Unit 25: Understand Dementia Care

Level: 4

Unit type: Optional

Credit value: 5

Guided learning hours: 44

Unit introduction

Dementia is a common disease process seen in adults. The likelihood of getting dementia increases with age and it affects a significant proportion of the elderly population. A practitioner working in adult care is very likely to need to provide support for users of services with dementia. Although the exact causes of the disease are not clearly understood, knowledge about the types of dementia and their presenting symptoms has increased in recent years. Much research has been carried out into ways of identifying the disease and supporting affected individuals to maintain quality of life.

In this unit, you will investigate the main types of dementia, the neurology of the brain, in order to understand the signs and presentation of different forms of dementia and how individuals may experience dementia. You will also explore appropriate support pathways and recognise the importance of person-centred planning in providing care for users of services with dementia, and in supporting their families and friends.

Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand the neurology of dementia	1.1 Discuss the prevalence and types of dementia that can affect individuals 1.2 Discuss the anatomy of the brain and the main neurological symptoms of dementia 1.3 Analyse the different factors that can lead to the development of dementia 1.4 Assess the influence of factors that can exacerbate the signs and symptoms of dementia
2 Understand person-centred approaches to planning care for users of services diagnosed with dementia and their families and friends	2.1 Assess the effects of a diagnosis of dementia on the user of services and their family and friends 2.2 Review current guidance on standards of care relevant to users of services with dementia in own setting 2.3 Evaluate the person-centred approach to supporting users of services with dementia 2.4 Compare the types of support offered to users of services with dementia
3 Be able to lead in the development of care for users of services with dementia	3.1 Develop agreed ways of working based upon current guidance on care pathways for users of services diagnosed with dementia 3.2 Plan care for users of services with dementia in own setting, in line with organisational requirements 3.3 Evaluate the benefits of support to staff in promoting person-centred approaches in dementia care in own setting 3.4 Contribute to assessment of the needs of a user of services with dementia in own setting, in accordance with organisational policy 3.5 Promote strategies to support the needs of users of services with dementia in line with organisational policy

Learning outcomes	Assessment criteria
4 Be able to work in partnership when supporting users of services with dementia and their families and friends	4.1 Build supportive relationships with families and friends of users of services with dementia in own setting, in line with organisational policy 4.2 Review the support available to users of services with dementia from care professionals and agencies within and outside own organisation 4.3 Reflect on own contribution to working in partnership with other care practitioners in providing care to users of services with dementia and their families and friends 4.4 Make recommendations for developing service provision in dementia care in own setting, in line with organisational requirements

Unit content

What needs to be learned
Learning outcome 1: Understand the neurology of dementia
Types of dementia • Alzheimer's disease. • Vascular dementia. • Pick's disease (frontotemporal dementia). • Dementia with Lewy bodies. • Creutzfeldt-Jakob disease (CJD). • Huntington's disease. **Anatomy of brain** • Parietal lobe – receives and interprets sensations of pain, pressure, temperature, touch, size, shape and body part awareness. • Temporal lobe – involved in understanding sounds and spoken words, as well as emotion and memory. • Occipital lobe – involved in understanding visual images and the meaning of the written word. • Hippocampus – processes various forms of information as long-term memory; damage to the hippocampus produces global amnesia. **Neurological symptoms** • Changes in: o information processing o sensory input of sight and sound o judgement o awareness o spatial skills o personality o behaviour. • Decline in attention, memory, reasoning and communication. • Loss of short-term memory; long-term memory. • Loss of skills; fluctuation of abilities; difficulty performing usual activities. • Movement difficulties. • Becoming disoriented about places and times. • Delusions. • Apathy; depression; anxiety; becoming short-tempered and hostile. **Factors affecting development of dementia**

What needs to be learned
• Genetics. • Poor diet. • Lack of stimulation. • Smoking. • Alcohol. **Factors that exacerbate signs and symptoms** • Depression and confused states. • Presence of infection. • Dehydration. • Anxiety. • Hunger. • Fatigue. • Sensory changes due to age-related degeneration, e.g. macular degeneration and cataracts affecting vision, loss of hearing and increase of tinnitus affecting balance. • Reduced metabolism causing poor appetite. • Osteoporosis and fear of falling; lack of movement. • Changes to the physical environment, e.g. moving home, starting at a day centre. • Changes to the social environment, e.g. changes in carers, loss of family or friends and social isolation, bereavement. • Changes to the emotional environment, e.g. carers become stressed, experience of abuse; personal changes – changes in treatment. • Changes in medication, and changes in physical condition, e.g. bacteria or viral infections. • Vascular changes. • Rapidity of onset of dementia.
Learning outcome 2: Understand person-centred approaches to planning care for users of services diagnosed with dementia and their families and friends
Effects of a diagnosis of dementia on the user of services and family and friends • Confusion; anger; denial; fear. • Need for information. • Sources of support. • Emotional impact. • Social/financial impact.

What needs to be learned
• Legal impact (power of attorney). **Current guidance on standards of care** • National Institute for Health and Care Excellence (NICE) quality standards. • Prime Minister's Challenge on Dementia 2020. • NHS England – Dementia Diagnosis and Management (2015). • Care Quality Commission – Cracks in the Pathway: People's experiences of dementia care as they move between care homes and hospitals (2014). **Person-centred approach** • Principles of care, including dignity, respect, choice, independence, privacy, rights, culture. • Seeing the person first and the dementia second. • Focusing on strengths and ability, preferred or appropriate communication. • Acting in the best interests of the user of services. • Person-to-person relationships; involving user of services in care planning; taking account of history, e.g. personal, family, medical. **Types of support** • Voluntary sector. • Dementia UK. • Alzheimer's Society. • NHS dementia specialists. • Websites.
Learning outcome 3: Be able to lead in the development of care for users of services with dementia
Care pathways for users of services diagnosed with dementia • Dementia Care Pathways – NICE. **Care planning** • Advance care planning. • End of life care. • Supporting and recording decisions in advance care planning. **Agreed ways of working** • Person-centred care. • Risk management. • Health and safety. • Deprivation of Liberty (Mental Capacity Act).

What needs to be learned
• Equality and diversity. • Communication. • Safeguarding. • Record keeping (Data Protection Act). • Confidentiality. • Complaints. **Support to staff** • Staff training. • Supervision and appraisal. • Coaching and mentoring. **Assessment of needs** • Initial assessments. • Health needs. • Background history. • Preferences. • Likes and dislikes. • Preferred communication methods. • Risk assessment. • Social need assessments. • Best Interests meetings. • Care reviews. • Interagency approaches. **Strategies to support users of services with dementia** • Cognitive rehabilitation. • Reality-orientation approach; validation approach. • Environmental redesign. • Use of assistive technologies, e.g. pressure mats, door alarms linked to staff pagers, personal pendant alarms; an enabling and safe environment, e.g. handrails, safe flooring, use of colour/textures, practical aids. • Cognitive behavioural therapy to address anxiety. • Memory boards. • Use of social environment to enable positive interactions with users of services with dementia.

What needs to be learned
• Use of reminiscence techniques to facilitate a positive interaction with the user of services with dementia. • Holistic approach, responsive and flexible approach; involving family and friends, personal beliefs of the user of services, focusing on strengths and abilities, effective communication. • Appropriate exercise; activities specific to the needs of the user of services, e.g. music sensory; alternative therapies, e.g. aromatherapy, massage, sensory.
Learning outcome 4: Be able to work in partnership when supporting users of services with dementia and their families and friends
Supportive relationships • Effective communication. • Time and patience. • Building positive relationships. • Encouraging positive approaches. • Support in signposting. **Care professionals and agencies** • Hospitals, hospices. • Residential care, nursing homes. • Independent living, sheltered housing. • Day care, domiciliary care. • GP, social services, pharmacists. • End-of-life support, urgent care response, early intervention. • Psychiatric services, memory services. • Physiotherapists, occupational therapists, dieticians, other health and social care workers, counsellors, dementia advisers, advocates. **Working in partnership** • Joint planning. • Centralised resources. • Shared expertise. • Outcomes-focused approaches. **Recommendations for service provision** • Developing a dementia-friendly environment. • Reminiscence therapies. • Sensory therapies. • Developing training.

Essential information for tutors and assessors

Essential resources

There are no special resources needed for this unit.

Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

This unit must be assessed in accordance with the assessment strategy (principles) in *Annexe A* of the associated qualification specification.

Assessment decisions for learning outcomes 3 and 4 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation may not be used as an assessment method for learning outcomes 3 and 4.

Assessment of learning outcomes 1 and 2 (knowledge) may take place in or outside of a real work environment.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements.*

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

Suggested resources

This section lists resource materials that can be used to support the delivery of the qualification.

Books

Adams T, Manthorpe J – *Dementia Care: An Evidence-Based Textbook* (CRC Press, 2003) ISBN 9781444113853

Spencer R – *Understanding Alzheimer's and Dementia* (Emerald Publishing, 2016) ISBN 9781847166623

Websites

www.alzheimers.org.uk	Alzheimer's Society
www.cqc.org.uk	Care Quality Commission
www.dementiauk.org	Dementia UK
www.gov.uk	Government reports
www.england.nhs.uk	National Health Service – England
www.nice.org.uk	National Institute for Health and Care Excellence
www.skillsforcare.org.uk	Skills for Care
www.scie.org.uk	Social Care Institute for Excellence

Reports

Care Quality Commission – *Cracks in the Pathway - People's experiences of dementia care as they move between care homes and hospitals* (CQC, 2014) PDF available online at:

www.cqc.org.uk/sites/default/files/20141009_cracks_in_the_pathway_final_0.pdf

Department of Health – *Transforming the Quality of Dementia Care: Consultation on a National Dementia Strategy* (Department of Health, 2008) PDF available online at:

www.cpa.org.uk/cpa/consultation_on_national_dementia_strategy.pdf

Department of Health – *Living Well with Dementia: A National Dementia Strategy* (Department of Health, 2009) PDF available online at:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/168220/dh_094051.pdf

NICE/SCIE – *Dementia: Supporting people with dementia and their carers in health and*

social care (TSO, 2006) Available online at:

www.nice.org.uk/guidance/cg42

Department of Health – *Prime Minister's Challenge on Dementia 2020: Implementation Plan* (Department of Health, 2016) PDF available online at:
www.gov.uk/government/uploads/system/uploads/attachment_data/file/507981/PM_Dementia-main_acc.pdf