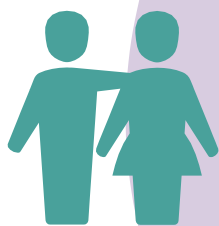


# Dementia-Friendly Hospital Charter

Revised 2020:  
COVID-19  
Recommendations





Dementia Outreach volunteer (right) at Royal Wolverhampton Hospital with a family carer

“The Dementia-Friendly Hospitals Charter is an important initiative to improve the care patients with dementia receive and ensure carers and families are involved every step of the way. I want every single hospital to commit to becoming dementia-friendly.”

*Caroline Dinéage - Minister for Care, 2018*

# Dementia-Friendly Hospital Charter

## Introduction

In October 2012, the National Dementia Action Alliance (NDAA) launched the Right Care: a call to action initiative to create dementia-friendly hospitals. All acute trusts in England were asked to make a public commitment to creating dementia-friendly hospitals and work in partnership with the NDAA to achieve this.

The Dementia-Friendly Hospital Charter was launched in 2015 as the second phase of the Right Care initiative. The charter outlines the high level principles that a dementia-friendly hospital should provide, together with notes for self-assessment and recommended actions they could take to fulfil them.

One of the key aspirations of the Prime Minister's Challenge on Dementia 2020 is to create dementia-friendly hospitals. Following its launch, 115 acute hospital trusts in England signed up to the charter with the aim of implementing the principles within their hospitals. In February 2018, a further opportunity was provided for the remaining acute trusts in England to sign up to the charter.

## Why the National Dementia Action Alliance is leading this work

Because of its core role, strategic position and membership, the NDAA can:-

- Identify, assure and bring together resources in one place
- Liaise with relevant stakeholders, including strategic clinical networks and CQC
- Share good practice
- Facilitate and support the embedding of the dementia-friendly principles in hospitals (supported by the Department of Health and Social Care)
- Use the Dementia Statements as leverage to ensure that hospitals become dementia-friendly.

## Purpose of the Dementia-Friendly Hospital Charter

The charter is to enable hospitals to create a dementia-friendly environment for people with dementia and their families/carer in England. Its purpose is to:

- Act as a short, accessible and visible statement of the principles that contribute to a dementia-friendly hospital
- Provide a minimum set of standards that focus on the needs of people with dementia and their families/carer and what they can rely on when they access a dementia-friendly hospital
- Build on the foundation offered by the Royal College of Nursing's Staff, Partnership, Assessment, Care and Environment (SPACE) principles by including the latest developments and signposting resources that hospitals can use to embed dementia-friendly principles in their hospital
- Offer a framework to assist hospitals in their self-assessment against the dementia-friendly principles.

## What's new in this 2020 edition?

This has been developed as a result of COVID-19, but is likely to be equally applicable in any other epidemic or pandemic where control of infection is paramount. Hospitals have had to dramatically change the way that they work and this in turn will result in changes for people with dementia who are admitted to hospital, and their families and friends. The Dementia Friendly-Hospital Charter has been updated in order that people affected by dementia still receive the best possible care that can be delivered under these circumstances and will be kept under review.

## The Well Pathway for Dementia

The Well Pathway for dementia has five elements, based on the themes outlined in the National Dementia Strategy 2009, and these are: Preventing Well, Diagnosing Well, Supporting Well, Living Well and Dying Well. They reflect the breadth of the experience of people with dementia and their families/carer, from prevention to end of life care and act as a focus for many trusts that have found these helpful in organising their dementia plans and dementia services. Staff training, education and learning is key to hospitals delivering the Pathway especially in delivering improvements to the lived experience of people with dementia i.e. Living Well. The Well Pathway is hosted by NHS England & NHS Improvement and links in with other initiatives in dementia such as the Dementia Statements, and emphasises the need for support for families/carers.

## The Dementia Statements

The Dementia Statements, published in 2017 (and updated from the original 2010 statements), reflect what people with dementia and families/carers say are essential to their quality of life. These statements were developed by people living with dementia and their carer/families, and these rights are enshrined in the Equality Act, Mental Capacity legislation, health and care legislation and international human rights law. The statements are as follows:

- We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.
- We have the right to continue with day-to-day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.
- We have the right to an early and accurate diagnosis, and to receive evidence-based, appropriate compassionate and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.
- We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future.
- We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia and be supported to take part.

## Dementia NICE guidance

The Dementia NICE guidelines were updated in June 2018 and highlight the increased risk of delirium in people living with dementia who are admitted to hospital. NICE also highlights that care and support providers should provide all staff with training in person-centred and outcome-focused care and should provide additional face-to-face training for staff who deliver care and support.

## **Dementia-Friendly Hospital Charter in Wales**

In 2019, Public Health Wales Improvement Cymru supported by Welsh Government and NDAA began the process of creating a dementia-friendly hospital charter for Wales that offers key principles together with a framework for implementation, including notes for self-assessment and recommended actions that Welsh regions can take to fulfil them. They were impressed with the English Charter and believe that it outlines the care, treatment and understanding expected to achieve the vision of the Dementia Action Plan for Wales 2018-22. A charter taskforce that incorporates a range of Health Boards, people affected by dementia, government bodies and charities will oversee the direction of this work, which begins with a task and finish group for each of the seven Health Boards completing a readiness assessment, stating the support that they require to ensure that their hospitals are dementia-friendly. An event will be launched with the Welsh Government to launch the charter and this will then see Dementia Regional Partnerships Boards filling in their self-assessment form, which aligns to the SPACE principles. This will enable Boards to see where they need to improve across their hospitals to become more dementia-friendly. These assessment forms will be reviewed annually and regular engagement with all Boards will take place to ensure that they are supported in making their hospitals dementia-friendly.

## **Dementia-Friendly Hospital Charter Dementia Leads Network**

In 2019 a network was created to provide regional support to Dementia Leads signed up to the charter. It is a means for hospital Dementia Leads to share best practice, ask questions, and seek support from one another. The regional networks are geographical and use the old government regions.

## **UK Dementia Congress**

Each year the NDAA are invited by the organisers of Congress to run a day's workstream on dementia support within hospital. This sees the Hospital Charter's Taskforce choosing speakers from hospitals across the country to present on various aspects of hospital activities, research and projects. Speakers ensure that they present on how they have implemented the principles of the charter and it is a great opportunity for Dementia Leads to network with colleagues across all sectors supporting people affected by dementia.



## Staffing

### Care is provided by staff who are appropriately trained in dementia care

Notes for self-assessment:

- Dementia training is an integral part of the hospital's training and development strategy in line with current policy and best practice in dementia care
- All staff and dedicated volunteers undertake Tier 1 dementia awareness training (aligned to the learning outcomes set out in the Dementia Training Standards Framework). This is a standard component of the hospital's induction programme and is achieved within first three months of appointment
- All staff working regularly with people living with dementia and expert leaders undertake more in-depth training appropriate to their role i.e. Tiers 2 or 3 of the Dementia Training Standards Framework
- Provision of dementia education is monitored through training reports.

### In a Pandemic Situation

Notes for self-assessment:

- A plan should be in place to provide all staff who have been redeployed or are returning to practice with Tier 1 dementia training
- Staff working in new areas will receive clear instruction on the policy / pathway for supporting a person with dementia in the area
- Each area will display COVID-19 and dementia guidance within sight of all staff
- Staff who are to undertake Health Education England training can now find these training materials online.

### Staff demonstrate a proactive approach to caring for people and are knowledgeable and skilled in identifying and addressing needs

Notes for self-assessment:

- The hospital commits to making 'reasonable adjustments' for people with dementia and those that care for them to promote and ensure equality. These include environmental changes, clear explanations, accessible information, and managing issues of consent
- Appropriate staffing levels and skill mix are determined to meet the physical, psychological and social needs of people with dementia
- Nurse to patient ratios are clearly displayed and additional staff can be made available when acuity and dependency changes
- Specialist staff are available and offer support and advice where required, such as dementia nurses and/or Admiral Nurses, dementia and delirium teams, named staff at board level with a responsibility for dementia care, older peoples/mental health liaison teams or volunteers.

## **In a Pandemic Situation**

Notes for self-assessment:

- Where specialist dementia teams are unable to provide advice or support, staff will be provided with written or online local guidance with support and advice
- In the event of the specialist team being unavailable, the hospital will nominate a contact staff member to lead on any complex decisions or advice not covered by written or online resources
- Virtual meeting facilities should be utilised where necessary to liaise between specialist services, healthcare practitioners and service users.





## Partnership

**People with dementia and their families/carers are recognised as partners in their care.**

**This includes:**

- **Choice and control in decisions affecting their care**
- **Support whilst in hospital and on discharge**

Notes for self-assessment:

- The hospital use the principles of the 'Triangle of Care' to enable assessment of carer need, support and involvement in care
- The hospital has an agreed policy for families/carers, including their identification and recognition and provision of appropriate information and support services
- The hospital actively supports the rights of families/carers to stay with the person with dementia where possible and is signed up to John's Campaign or similar initiatives. Flexible visiting is offered, including overnight stays, in line with the needs of the person with dementia and their carer/family.
- Carers/families are enabled to assist during protected mealtimes if requested
- A survey of people with dementia and families/carers is undertaken to ascertain feedback on the care, to enable monitoring of service implementation
- Information is shared between hospitals and discharge providers e.g. care homes, support services and GPs with permission and according to the relevant laws
- People with dementia, family/carers and other services, including care homes where relevant, are actively involved in discharge arrangements.

### **In a Pandemic Situation**

Notes for self-assessment:

- The hospital continues to actively support the right of carers/families to support the person with dementia who is admitted to hospital in the pandemic
- The inpatient area will decide at the point of admission who provides support to the person with dementia and that person can then be the nominated support
- The carer/family must be instructed in the safe donning and doffing of PPE by the hospital staff.
- The hospital will not identify the family/carer as a visitor, rather a partner in care and if it is safe to do so, will allow them to accompany the person to assist with communication and care,

#### ***Partnership working might not be possible during a pandemic if:***

- The family/carer is unable to use PPE
- The family/carer is shielding or has symptoms of COVID-19. In this case, the inpatient area must identify and facilitate alternative ways for the person with dementia to keep connected to their family/carer every day – such as tablets/mobile phones and wi-fi being made both available and accessible.





# Assessments

**People with dementia and their family/carers have access to an accurate assessment of their needs and care is delivered accordingly**

Notes for self-assessment:

- Identification and treatment of other conditions such as delirium and depression
- Personal needs including pain control, mobility, nutrition, sleeping, continence and preferences for care are assessed and addressed appropriately
- Preferences for future care using Advance Care Plans and support to discuss this
- Needs of main family/carer of the person with dementia
- Risks to health and appropriate measures for risk reduction identified
- A specialist in dementia and/or older people will advise on and support assessments where required
- End of life discussions to take place.

## **In a Pandemic Situation**

***There should be no change in the range of assessments that a person receives during the pandemic. However, special consideration should be given to the following:***

- Communication is limited by the wearing of masks, therefore assessments that rely on questioning must include alternative ways to communicate including whiteboards, paper or tablets
- Where possible, assessments should be carried out in the presence of the carer/family to maximise communication. If this is impossible, the results of each assessment should be discussed with the carer/family to get additional insights.



## **People with dementia and their family / carers will receive care that this is person-centred and meets specific individual needs**

Notes for self-assessment:

- Views and preferences of both the person with dementia and their carer/family are listened to and respected
- Personal profiles or passports are used and are kept in a visible place to help staff get to know the person and what is important to them
- Any evidence of distress is assessed and investigated
- Pain is assessed using an appropriate measurement or tool, and pain relief provided if required
- Eating and drinking is monitored carefully to ensure good nutrition and hydration, with assistance provided as appropriate
- Encouragement and support is provided for people to remain as independent as possible and remain mobile, where appropriate. Support is provided for people to stay involved in activities that support their health and wellbeing
- Advice and support is provided on reducing risk, including health promotion strategies
- Preferences for future care and end of life care are based on the person with dementia's personal wishes including Advance Care Plans and resuscitation decisions
- Support and advice is provided from specialist palliative care if people are reaching the end of life
- People living with dementia and their carer/family are informed about the opportunities and right to decide if they wish to be involved in research.

### **In a Pandemic Situation**

***There should be no change in the care that a person receives during the pandemic. However, special consideration should be given to the following:***

- Alternative means of communication with carer/family may be required
- Distress may be heightened due to lack of carer/family presence – where possible the carer/family should still be allowed to accompany the person with dementia. If not, alternative means of communication and reassurance explored e.g. videocalls, enhanced care with a familiar staff member
- Ensure there are open communication channels with carers/families unable to attend the hospital, especially on discharge to ensure all information is conveyed and understood.



# Environment

**The environment is comfortable and supportive, promoting patient safety, well-being and independence and people with dementia are enabled to find their way around the hospital**

Notes for self-assessment:

- The environment promotes safety, and encourages independence, activity and social interaction
- There are policies in place to minimise moves within the hospital
- Noise and distractions are minimised
- Signage and orientation cues support navigation and ease decision-making throughout the building
- Ward design enables people with dementia to continue to undertake activities of daily living
- The King's Fund and other environmental assessment tools e.g. Virtual Hospital Ward (University of Stirling) are used to ensure appropriate environments
- PLACE (patient led assessments of the care environment) audits are used to meet the required standard
- The estate's strategy incorporates dementia-friendly design principles.

## **In a Pandemic Situation**

Notes for self-assessment:

- Check that sightlines are clear, especially to toilets and fire exits
- Minimise distractions and any unnecessary signage or marking tapes
- Specific pandemic guidance and signage on walls, furniture and floors should be consistent, offer good colour contrast and be easy to read
- Make sure people with dementia have access to appropriate activities and views from windows are not blocked
- Maximise the use of outdoor areas and natural ventilation when safe to do so.



## Governance

**Systems are in place to support continuous improvement of quality of care for people with dementia and their carers/family whilst in hospital, including resources and governance structures that support staff to deliver care that is dementia-friendly**

Notes for self-assessment:

### **a. Governance structures**

- The hospital is signed up to the Dementia-Friendly Hospital Charter and the Dementia Statements are used to inform approaches to care
- There is a senior dementia lead within the hospital who guides and monitors delivery of the local dementia strategy
- A board member is designated with responsibility for dementia care
- Clinical Dementia Specialist Leads have access to champions to support dementia care delivery
- There is a dementia steering group, inclusive of nurses and lay members that monitor the delivery of care and includes perspectives of people with dementia and their carer/family
- External scrutiny is actively sought about the quality of care e.g. Healthwatch
- Regular dementia care updates are provided to the board
- Contracts with agency staff providers and contractors specify how they will uphold the principles of this Dementia-Friendly Hospital Charter
- The hospital is supportive of the Alzheimer's Society's Dementia Friends initiative
- Hospital safeguarding/ whistleblowing is available if required.

### **b. Human Resources**

- Support is provided for staff who require leave to care for a person with dementia
- Policies and procedures help combat stigma towards employees affected by dementia
- Reasonable adjustments are made to enable people affected by dementia to continue working.

### **c. Feedback**

- There is a system for routinely gathering meaningful feedback on how people with dementia and their carer/family experience the hospital's services. Comprehensive, timely and personal responses are delivered.

Notes for self-assessment:

- A compliments and complaints policy is accessible in an appropriate format for people affected by dementia
- Regular focus groups are organised with people with dementia and their carers who have used the services, plus outside partners where appropriate
- The hospital participates in the National Audit of Dementia
- A dementia specific Patient Advice and Liaison Service is available and clearly signposted.

## In a Pandemic Situation

Notes for self-assessment:

- Staff members who are carers may need to discuss their working arrangements, and flexible working and support may be required
- Appropriate monitoring of admissions and outcomes for people with dementia is maintained
- Feedback is encouraged from people with dementia and their carers/family on areas of good or poor practice in these situations to ensure that continuous improvement is maintained.



# Volunteering

**Volunteers with specific dementia training are available to assist people with dementia where appropriate. They can provide additional support for activities and pastoral care, which complement those of paid staff and are not a substitute for them**

Notes for self-assessment:

- All volunteers undertake dementia awareness training (Tier 1) of the Dementia Training Standards Framework. Volunteers are regularly supervised and supported in their role
- Volunteers from organisations (e.g. Red Cross or Royal Voluntary Service) to undertake dementia awareness training (Tier 1)
- The role volunteers can have in supporting people with dementia should not just be considered on care of the older peoples' wards, but where people with dementia access other services across the hospital environment e.g. Outpatients, Emergency Departments, Discharge Teams
- The hospital has a policy on the use of volunteers and the role they may have in supporting people with dementia and their carer/family
- Volunteer roles are clearly defined and understood by the volunteer, person living with dementia and their carer/family, staff members, dementia lead and volunteer recruiting manager.

## In a Pandemic Situation

Notes for self-assessment:

- Volunteers should not be considered “visitors” but valued members of clinical teams and should have the same support available to them
- Priority roles for volunteers to be agreed upon by the volunteer/ ward teams. These roles may differ from the volunteer’s usual duties. Not all volunteer roles will be appropriate due to infection control restrictions and agreed priorities should reflect the most urgent needs of the person with dementia and carer/family
- Volunteers must undergo a COVID-19 risk assessment prior to undertaking any form of clinical support
- In instances where volunteers are not able to physically be in the hospital, the hospital should explore alternative opportunities for volunteers to support (e.g. over telephone or video chat) recognising that volunteers may also be at risk of social isolation
- Volunteers must receive training in correct use of PPE and have access to all relevant equipment/ protocols to support safe use of PPE including on the ground support
- In the event of a clinical area being closed due to Covid-19, volunteers will be removed until infection control deem it safe for them to return. During this time, remote voluntary support should be considered, where possible.

# Resources

This is an indicative list of the range of resources currently available. It is not exhaustive, neither is it quality assured.

- [Alzheimer's Society: Dementia-Friendly Communities](#)
- [Alzheimer's Society: Dementia Friends](#)
- [Alzheimer's Society: This is Me](#)
- [Bradford Dementia Group](#)
- [British Geriatrics Society: Mindful Communication Through PPE](#)
- [Commissioning for Quality and Innovation \(COQIN\)](#)
- [Dementia Services Development Centre: Virtual Hospital](#)
- [Dementia Statements: Through a Legal Lens](#)
- [Health Education England: Dementia Programme](#)
- [Health Education England: Dementia Training Standards Framework](#)
- [Health Education England e-Learning for Healthcare – Coronavirus Programme](#)
- [Health Innovation Network S.London: Maintaining Activities for Older Adults During COVID-19](#)
- [John's Campaign](#)
- [National Audit of Dementia \(Royal College of Psychiatrists\)](#)
- [NHS: Dementia Wellbeing in the COVID-19 Pandemic](#)
- [NHS England & NHS Improvement: 15 steps challenge](#)
- [NHS England & NHS Improvement Strategic Clinical Networks \(Dementia\)](#)
- [NHS England & NHS Improvement: Well Pathway for Dementia](#)
- [NICE Dementia Guidelines](#)
- [Patient-Led Assessments of the Care Environment \(PLACE\)](#)
- [Royal College of Nursing Development Programme: Transforming Dementia Care in Hospitals](#)
- [Royal College of Nursing SPACE Principles for Dementia Care](#)
- [Royal College of Psychiatrists: Accreditation for Inpatient Mental Health Services \(AIMS\)](#)
- [Royal College of Psychiatrists: Memory Services National Accreditation Programme \(MSNAP\)](#)
- [Royal College of Psychiatrists: Psychiatric Liaison Accreditation Network \(PLAN\)](#)
- [Royal College of Psychiatrists: Quality Mark for Elder-Friendly Hospital Wards](#)
- [Royal United Hospitals Bath: Dementia Charter Mark](#)
- [The King's Fund: Environments of Care for People with Dementia/ EHE Environmental Assessment](#)
- [Triangle of Care](#)
- [University of Worcester: Care fit for VIPs](#)
- [Yorkshire & Humber Dementia Network: Getting a COVID-19 swab when a person has dementia](#)



# With Thanks

## Members of the Dementia-Friendly Hospital Taskforce

- Alistair Burns – NHS England & NHS Improvement
- Chloe Hood - National Audit of Dementia
- Danielle Wilde - Royal Free London NHS
- Dawne Garrett – Royal College of Nursing (RCN)
- Dil Dhillon – Department of Health & Social Care (DHSC)
- Frank Arrojo - Carer and tide representative
- Guy Cross – Care Quality Commission (CQC)
- Jan Zietara – Health Education England (HEE)
- Jane Gilby – Mid and South Essex NHS Foundation
- Jo James – Imperial College Healthcare NHS (Chair)
- Jon Vangorph – British Red Cross
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- Sarah Tilsed – National Dementia Action Alliance (NDAA)
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