Lucy Whitman and published by Jessica Kingsley in 2009 (ISBN-13: 978-1843109419)</p>
	<p>The Social Care Institute of Excellence has a Dementia Gateway leading to relevant e. Learning. The relevant section can be accessed via this address:</p> <p><a href="http://www.scie.org.uk/socialcaretv/video-player.asp?v=gettingtoknowthepersonwithdementia">http://www.scie.org.uk/socialcaretv/video-player.asp?v=gettingtoknowthepersonwithdementia</a></p>
	<p><b>DVD – ‘Barbara’s Story’</b></p> <p>Copies available from Guy’s and St Thomas’ NHS Foundation Trust – <a href="mailto:barbarasstory@gstt.nhs.uk">barbarasstory@gstt.nhs.uk</a></p> <p>Or download at – <a href="https://www.youtube.com/watch?v=DtA2sMAjU_Y&amp;feature=share&amp;list=UUbJBh2MFKrX6Lf8bJ7_ZGWQ">https://www.youtube.com/watch?v=DtA2sMAjU_Y&amp;feature=share&amp;list=UUbJBh2MFKrX6Lf8bJ7_ZGWQ</a></p>

## Theme 3 – Appreciating and learning from the experience of the carer

A carer is anyone who cares, unpaid, for a friend or family member who due to a physical or mental illness, or disability, cannot fully cope with meeting their own needs. The majority of people with dementia are cared for at home by a friend or relative and most of these carers are aged over 65 years. There are estimated to be around 670,000 carers of people with dementia in the UK. Commonly only around half of carers of people with dementia report that they have access to the information and support that they need or are entitled to.

For many the experience of caring is one of mixed emotions but can be negative and lead to an increased number of physical and emotional health problems. Commonly carers become socially isolated and are at an increased risk of depression. Despite this carers of people with dementia build an expertise in meeting the needs of the individual person they care for and about. This theme highlights the importance of acknowledging and learning from their experience.

Expected Standards	Portfolio Evidence	Self-Assessed Score		
		2	1	0
You understand the concept of the carer role and recognise the valuable expertise that person has which can inform your nursing care.	<p>For this theme you must evidence your understanding through your professional practice and you are required to provide at least one written reflective example in your portfolio.</p> <p>Additionally a written statement from a patient or carer testifying to your practice around this theme would be acceptable.</p> <p>You could create a carers resource for use in your area that facilitates signposting.</p> <p>Completion of the All Wales eLearning carers module</p>			
You understand that dementia affects people other than the person with dementia and can demonstrate this through compassionate nursing care that encompasses the family as well as the person with dementia.				
You can individually adapt your practice to show sensitivity to carers of your patients with dementia.				
You know that carers have a legal entitlement to a Carers assessment and you are able to signpost carers to the appropriate service for this to be carried out.				
You are aware of your Health Boards local plan for information and consultation strategy for carers as required under the Carers Strategies (Wales) measure.				
Average self-assessed score (total divided by five)				

## Theme 3 - How can you acquire the required knowledge?

Opportunities for acquiring knowledge might include:

- Conducting a detailed nursing assessment on admission, to include the carer’s perspective.
- A study of the Carers’ Measure
- A critical review of relevant concerns / complaints / plaudits
- Carers’ feedback from Fundamentals of Care audits
- Locally developed carer feedback questionnaires
- “Talking Point” and other non-statutory online message boards
- Developing, chairing or participating in carers’ support groups
- MDT discussions
- Ward-based carers’ meetings
- Organising or participating in education groups for carers
- Co-production initiatives with carers
- Involvement in dialogue with the Community Health Council

This is not a prescriptive list and it is the responsibility of your reviewer, your line manager, your dementia education or training lead as well as yourself to decide on the appropriate acquisition method. We do, however, suggest that you may want to explore the following:

	<p>The Carers Strategies (Wales) Measure 2010 can be accessed at the Welsh Government website:</p> <p><a href="http://wales.gov.uk/topics/health/publications/socialcare/guidance1/carers/?lang=en">http://wales.gov.uk/topics/health/publications/socialcare/guidance1/carers/?lang=en</a></p> <p>Additionally the Carers Trust has published through their website the following advice:</p> <p><a href="http://www.carers.org/sites/default/files/dementia_report_road_less_rocky_final_low.pdf">http://www.carers.org/sites/default/files/dementia_report_road_less_rocky_final_low.pdf</a></p>
	<p><b>Telling tales about dementia</b> an anthology of carers stories edited by Lucy Whitman and published by Jessica Kingsley in 2009 (ISBN-13: 978-1843109419)</p>
	<p>The All Wales e-learning carers module can be accessed from this address:</p> <p><a href="https://www.mle.wales.nhs.uk/login/index.php">https://www.mle.wales.nhs.uk/login/index.php</a></p>

## Theme 4 – Effective and sensitive communication

The belief that communication is always possible underpins the whole of this skill set. However, we in no way pretend that effective communication is always easy and indeed it may often be extremely challenging and frustratingly difficult. Communication is particularly challenging when the person has a delirium or is acutely agitated. We simply state that registered nurses should be effective communicators and should be able to utilise more than simply the spoken word.

Expected Standards	Portfolio Evidence	Self-Assessed Score		
		2	1	0
You understand the process of communication and the various forms it takes beyond the spoken word.	<p>You must demonstrate that you believe communication is possible and that you have acted to facilitate communication, by whatever method, with a patient who has dementia.</p> <p>This could for example be through a care plan that you have written or a short reflective piece describing an episode of effective communication or a full assessment of communication needs or a testimonial from a patient or carer.</p>			
Being aware of the principles of effective communication you are able to sensitively and effectively communicate with people who have dementia, and their carers, undertaking a varied range of conversations.				
You understand the principles of active listening and more importantly you demonstrate that you can act on this				
You demonstrate respect for the language preferences of the patient who has dementia. In respect of the Welsh language you are fully conversant with the Active Offer Principle (see overleaf for a quick view).				
You are able to fully assess the individual person with dementia's communication needs sufficient to build into a plan of nursing care.				
Average self-assessed score (total divided by five)				

## Theme 4 - How can you acquire the required knowledge?

Opportunities for acquiring knowledge might include:

- “Modelling” with an experienced and accomplished nurse
- Evidence-based communication training such as “Sage and Thyme”
- Training provided by third sector organisations such as Cruise (“Breaking Bad News”) or Alzheimer’s Society
- Spending time in different clinical areas where communication skills are key, such as Learning Disabilities or Mental Health
- Mindfulness training
- Be aware of the All Wales standards for accessible communication and information for people with sensory loss

This is not a prescriptive list and it is the responsibility of your reviewer, your line manager, your dementia education or training lead as well as yourself to decide on the appropriate acquisition method. We do, however, suggest that you may want to explore the following:

	<p>The NHS Wales website includes specific advice on communication under its fundamentals of care resources. It can be accessed here –</p> <p><a href="http://www.wales.nhs.uk/documents/booklet-e.pdf">http://www.wales.nhs.uk/documents/booklet-e.pdf</a></p>
	<p>These notes from the Social Care Institute for Excellence may be of use:</p> <p><a href="http://www.scie.org.uk/assets/elearning/dementia/files/dementia07.pdf">http://www.scie.org.uk/assets/elearning/dementia/files/dementia07.pdf</a></p>

### **The Active Offer Principle**

**It is your responsibility to provide a service that will respond to the needs of your service users.**

Provide a service to Welsh language Speakers from the moment they register?

Provide information in Welsh?

Provide a service with a Welsh speaking Doctor or Carer?

Take note of their language needs and implement these needs?

Discuss symptoms or care in Welsh?

**NO isn’t an option... It is YOUR responsibility to try and provide the ‘Active Offer’**

More information is available through the Welsh language Policy Unit at –  
[www.wales.nhs.uk/sites3/page.cfm?orgid=415&pid=64158](http://www.wales.nhs.uk/sites3/page.cfm?orgid=415&pid=64158)

## Theme 5 - Understanding of the Person Centred Approach

Whilst it is important to know what dementia is from a medical perspective (theme 1) we have also acknowledged in theme 2 that for those affected by it there is a sense of losing the essence of who one is as a person. The person centred approach requires you to try to discover who the individual is behind the diagnosis of dementia and how you can individualise your nursing care to promote well-being. It is an approach that requires thoughtfulness in everyday care and the ability to put yourself in that person's place and consider the experience of care from that perspective. It is an approach that promotes dignified and compassionate care.

Expected Standards	Portfolio Evidence	Self-Assessed Score		
		2	1	0
You are able to explain the individual elements of the V+I+P+S equation (see overleaf for a quick view of this).	A nursing care plan that you have devised which highlights the individualised approach and is supported by completion of your chosen method from the toolkit.  Or, A short reflective piece of writing setting out the importance of the person centred approach in your clinical area.  Or, Completion of the All Wales eLearning module 'treat me fairly'			
You understand how knowing who the patient is as a person can help to deliver safe and effective nursing care.				
You can use an appropriate method (such as 'This is Me' <sup>8</sup> ) to identify what is unique about each person with dementia who is in your care.				
You can support individuals with dementia to make choices that matter to them.				
You can recognise, encourage and support those things the person can do in respect of their independent living skills.				
Average self-assessed score (total divided by five)				

<sup>8</sup> The electronic copy of This is Me is included within the All Wales tool kit that accompanies this skill set.

## Theme 5 - How can you acquire the required knowledge?

Opportunities for acquiring knowledge might include:

- The All Wales Dementia e- learning modules
- The All Wales equality eLearning module ‘Treat me fairly’
- A discussion with supervisor / mentor regarding key texts (see recommendations below)
- Actively modelling / shadowing an experienced practitioner
- Developing an individualised and detailed care plan based on “This Is Me”, “Getting To Know You” or similar patient-focused information tools.

This is not a prescriptive list and it is the responsibility of your reviewer, your line manager, your dementia education or training lead as well as yourself to decide on the appropriate acquisition method. We do, however, suggest that you may want to explore the following:

	<p>Developed by Dawn Brooker ‘Care Fit for VIPS’ is a free, safe, easy-to-use online toolkit that gives you everything you need to get started on understanding and implementing person-centred dementia care. It can be accessed via this address:</p> <p><a href="http://www.carefitforvips.co.uk">http://www.carefitforvips.co.uk</a></p>
<h3>V.I.P.S – a précis</h3>	
<p>V = <b>VALUE</b> the person as a fellow human being of equal worth as any other person.            I = treat that person as an <b>INDIVIDUAL</b> and make efforts to understand what is unique about that person.            P = try to view the world from the <b>PERSPECTIVE</b> of the individual person; try to enter into their reality.            S = work to create a positive <b>SOCIAL</b> environment within which the person with dementia is welcomed, supported to achieve their best performance, regarded with respect, offered opportunities for privacy and treated as an equal citizen.</p>	
	<p>The Equality and Human Rights Commission has a range of resources and links to other helpful websites that offer information and support in meeting the needs of those individuals with protected characteristics covered by the Equality Act (2010) – <a href="http://www.wales.nhs.uk/sitesplus/862/page/42192">http://www.wales.nhs.uk/sitesplus/862/page/42192</a></p>
	<p><b><u>Dementia Reconsidered: the person comes first</u></b> authored by Tom Kitwood and published in 1997 by the Open University Press (ISBN-13: 978-0335198559)</p> <p><b><u>Person centred dementia care: making services better</u></b> authored by Dawn Brooker in collaboration with the Bradford Dementia Services Development Centre and published in 2006 by Jessica Kingsley (ISBN-13: 978-1843103370)</p>
	<p>The All Wales dementia modules and ‘Treat me fairly’ can be accessed from this address: <a href="https://learning.wales.nhs.uk">https://learning.wales.nhs.uk</a></p>

## Theme 6 – Having sensitivity to unmet need

Failings to recognise and meet all the needs that the person with dementia has will lead to omissions in nursing care. People with dementia must be treated differently to those who are not affected and a greater level of sensitivity to meeting essential needs for hydration, nutrition, comfort and hygiene is required. If a person loses the ability to verbally state their needs then behaviour may be used as a means of communication. Much of the behaviours that challenge are therefore attempts to communicate unmet need. As such all behaviour serves a function whether that be an attempt on the part of the person to meet a need for themselves (such as walking around the ward looking for that which is believed to have been lost), or an attempt to communicate an unmet need to others (such as shouting or resisting care as a sign that you must investigate further).

Expected Standards	Portfolio Evidence	Self-Assessed Score		
		2	1	0
You have an understanding of the spectrum of needs (physical, psychological, emotional, sexual, and spiritual) that all people present with and the options for nursing intervention.	<p>You must demonstrate that you can apply underpinning knowledge to the advantage of the patient with dementia in your care.</p> <p>Write a short reflective piece about a time when you intervened to ensure that a previously unmet need was addressed.</p> <p>That could be based around the unmet needs model or your own strategies.</p>			
You understand why the same needs in the case of people with dementia, may go unmet.				
You understand that unmet physical needs can cause the symptoms of dementia to worsen.				
You are aware of and can utilise effective strategies to ensure that needs are met.				
You can utilise Cohen-Mansfield's unmet needs model <sup>9</sup> (see overleaf for a quick view) to generate a realistic analysis of a person's behaviour that challenges.				
Average self-assessed score				

<sup>9</sup> The Unmet Needs Model abridged from Cohen-Mansfield is included within the All Wales tool kit that accompanies this skill set.

## Theme 6 - How can you acquire the required knowledge?

Opportunities for acquiring knowledge might include:

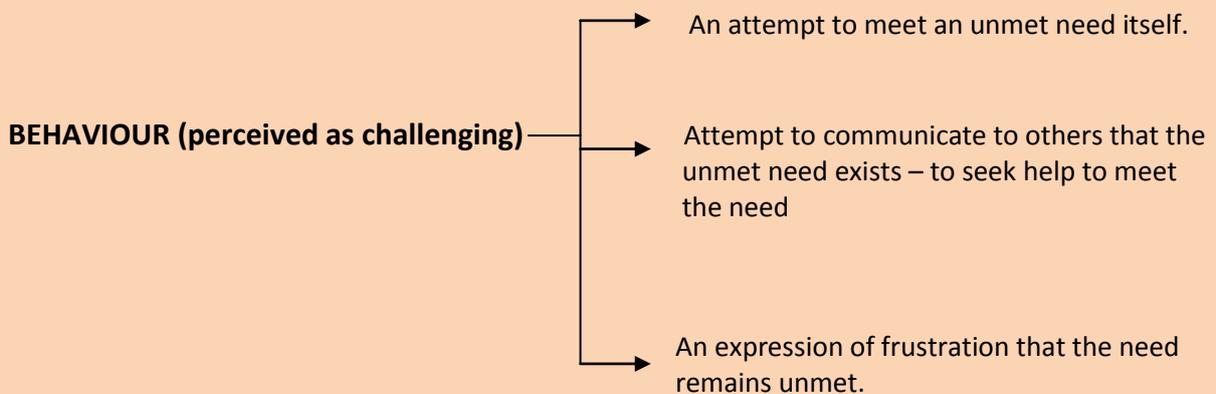
- Explicit discussions regarding assessment of unmet need in ward rounds and multi-disciplinary team meetings
- Participation in “move-on” discussions such as Continuing Health Care Decision Support Tool meetings, family meetings etc.

This is not a prescriptive list and it is the responsibility of your reviewer, your line manager, your dementia education or training lead as well as yourself to decide on the appropriate acquisition method. We do, however, suggest that you may want to explore the following:

	<p>The Alzheimer’s Reading Room offers free access to a paper outlining the extent of unmet need. It can be accessed from:</p> <p><a href="http://www.alzheimersreadingroom.com/2013/12/the-unmet-needs-of-dementia-patients.html">http://www.alzheimersreadingroom.com/2013/12/the-unmet-needs-of-dementia-patients.html</a></p>
	<p>A PowerPoint presentation regarding challenging behaviour and dementia from Professor Bob Woods of the Dementia Services Development Centre (Wales) can be accessed <a href="#">here</a></p>

### Cohen-Mansfield’s Unmet Needs Model – a quick view

The model suggests that all behaviour on the part of a person with dementia serves one of three functions related to unmet need;



## Theme 7 – Responding compassionately through meaningful interventions

Compassionate care involves not only the recognition that another person is in some way suffering but also the desire to alleviate that suffering. It therefore implies action on the part of the nurse and is underpinned by the belief that there is always something that can be done and always something that we can offer. Consequently this theme adopts a very broad understanding as to how an intervention is defined. It does not concern itself with listing types of interventions that the nurse can train in (although any nurse choosing to offer this as a form of evidence would be welcome to do so). It is aligned to theme 6 and is all about the thoughtful acts which reveal the humanity of nursing and which are meaningful to the patient with dementia during what may be a difficult and stressful time.

Expected Standards	Portfolio Evidence	Self-Assessed Score		
		2	1	0
Through self-reflection you are able to identify and state those things that you as a person bring to your nursing practice and can utilise therapeutically.	You need to demonstrate high levels of self-awareness and self-reflection. You should provide a written reflective piece of 250 to 500 words that shows you have an understanding of compassion as a concept and that you have intervened therapeutically in a way that reflects compassion or empathy.			
Based on your assessment of the person with dementia you can choose to share positive experiences and interests you have in common with that person to enhance the experience of care.				
Based on your assessment of the person with dementia you are able to state in your plan of care more formal strategies and set realistic goals as outcomes for that persons care.				
You are competent to follow through on your care plan or you can make a referral to the appropriate person or service who can do so.				
You are sufficiently self-aware and sensitive to others that you can recognise the signs of compassion fatigue both personally and in others and you can take appropriate action.				
Average self-assessed score (total divided by five)				

## Theme 7 - How can you acquire the required knowledge?

Opportunities for acquiring knowledge might include:

- Completing a written reflection concentrating on the compassionate aspects of basic nursing care
- Working with Activity Nurses, Refocusing Nurses or similar roles to develop therapeutically-orientated care plans
- Applying information from This Is Me or similar document to inform car planning
- Mindfulness training
- Accessing the NHS Wales ‘Working Differently Working Together’ employee well-being toolkit to help prevent compassion fatigue

This is not a prescriptive list and it is the responsibility of your reviewer, your line manager, your dementia education or training lead as well as yourself to decide on the appropriate acquisition method. We do, however, suggest that you may want to explore the following:

	<p>The NHS Wales website has published ‘Safe Care – Compassionate Care’ which may be accessed from this address:</p> <p><a href="http://www.wales.nhs.uk/governance-emanual/document/219549">http://www.wales.nhs.uk/governance-emanual/document/219549</a></p> <p>Your professional code from the Nursing and Midwifery Council emphasises that you treat people with compassion. The code can be accessed here:</p> <p><a href="http://www.nmc.org.uk/standards/code">www.nmc.org.uk/standards/code</a></p>
	<p>NHS England have published ‘Compassion in Practice’ that can be downloaded from here:</p> <p><a href="http://www.england.nhs.uk/nursingvision">http://www.england.nhs.uk/nursingvision</a></p>
	<p>The All Wales dementia modules can be accessed from this address:</p> <p><a href="https://learning.wales.nhs.uk">https://learning.wales.nhs.uk</a></p>

## Theme 8 – Understanding vulnerability and safe guarding

Your fundamental duty as a registered nurse is to protect those in your care. You cannot leave this to others and to fail in this duty is unacceptable<sup>10</sup>. Protection involves safeguarding all patients from harm or abuse of any kind (this includes harm arising from inappropriate use of restrictive physical interventions). Where a cognitive impairment is present there is a greater complexity involved as the person may lack the mental capacity to make appropriate or safe choices and a best interest approach may be indicated. The human rights of those affected are as equally important as any other person's and to have ones freedom restricted or deprived without appropriate safeguards or authority in place is a serious failing in care.

Expected Standards	Portfolio Evidence	Self-Assessed Score		
		2	1	0
You understand the relationship between cognitive impairment and mental capacity.	<p>You must firstly demonstrate that you have completed mandatory training in safeguarding.</p> <p>Secondly you must show in some way (for example this could be a written reflective piece or a teaching session) that you understand all of the five standards covered by this theme.</p>			
You understand mental capacity assessment as a four step process and can state the circumstances within which such an assessment should be undertaken.				
You can recognise what a deprivation of liberty is and you know how to apply for appropriate authorisation.				
You understand the various types of Power of Attorney, the extent of authority that each type has and the implications for nursing practice.				
You fully understand your personal and professional responsibilities towards the safeguarding of vulnerable people.				
Average self-assessed score (total divided by five)				

<sup>10</sup> Nursing and Midwifery Council, 2015 The Code: professional standards of practice and behaviour for Nurses and Midwives

## Theme 8 - How can you acquire the required knowledge?

Opportunities for acquiring knowledge might include:

- Protection of Vulnerable Adults training, and involvement in POVA procedures
- Mental Capacity Act training
- Mental Health Act training
- Participating in Safeguarding meetings
- Lasting Power of Attorney training
- Conducting, or helping to conduct, or observing an assessment of capacity
- Observing an assessment conducted by a DOLS assessor
- Attending a Best Interests Assessment meeting
- Participating in a consenting process

This is not a prescriptive list and it is the responsibility of your reviewer, your line manager, your dementia education or training lead as well as yourself to decide on the appropriate acquisition method. We do, however, suggest that you may want to explore the following:

	<p>The Nursing and Midwifery Council website offers resources relevant to safeguarding issues in Wales. The resources can be accessed at:</p> <p><a href="http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Safeguarding-New/Wales">http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Safeguarding-New/Wales</a></p> <p>The National Institute for Health and Care Excellence guidance in respect of restrictive physical interventions may be accessed from</p> <p><a href="http://www.nice.org.uk">www.nice.org.uk</a></p> <p>The Equality and Human Rights Commission has a range of resources and links to other helpful websites that offer information and support in meeting the needs of those individuals with protected characteristics covered by the Equality Act (2010) –</p> <p><a href="http://www.wales.nhs.uk/sitesplus/862/page/42192">http://www.wales.nhs.uk/sitesplus/862/page/42192</a></p>
	<p>The All Wales dementia modules can be accessed from this address:</p> <p><a href="https://learning.wales.nhs.uk">https://learning.wales.nhs.uk</a></p>

## Theme 9 – Aspects of physical health and well-being

It is important to remember that the person with dementia has as much right as anyone else to access the full range of physical health services. However, people with dementia are not always in a position to seek help or advice about other issues that could be affecting their health and wellbeing therefore the standards set out under theme 5 become equally important here. Nurses are well placed to identify, often with the involvement of the carer, the early signs of physical health problems that could impact upon cognitive functioning and general well-being. To do so requires a specific body of knowledge and the ability to apply that for the comfort, benefit and dignity of the person. It is those elements that this theme concerns itself with.

Expected Standards	Portfolio Evidence	Self-Assessed Score		
		2	1	0
You understand how omissions in fundamental nursing care can have a severe and negative impact upon the symptoms of dementia.	<p>You need to demonstrate that you can anticipate changes in physical health and through good nursing care can prevent such changes.</p> <p>Equally you need to show that you can offer sound health education advice or know how to signpost to such advice.</p> <p>A reflective piece would be acceptable but you are encouraged to consider diverse sources of evidence.</p>			
You understand that the physical process and progression of dementia can bring about specific changes in an individual's health.				
You are aware of the impact of dementia on insight and judgement and are able to offer the person with dementia clear, simple and evidence based health education.				
Being aware of the relationship between caring for a person with dementia and the increased risk of physical and mental illness you are able to advise or signpost carers to appropriate support and treatment.				
You understand the relationship between untreated physical health problems (such as pain) and negative outcomes that include; falls; and behaviour changes amongst others.				
Average self-assessed score (total divided by five)				

## Theme 9 - How can you acquire the required knowledge?

Opportunities for acquiring knowledge might include:

- National Early Warning System training (where appropriate)
- Developmental initiatives such as rotation to other clinical areas
- Identifying training in specific areas of physical care (such as wound care, skin care, diabetes management) in your annual appraisal and review
- Shadowing an advanced practitioner
- “Healthy Eating” training
- Working with other professionals such as dieticians, physiotherapists and occupational therapists to develop a care plan that is holistic and reflects the physical health and well-being of the patient

This is not a prescriptive list and it is the responsibility of your reviewer, your line manager, your dementia education or training lead as well as yourself to decide on the appropriate acquisition method. We do, however, suggest that you may want to explore the following:

	<p>The Social Care Institute for Excellence website offers a set of resources that you may find useful. They can be accessed at:  <a href="http://www.scie.org.uk/publications/dementia/understanding-dementia/end-of-life-care/pain.asp">http://www.scie.org.uk/publications/dementia/understanding-dementia/end-of-life-care/pain.asp</a></p> <p>NHS Choices website offers advice on healthy lifestyle and dementia prevention. This can be accessed at:  <a href="http://www.nhs.uk/conditions/dementia-guide/pages/dementia-prevention.aspx">http://www.nhs.uk/conditions/dementia-guide/pages/dementia-prevention.aspx</a></p> <p>Easy to read health promotion material for people with learning disability can be accessed at:  <a href="http://www.easyreadhealthwales.org.uk">http://www.easyreadhealthwales.org.uk</a></p>
	<p>The Personal Social Services Research Unit offers a fact sheet on pain and dementia that can be accessed here:  <a href="http://www.pssru.ac.uk/pdf/MCpdfs/Pain_factsheet.pdf">http://www.pssru.ac.uk/pdf/MCpdfs/Pain_factsheet.pdf</a></p>
	<p>The All Wales dementia modules can be accessed from this address:  <a href="https://learning.wales.nhs.uk">https://learning.wales.nhs.uk</a></p>

## Theme 10 - Awareness of the supportive environment

The design of the physical environment can significantly help in compensating for cognitive impairment as well as contributing to supporting independence. Evidence suggests that relatively straightforward and inexpensive changes to the design and fabric of the care environment can have a considerable impact on the well-being of people with dementia, as well as improving staff morale and reducing overall costs.

Expected Standards	Portfolio Evidence	Self-Assessed Score		
		2	1	0
You understand the impact that the physical environment can have on a patient with dementia.	<p>You need to demonstrate your knowledge of principles and why they are important for safe and effective dementia care.</p> <p>Additionally you need to demonstrate evidence of actions you have taken to bring about positive change.</p> <p>A very broad range of evidence would be acceptable here.</p>			
You are aware of the main principles of the dementia supportive physical environment.				
Individually or as part of a team you are able to correctly use the King's Fund Environmental Assessment checklist to self-assess your clinical area <sup>11</sup> .				
Based on that self-assessment you can suggest changes to make the area more supportive.				
You understand the meaning of a positive social environment sufficiently to be able to explain this.				
Average self-assessed score (total divided by five)				

<sup>11</sup> The King's Fund Environmental Assessment tool is included within the All Wales tool kit that accompanies this skill set.

## Theme 10 - How can you acquire the required knowledge?

Opportunities for acquiring knowledge might include:

- The All Wales Dementia e- learning modules
- Contributing to externally-supported environmental audits such as Kings Fund or Stirling University.
- By conducting an environmental assessment in accordance with a recognised model
- By conducting a formal Observation of Care
- By visiting other similar clinical environments and conducting a critical comparison

This is not a prescriptive list and it is the responsibility of your reviewer, your line manager, your dementia education or training lead as well as yourself to decide on the appropriate acquisition method. We do, however, suggest that you may want to explore the following:

	<p>The Kings Fund website sets out excellent advice and free tools linked to the dementia supportive environment. They can be accessed at:</p> <p><a href="http://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia">http://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia</a></p>
	<p>The Social Care Institute for Excellence has material that can be accessed via:</p> <p><a href="http://www.scie.org.uk/publications/dementia/dementia-friendly-environments">http://www.scie.org.uk/publications/dementia/dementia-friendly-environments</a></p>

## APPENDICES

**Appendix I**      **List of panel membership**

**Appendix II**      **Figure 1 - Skill Set in the context of the Aligning Nursing Skills Programme**

## APPENDIX I – Membership of panel

Karyn Davies	Abertawe Bro Morgannwg UHB
Michelle Dicks	Cwm Taf UHB
Candy Dodwell	Cardiff & Vale UHB
Mark Doherty Deputy Chair	Cardiff & Vale UHB
Lorraine Edmunds	Aneurin Bevan UHB
Liz Hargest	Abertawe Bro Morgannwg UHB
Keith Jones	Betsi Cadwaladr UHB
Sean Page Chair	Betsi Cadwaladr UHB & Bangor University
Sue Pearce	Aneurin Bevan UHB
Donna Pritchard	Hywel Dda UHB
Julie Rogers	WFIS North Wales Shared Services Partnership
Leslie Rudd	Public Health Wales
Karen Smith	Aneurin Bevan UHB
Delyth Fôn Thomas	Betsi Cadwaladr UHB
Helen Whyley	Welsh Government
Beverly Wilding	Cwm Taf UHB

## APPENDIX II –

Figure 1 – Skill Set in the context of the Aligning Nursing Skills Programme

