Dementia Strategy
2018 - 2020
Introduction

Erskine provides care for veterans and/or the spouses of veterans (including widows/widowers), from across Scotland and beyond, in four distinct Homes.

Erskine has a clearly defined mission statement, underpinned by core Values, in its aspiration to deliver excellence in person focused, relationship based, compassionate care.

Our mission is "To enable members of the ex-Service community to get the best care and support to achieve maximum quality of life"; we will do that by building from our Values base of ‘CARE’.

- **Communication**: we will communicate clearly and appropriately with our residents, their families and loved ones, and with our staff.

- **Accountability**: we will be accountable for the care we provide. This accountability will be to a range of people beginning with our residents and extending to the Care Inspectorate as our regulator.

- **Respect**: in all areas we will respect the rights and dignity of our residents. Additionally, as an organisation we will demonstrate respect for our staff and have an expectation of respect between our staff.

- **Excellence**: Erskine will display a continuous and unrelenting pursuit of excellence in care. In relation to this strategy this focus on excellence will relate to the care of those living with a dementia who are resident in an Erskine Home.
About our Homes

It is our underlying belief and approach that we work in our residents’ home; our residents are first and foremost in our daily work.

Each Erskine Home is subdivided into Houses.

Erskine Park Home is a Home specialising in caring for up to 40 people living with dementia. However, each of the other three Homes have specialist Houses designated to the care of residents living with dementia.

The Erskine Home:
- Ramsay House, 30 residents
- Haig House, 30 residents
- Yarrow House, 30 residents

Erskine Glasgow Home:
- Flanders House, 15 residents

Erskine Edinburgh Home:
- Linburn House, 12 residents
- Rivers House, 10 residents

Additionally it must be recognised that in the other ‘Nursing Houses’ there are residents who are living with a dementia or a cognitive impairment. While this strategy focuses on the care of those living with dementia, the care, knowledge and environmental aspects included in this strategy will be relevant and beneficial to all of our residents.

Strategy Aims

This strategy lays out our aspirations and expectations related to caring for those living with dementia who are residents in an Erskine Home. In addition we recognise the identified commitments of Scotland’s Dementia Strategy 1, 2 and 3 (Scottish Government 2010, 2013, 2017).

This strategy, as with the care we provide, takes a human rights approach, ensuring that individuals not only have their rights protected, but they are proactively given choices and supported to make choices, where they are able to make them. Where residents have an impaired capacity, we will proactively promote and support individual choice alongside the residents and their relatives (or designated contact person), where this is possible. This commitment is underlined by our pledge signed in 2009, with Alzheimer Scotland, putting human rights at the heart of what we do; this commitment is as relevant today as when it was first signed.

The strategy is designed to lay out clearly how we plan to focus the delivery of care to our residents who are living with dementia, the relatives of those in our care and the training needs of us (the staff) providing that care. It also aims to give a clear commitment to our residents, their relatives, our regulator (the Care Inspectorate) and our staff regarding our commitment for excellence in caring for those living with dementia.

Additionally the strategy aims to provide a measurable framework of quality and excellence to those who commission our services as well as our trustees who provide overarching governance.
National Care Standards

Care provided in all Erskine Homes will meet or exceed the standards set out in the national ‘Health and Social Care Standards: My support, my life’ 2017, available at: http://www.gov.scot/Publications/2017/06/1327

The standards are based on five headline outcomes:
• I experience high quality care and support that is right for me
• I am fully involved in all decisions about my care and support
• I have confidence in the people who support and care for me
• I have confidence in the organisation providing my care and support
• I experience a high quality environment if the organisation provides the premises

Choice

Residents in our care have a right to make choices; choices relate to the environment, their nutrition, their activities and choice related to other aspects of daily living. When a resident is living in a House with a locked front door, we will ensure a safe and secure garden area with specific design points of interest is provided to support our residents’ choice in going outside when they chose to do so.

We will adopt a ‘what matters to me’ and ‘every moment counts’ approach related to the planning and delivery of care. These two approaches will form the central profile for our residents’ care plans, supporting all staff to have the information they require to deliver person centred, relationship orientated care, based on the wishes and needs of our residents.

We will ensure that we include the views, observations and wishes of relatives in assessments and planning of care.

In line with National Scotland’s Dementia Strategy (2017) and The Standards of Care for Dementia in Scotland (2011), we acknowledge that all residents have a right to a diagnosis where cognitive impairment is suspected. Our staff will actively encourage and support residents and, where appropriate, their relatives through the diagnostic process, ensuring they also have access to Post Diagnostic Support.

Assurance 1
All residents who are living with dementia will have an agreed plan of care which will be informed by their choice, by their previous expressed wishes, through discussion with their relatives and through proactive assessment of their needs. The plan of care will be recorded by staff skilled in carrying out those assessments, with a clear consideration of maximising enablement as well as assessing risk.

Assurance 2
Relatives of those in our care are important and valued partners in providing person centred, relationship based care. We will proactively seek their contribution to developing care plans, in decision making and, where appropriate, care delivery. Care plans will be reviewed by staff every four weeks, or where required if earlier than four weekly.
Those living with a dementia have a right to be cared for by skilled and knowledgeable staff who exercise care and compassion at each and every interaction.

Scotland already has an overarching knowledge and skills framework related to dementia, for those working within health or social care - Promoting Excellence Framework (NES/SSSC 2011). It is a guide to ensure our staff have the skills and knowledge appropriate to their role. All Erskine staff will have a range of skills and knowledge which will be informed by and measured against the four levels of knowledge and skills laid out in the Promoting Excellence framework.

We recognise that care is provided by a wide range of staff, not simply those who more obviously provide direct care intervention.

Assurance 3

It is Erskine’s expectation and commitment that all staff, including beyond direct care delivery staff, will have undertaken training/awareness related to dementia, at a level appropriate to their role. The level of training will be informed by the staff member’s degree of clinical/care input to residents living with dementia. All staff will have an introductory dementia information session at Induction.

Promoting Excellence Framework

Dementia Informed Practice

The ‘Dementia Informed Practice Level’ provides the baseline knowledge and skills required by all staff working in health and social care settings, including a person’s own home.

As a minimum, for all staff employed by Erskine, they will receive training at Dementia Aware level. Additionally we will proactively encourage contracted support to complete this level of training. N.B. this will include our volunteers.

This is a one hour training programme.

Dementia Skilled Practice

The ‘Dementia Skilled Practice Level’ describes the knowledge and skills required by all staff that have direct and/or substantial contact with people with dementia and their families and carers.

All staff who have a direct care role will, as a minimum, undertake this level of training.

This is a one day training programme.

Enhanced Dementia Practice

The ‘Enhanced Dementia Practice Level’ outlines the knowledge and skills required by health and social services staff that have more regular and intense contact with people with dementia, provide specific interventions, and/or direct/manage care and services.

This training will focus on Senior Care Assistants, Registered Nurses and Allied Health Professionals.

This is a three day training programme.
Expertise in Dementia Practice

The ‘Expertise in Dementia Practice Level’ outlines the knowledge and skills required for health and social care staff who, by virtue of their role and practice setting, play an expert specialist role in the care, treatment and support of people with dementia.

This training will focus on Home Managers, House Managers, Clinical Leads and Registered Nurses working in Houses specialising in dementia care, as well as our Allied Health Professionals.

In addition to the four levels of training described above, we will provide stand-alone training modules relating to assessment tools, processes and therapeutic interventions.

This is a four day training programme.

Course content

The content of each of the levels of training is laid out in Tables 1 & 2 below:

TABLE 1:

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This level is in depth in relation to aetiology and pharmacology.
A blended learning and partnership approach has been adopted in providing the educational framework across all four levels, involving speakers from NHS Scotland, higher education, voluntary and third sectors. As part of teaching methodology, the value of simulation training has been recognised with Erskine funding the first on site dementia Domus Suite and simulation unit within the care sector in the UK. The unprecedented situation and uniqueness of the Dementia Nurse Consultant post and the training facilities allows for a tailored approach to meet Erskine’s needs in bridging policy into practice e.g. implementing aspects of the National Dementia Strategy.

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**Interactive Dementia Awareness workshops 1/2 Day**

- Environmental design
- Simulation & debrief

**Informed Level 1 hour**

- Strategic drivers
- Why is dementia an issue now?
- What is dementia
- Common types
- How can you help?
- Communication

**Skilled Level 1 Day**

- Overview of programme
- Expected outcomes
- Strategic Drivers
- Strategy 3 - EOL
- 8 Pillar Model
- Available resource & networks
- Overview of dementia/delirium
- 4AT & time bundle
- Capacity - Sec 47
- ASP
- Stress and distress
- Measuring Outcomes
- Erskine future Care of Dementia
Environment

Assurance 4
We will ensure that the environment, internally and externally, in all our Homes supports the independence and care of those living with dementia. We will ensure our Home environments actively enable people with dementia and are not disabling.

We will use the King’s Fund Audit tool ‘Is your Care Home Dementia Friendly? (2014)’ as a guide for us to benchmark our care environment. We will use audit findings to continuously improve and develop services. Where appropriate, we will seek out and adopt best practice ideas from across the UK and further afield.

The lighting and colours in our Homes will be bright and welcoming; these are used to support independent way finding within each House. Areas of each House are painted a bright contrasting colour, as is the individual door to a resident’s room. Colour will also help identify functions of specific areas e.g. toilet doors being yellow, toilet seats and equipment will be a contrasting colour. Signage, at an appropriate height, will also be clear and easy to follow, using pictorial images and words where appropriate. Seating within each of our Homes will be comfortable, of varying heights and colours to support recognition and enable safe comfortable seating. Where required, to support a resident’s comfort and safety, we will use adaptive seating.

Our external environment will be multifunctional in encouraging and supporting safe, independent and autonomous activities. Entrances to our Homes and individual Houses will be clearly signposted and welcoming.

We will use appropriate systems to support our residents’ independence and safety; this may include nurse call systems, pressure mats, infra-red sensors and suchlike digital systems to reduce direct interventions (which may be considered invasive), while still enabling an appropriate timely response from staff.

Our garden areas will be welcoming for people living with dementia, their families and friends. Gardens will have paths that support independent activity, places to sit and relax, as well as areas where more supported therapeutic activities, e.g. gardening, can be undertaken.

All Erskine Homes will have staff trained in Namaste care and have a Namaste room.

- Namaste focuses on the engagement and needs of residents in the latter stages of their dementia journey, using a sensory approach to care.

Namaste rooms are also suitable as sensory rooms for other residents who may find the ambience tranquil and relaxing.

Erskine will use doll therapy where this is felt to be of value in supporting and engaging with residents.

- Doll therapy is a psychological intervention that can reduce anxiety and levels of distress. For some residents it provides meaningful purpose, comfort and sensory stimulation.

When we plan to use doll therapy we will involve our residents’ relatives/power of attorney as necessary.
Multi-Disciplinary Approach

**Assurance 5**
Our services will relentlessly focus on the enablement of our residents, promoting their physical, mental, social and spiritual wellbeing.

**Activity teams**
In each of our Homes we have designated Activities staff who will support the individual House staff in providing activities which focus on wellbeing, engagement and diversional activities, taking into consideration each resident’s choice, hobbies and interests.

Our Activities teams will develop a weekly programme of collective, whole Home activities which will complement the individual House’s activity programmes. Activities will be meaningful and adapted to the specific needs of our residents.

Our Artists in Residence will also provide specific creative activities across all four Homes; this will include working with residents living with dementia.

**Assurance 6**
We will actively promote mealtimes as an enjoyable social experience, protected from unnecessary distractions and interruptions. Relatives are actively encouraged to be part of the mealtime experience and support our residents.

**Speech and language**
In relation to residents living with dementia, the Speech and Language Service will assess and make recommendations for the management of eating, drinking and swallowing difficulties with an aim to minimise the risk of aspiration and choking. They will contribute to eating and drinking decision making for those when aspiration is an assessed risk.

They will also contribute to the holistic assessment of mealtime difficulties, e.g. mood, behaviour, the care environment, physical and sensory issues and make recommendations, taking into account the impact these factors have, this has on enjoyment of food and mealtimes for people living with dementia.

We use adapted, coloured and textured crockery and condiments to support resident independence and encourage recognition of mealtimes; this will include tablecloths which contrast with the crockery and condiments. Mealtime menus will be available which promote choice; where required staff will offer the choices verbally in addition to the menu cards.

Televisions, radio and other unnecessary distractions will be turned off/removed during meal times.

As a service, Speech and Language will offer advice, support and training for Care staff through training of Eating and Drinking Facilitators (in each House) in effective ways to promote safe swallowing, reduce risk of aspiration and enable nutrition and hydration needs to be met.

Taking into account the need for therapeutic interventions for people living with dementia, they will also facilitate the following groups:
- Lunch clubs
- SONAS groups
- SONAS is an evidence-based activity which focuses on all five senses using structure repetition and retained abilities rather than a deficits based approach.
- Cognitive Stimulation Therapy (CST)/Communication/Reminiscence Groups

Our Artists in Residence will also provide specific creative activities across all four Homes; this will include working with residents living with dementia.
Physiotherapy
The Physiotherapy Department provide an evidence based holistic service to all residents, in all four Erskine Homes, including those with cognitive impairment and dementia.

This includes
- Initial baseline assessment on admission to Erskine
- Individual treatment programmes addressing identified needs
- An emphasis on promoting physical activity and encouraging less sedentary behaviour
- Group exercise activities to assist in maintenance of joint mobility, muscle power and functional ability
- Palliative and end of life care including close liaison with Care staff and Speech and Language Therapy aiming for quality of life/management of pain/management of respiratory issues

Walking aids
The department manages the provision of appropriate walking aids, maintaining a significant stock. An annual audit will be completed and any relevant actions implemented.

Wheelchairs
The department manages wheelchairs at Erskine, liaising closely with Westmarc and the SMART Centre as well as overseeing the Erskine owned wheelchairs.

Podiatry
The Podiatry Department will work collaboratively with staff, residents and families to provide personalised foot care for residents living with dementia, recognising the importance of maintaining mobility, pain management and illness prevention.

Hairdressing
Erskine recognises that going to the hairdressers is an integral part of our everyday life, which is often associated with feelings of relaxation, social inclusion, improved wellbeing and self-esteem. This is of particular importance for residents living with dementia, with sights, sounds and smells often triggering positive memories.

The Hairdressing Department will work collaboratively with Care staff, residents and families to provide a service that enhances personal identity and is person centred.

Dentist
The visiting dental service will provide a full range of NHS dental treatment to the residents living in Erskine, including denture provision and care, and preventative care involving families of residents in treatment choices as much as possible.

There will also be a focus on encouraging oral health education of residents, involving their families and their carers to improve and maintain their oral health on a daily basis.

Optician
Through the provision of a visiting optician service (Visioncall) we will proactively ensure that residents’ optical needs are met.

Audiology
Where required we will make appropriate contact with audiology services within and outwith NHS Scotland.
**Assurance 7**

Our services will focus on relationship based care; by this we mean that the relationships between individual residents, relatives and staff is at the heart of what we do. Through participation in the My Home Life programme and the Personal Outcomes work, we will ensure that ‘what matters to me’, from the perspective of our residents, is central to care delivery, organisational processes and future innovations.

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**Stress and Distress**

Distressed events can be a common occurrence when someone has a dementia. It is known that residents in the later stages of their dementia journey can have an increased incidence of distress. The level of distress occurring is often in response to an unmet need, and can be viewed from a biological, psychological or sociological perspective. This experience is often frightening and can cause significant stress to the individual, their family, other residents and staff.

In appropriately managing stress and distress in residents living with dementia, we will adopt a biopsychosocial model of care, specifically The Newcastle Model. This model has been adopted by a number of NHS specialist dementia areas and has a strong evidence base for its use.

Training and education around this model of care will be incorporated into the training programme (Table 1, Page 7). Implementation into practice will be supported by our Dementia Nurse Consultant.

The appropriate use of non-pharmacological interventions is also incorporated into the dementia training programme. At times, the level of distress experienced by our residents can be extremely upsetting for the individual and their families, as well as putting the person at risk. Alternative treatments (to medication) and care approaches can help prevent distressed behaviour from happening, or at least diminish the distress without needing to resort to antipsychotic medication.

**Medication**

The use of antipsychotic medication is both a mental health and physical health issue, with a national drive to reduce the level of use across all settings in Scotland.

Where antipsychotic PRN medication (sometimes called ‘as required medication’) is used, staff will be rigorous in their documentation of the rationale; this will include diversional interventions used prior to giving medication, the situation leading to the use of medication and a documented outcome from giving the medication - this will include a post incident assessment, from the perspective of the resident, of the impact of the medication.

Where covert medication is required we will, at all times, follow the Mental Welfare Commission for Scotland’s Best Practice Guideline (2017). Covert medication will only be used as a last resort and for as little a time as is possible.

The medication will be given at the lowest dose possible, while still giving therapeutic effect for our resident; it will be for the shortest time possible.

**Adults with Incapacity Legislation**

The Adults with Incapacity (Scotland) Act 2000 provides the legislative framework within which we work. This legislation supports and protects residents living in an Erskine Care Home. The legislation includes Guardianships (Welfare and Financial), Power of Attorney and consent for medical treatment.

**Assurance 8**

The use of medication will never be our first treatment option when a resident is distressed. However, there are times when timely and limited use of antipsychotic medication is the most appropriate plan of care for specific individuals.
Assurance 9
We will ensure that at all times our residents’ rights, under the Adults with Incapacity Act (Scotland) 2000, are protected. We will proactively ensure that Section 47 forms, related to medical treatment, are completed along with the Treatment Plan section.

End of Life Care
Dementia is a neurodegenerative terminal condition, and as such we are committed to adopting an evidence based palliative care approach that focuses on individual needs and those of the person’s family. The framework of our approach will be guided by Erskine’s Palliative Care Group.

We will encourage open conversations where appropriate with residents, Care staff and families, around end of life care, that take into account past and present wishes.

We will continue to add to the framework, with the aim that every resident will live and die well with dignity and compassion. We will continue to foster relationships with families as we support visits to our Homes after the death of a loved one.

Assurance 10
We recognise the variations in the personal, physical, psychological, sociological, cultural and spiritual needs of our residents. We will strive to provide end of life care that meets the resident living with dementia’s wishes (Scottish Government 2011).

Research
Erskine is committed to ensuring our dementia care is both evidence based and designed around improvement methodology. We recognise the need for continuous practice development to ensure the best possible clinical and care outcomes for our residents.

We will seek to recognise appropriate practice development and learning opportunities, whilst embracing audit and research development.

We will work in collaboration with higher education institutes, NHS Scotland, Scottish Social Services Council, Scottish Care and the Care Inspectorate to ensure that we are at the forefront of research opportunities and implementing research into practice.
References and bibliography used to inform this strategy


