

Guide to Dementia Training for Health and Social Care Staff in London

Improving quality of care

Authors: Improving Quality of Care Working Group, London Dementia
Strategic Clinical Leadership Group.

With special thanks to Joanna James, Lead Dementia Nurse, Imperial
Hospitals NHS Trust

10.06.14

Guide to Dementia Training for Health and Social Care Staff in London

1. Introduction

The needs of people with dementia, particularly in health and social care settings have been the focus of a great deal of work and development in recent years. This has been in response to the realisation that health and social care workforces have previously been ill equipped to support people with dementia, partially due to a lack of knowledge and understanding of dementia. The need to ensure that the workforce is educated in dementia care has been highlighted in numerous places - by the National Dementia Strategy, the National Audit of Dementia, the Counting the Cost Report, the Prime Minister's Challenge and most recently, the G8 declaration. This has led to a proliferation of training opportunities and materials becoming available. The aim of this document is to provide organisations with guidance to support the identification and implementation of high quality dementia education for staff in both health and social care settings.

2. Tailoring training to your workforce

Dementia training is currently undergoing change and ranges from the principles of awareness used in the Alzheimer's Society Dementia Friends session to the curriculum developed by Higher Education Dementia Network which takes training to a postgraduate level.

Three useful guidelines to identify core areas needing to be covered are Promoting Excellence (Scotland), the South-West Dementia Partnership Competency Framework and Skills for Health Core Competencies.

Dementia education for the health and social care workforce can be broadly divided into 3 tiers:

- Tier 1: Dementia Awareness ('Essential information') highlights the basic, essential competencies relevant to all sections of workforce and society. This could also form part of mandatory induction training for all health and social care staff.

Tier 1 Dementia awareness is suitable for all staff working in health or social care; however, it does not provide sufficient information for staff who would be working regularly with people with dementia.

- Tier 2: 'Enhanced' builds on Step 1 and highlights competencies needed for those working in general health or social care settings and for those working with people with dementia.

- Tier 2 Dementia training should be aimed at staff in general healthcare settings or who are in regular contact with people with dementia. It can also be seen as a starting point for staff who will develop more specialist knowledge
- Tier 3: 'Specialist' builds on tiers 1 & 2 and is relevant to those working in a more specialist and intensive way with people with dementia.

Tier 3 is aimed at staff who will be working extensively with people with dementia and who are likely to be in a specialist or a decision making capacity.

It is important to note that the use of the tiers is for guidance only and to provide a platform to demonstrate how dementia education can be tailored to the needs of your workforce. The tiers should not equate to seniority within an organisation. They should be used to identify what the staff need to know to deliver the most effective care to the person with dementia.

3. Content required for each tier

For the purpose of identifying which core subjects should be included in dementia training at the different levels, this document maps these subjects against core outcomes that would help support a person with dementia and their families along with care staff.

Central Principles

These should underpin all dementia training:

Delivering service/care that is centred around the person with dementia

Working in partnership with the person with dementia, family and carers

Delivering services/care in a way which respects and maintains the dignity of the person with dementia

Tier 1: Dementia Awareness Training

What the trainee needs to know	What the trainee will be able to do	Subject covered	Associated standards
Understanding of what dementia is, prevalence and impact	<p>Have a greater awareness of dementia and the confidence to support patients</p> <p>Be able to explain dementia to a colleague</p>	Introduction to dementia	<p>NDS – Objective 1,8,9,13</p> <p>NICE QS1 :</p> <p>NICE QS30</p> <p>CQC – Outcomes 3, E3 & C2</p>
Awareness of the common signs and symptoms of dementia, e.g. memory problems, confusion and communication difficulties	<p>Identify the early signs and symptoms of dementia</p> <p>Recognise when a person appears to be experiencing confusion, memory or communication difficulties</p>	Signs and symptoms of dementia and what to do	
Knowledge of how to access local community information and services that can provide information and support for people with dementia and their families and carers	<p>Provide relevant information or signpost to an appropriate person or service</p> <p>To enable people with dementia to access chosen community services and activities</p>	Information about local services	<p>NDS –Objective 10</p> <p>Adult social care outcomes – Domain 1</p> <p>CQC – Outcome 5</p>
Knowledge of a range of communication and interaction methods to suit people who are experiencing confusion, memory or communication difficulties.	<p>Communicate/ Interact in a way and at a pace that takes account of difficulties associated with dementia, e.g. people with dementia can find it difficult to verbally communicate pain and/or discomfort when</p>	Communication	<p>NDS- Objectives 8,13</p> <p>NICE – QS30: 6</p> <p>Adult Social Care Outcomes – Domain 3</p> <p>CQC Outcomes 1, 3 & C2</p>

	asked.		
<p>Understand that a good and valued quality of life should reflect the priorities of the person with dementia, their family and carers</p> <p>Understand what is meant by the term person-centred support in relation to people with dementia</p>	<p>Interact with people with dementia, their families and carers, in a way that recognises their wishes and priorities</p> <p>Interact with people with dementia in a person-centred way that recognises and utilises their unique strengths and abilities</p>	<p>Getting to know the person, respect, dignity individualised care and partnership working</p>	<p>NDS – Outcome 1 NICE QS 1 & 4 QS30- 3, 6, 8 & 9 QS50: 2 ASC Domain 1 & 3 NHS Outcomes – Domains 2 & 4</p> <p>CQC – Outcomes 1,3 & C2 NSF OP: Standard 2</p>
<p>Understanding of the experience of dementia</p>	<p>Understands the effects of stigma and fear of stigma associated with dementia</p>	<p>Experience of living with dementia</p>	<p>NDS- Outcomes 1 & 13 NICE QS1</p>

Q: Can we use Alzheimer's Society Dementia Friends Sessions as Tier 1 Awareness Training?

A: Whilst Dementia Friends is a fantastic programme aimed at the general public, it is recommended that Tier 1 training has content which relates specifically to health and social care settings and how staff can support clients in this area.

Examples of good Tier1 Training are:

Barbara's Story DVD Collection – Guys & St Thomas's Hospital

Email: barbarasstory@gstt.nhs.uk

Dementia Awareness- Acute & Community – Health Education North Central & East London & UCLPartners

SCIE Dementia Gateway

www.SCIE.org

E-Learning for Health

www.e-lfh.org.uk/

Tier 2: Enhanced dementia training

What the Trainee needs to know	What the Trainee will be able to do	Subject Required	Associated Standards
<p>Awareness of the potential effects that the symptoms of dementia can have on a person's behaviours, relationships, and activities and how this can affect mood</p> <p>Knowledge of how to respond to a person with dementia who is distressed</p>	<p>Awareness of the potential effects that the symptoms of dementia can have on a person's behaviours, relationships, and activities and how this can affect mood</p> <p>Ability to respond to a person with dementia who is distressed</p>	Behaviour & different realities	NDS- Outcome 13 NICE QS1, QS30 (7)
<p>Understand that people with dementia are more at risk of issues that might impact on their physical health, e.g. becoming dehydrated, malnourished or have continence issues.</p>	<p>Knowledge of how to support people with dementia and with eating and drinking and continence</p> <p>Understand the particular risk people with dementia have to falling because of visual impairment</p> <p>Understand that people with dementia may have a reduced ability to communicate physical illness, pain and mental distress</p>	<p>Nutrition and hydration</p> <p>Falls prevention</p> <p>Pain assessment</p>	<p>NDS: Objective 13 NICE QS: 4, QS30: 3, 6, 9 QS50: 5 CQC: Outcomes 3, 4 & E3 NSF OP: Standard 6 SCIE: 15</p>
<p>Understand the effects of the symptoms of dementia can mean that people may need support, or environmental adjustment, to maintain active</p>	<p>Make environmental adjustments to suit the individual requirements of the person with dementia</p> <p>Understand the ways in which the impact of</p>	Environment	<p>NDS NICE QS30:7 CQC: Outcome 10</p>

<p>engagement in community life and valued activities</p>	<p>environmental challenges can result in frustration and distress</p>		
<p>Awareness of the Mental Capacity Act and the principals on which capacity is judged to be present or lacking</p> <p>Knowledge of what action to take if a person's needs are not being appropriately met in relation to their individual capacity</p> <p>Understand that legislation exists to protect the rights of people with dementia and safe guard them against any potential risk or harm.</p>	<p>Ability to deliver care in the best interest of the person with dementia</p> <p>Understand that people with dementia may be at risk of experiencing neglect, harm or abuse – physical, sexual, psychological and financial</p>	<p>Mental capacity and consent (including DoLS)</p> <p>Safeguarding & human rights</p>	<p>ND Outcome 13 NICE QS: 5 QS30: 2 & 9 CQC: Outcomes 2 &7 Mental Capacity Act 2005</p>
<p>Knowledge of the specific palliative and end of life care needs of people with dementia</p>	<p>Ability to understand the needs of and support a person with dementia at the end of life</p>	<p>End of life care</p>	<p>NDS- Objective 9 NICE QS1: 5&9 CG42: 1.10 CQC 1&3 DH EOLCS</p>
<p>Understand what delirium is, its prevalence and impact on a person with dementia</p>	<p>Recognise the risk of delirium and take steps to prevent it when possible</p> <p>Recognise the presence of delirium and plan and deliver care to meet the person with delirium's needs</p>	<p>Delirium</p>	<p>NICE CG103 QS50:5</p>
<p>Options for addition In clinical settings: Ethics Dementia drugs</p>			

Q: How long should Tier 2 training take?

A: There is no set length of training for Tier 2. The most important issue is to ensure that it covers all the areas required. It is up to the individual organisation to decide what amount of time to allocate to each domain. This should reflect the focus of your organisation – *for example, if you work in an outpatient setting, you might not need to allocate a large amount of time to nutrition, however, in a care home setting, this would require significant input.*

One approach to Tier 2 is to break the subjects up and deliver them over several short sessions. This can make releasing staff easier. Materials which are particularly helpful for this are:

NHS London Acute and Community Modules

Email: Ruth.Evans9@nhs.net

Barbara's Story DVD Collection – Guys & St Thomas's Hospital

Email: barbarasstory@gstt.nhs.uk

Tier 3 Specialist Dementia Training

Tier 3 is Specialist Training designed to go into greater depth and aimed at staff who have already completed Tier 2 training.

To achieve Tier 3 Dementia Training, staff would be required to successfully complete a minimum of two modules of dementia training equating to 30 credits.

It is envisaged that this would be served by the Curriculum for UK Dementia Education produced by the Higher Education for Dementia Network (2013). The core subjects are outlined below:

Full Curriculum for Dementia Specific Programmes

1. Prevention and keeping well
2. Identification and assessment of dementia
3. Understanding the experience of and communicating with people with dementia
4. Creating effective partnerships with carers & families
5. Equality, diversity and inclusion in dementia care
6. Supporting people in the early stages of dementia
7. Developing person centred care, assessment and care planning
8. Holistic health for people with dementia
9. Supporting the daily life of people with dementia
10. Pharmacology relating to the needs of people with dementia
11. Psycho-social approaches for people with dementia
12. Key professional abilities and collaborative working
13. Understanding legal aspects of working with people with dementia
14. Understanding ethical issues in caring for people with dementia
15. End of life palliative care
16. Environment
17. Research, policy and service development in dementia care

Q: Where can I find Tier 3 Training Modules?

A: Tier 3 training will usually be found in colleges or universities. For information about courses see:

[http://www.dementiauk.org/assets/files/what_we_do/networks/hedn/HEDN Course_2014.pdf](http://www.dementiauk.org/assets/files/what_we_do/networks/hedn/HEDN_Course_2014.pdf)

4. Delivery – face to face or e-learning?

There are high quality face to face and E-resources available for all levels of dementia training. As with all E-Learning materials, there is always a debate regarding what mode of delivery would be most effective. Below is a table outlining the pros and cons of each approach:

Face to Face Training	E-Learning
Pros	
Social Learning	Extensive resources available
Opportunity to ask questions	Can be free
Guaranteed presence in session	Can be done at learner's speed
Is an effective way to change attitude	Can be done at any time
Able to evaluate whether learning objectives have been achieved	Can be done one by one – making it easier to release staff for training
Cons	
Perceived as more time consuming	Difficult to ensure learning has taken place
Will incur a cost	No element of social learning in current E-learning programmes
Requires resource (a trainer)	Participants will not be able to ask questions
Requires release of more than one member of staff at a time	Staff can be distracted or be doing other tasks simultaneously
	Difficult to identify whether the staff have understood the training

Each organisation needs to identify what it is they want to achieve through the delivery of the training (see Appendix 1) and decide on the best means of delivery for them. Some organisations have opted for combining e-learning and face to face. Good-quality free e-Learning Resources are identified below:

Dementia Gateway
Gloucester PCT
E-Learning for Health

www.scie.org.uk
www.kwango.com
www.e-lfh.org.uk/

For a comparison of different e-modules check the Alzheimer's Society:
www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=367&pageNumber=2

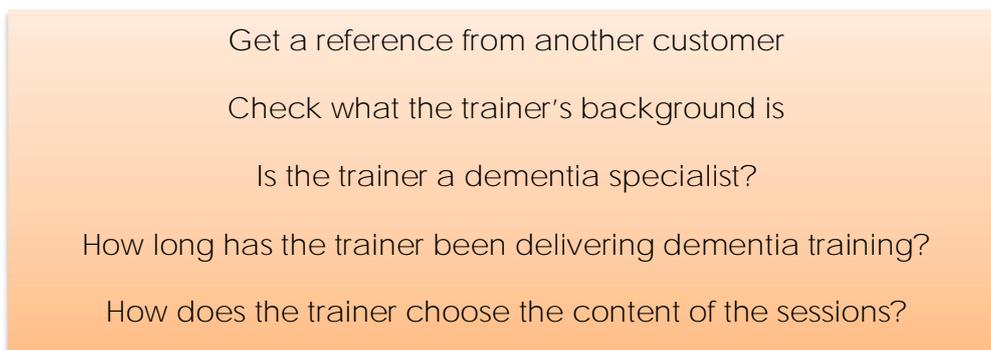
Note: Check how you can monitor learning if you are using e-learning – some websites do not record completion of the modules.

5. Accessing training

The first step when deciding to train staff is to identify what you are hoping to achieve through the training and then tailoring what is available to your plan. Use the planning template in Appendix 1 to help you.

The options available to each organisation are outlined below:

- a) Access e-learning resources
These can be used to provide training to the workforce. The extent and the subject matter of the training will be determined by what is available in the resources – which might limit on-going training options.
- b) Train a trainer
This model has proven to be very successful and cost effective in both acute and community settings. It would require an initial outlay for the course. It is important to identify the right person to undertake the training (be sure that the person is interested and willing to train) and then to support that person to deliver training to staff. The advantage of this is that the staff member is often enthused and will want to improve services as well as train others.
- c) Commission dementia training
There are numerous organisations which will deliver direct dementia training and many are excellent. However, there is currently no regulation of private providers so you do need to be confident that the training you commission is of an acceptable standard. It is also important to be certain that the content is right and fits both your staff's education needs as well as the regulatory requirements for training.
If using a private training provider, ensure that you have checked the quality of the training by ensuring the following:



Before commissioning training, consider the sustainability of this as you will have to retrain staff and also train new staff in dementia care as they arrive. Commissioned training can become expensive if you need to deliver an on-going education package. However, some organisations do opt to have a regular session with external training providers.

Local colleges and universities will also offer dementia training – these vary according to the organisation; however, they are well suited to provide Tier 3 programmes of study. Ensure that you check the content of any syllabus as

some more advanced training might be focussed on a specific aspect of dementia and might not fulfil your requirements.

Nurses and healthcare assistants can apply for grants to undertake courses through the Royal College of Nursing (see www.RCN.org)

d) Local provision

Before deciding on how to deliver your training, it is a good idea to contact both local education provider (such as Local Education and Training Board) and other local service providers, either health or social care and see if they are willing to work in partnership with you. This can be very cost effective and a great way of building relationships between different providers. Another organisation might also have access to existing training which will suit your needs. All healthcare organisations have a dementia lead and this is an ideal place to start investigating what is available.

6. Evaluating the impact of the training

Evaluating the impact of your training is from the onset has several advantages:

- a) It will tell you if you are achieving your aims outlined in your plan
- b) It will give you an idea of whether the training is good value for money
- c) It will provide you with evidence for the regulators
- d) It will inform you about where to focus training/information next.

You can evaluate the impact on several levels; depending on the size and structure of your organisation and what you choose to measure should relate to your plan and what you want to see as a result of the training.

For example; if your aim from the training was to see improved satisfaction from dementia patients and their families – then measuring the number of complaints might be one of the metrics you could use to measure the success of your training.

Try where possible to align any informatics with existing data collection as this will reduce the workload for you. So, consider how you already measure quality of care in your organisation and see if these metrics can be aligned with your aims for dementia training. Examples of these might be: patient falls, reduced anti-psychotic prescribing etc.

As well as measuring impact on the patient care, it is also useful to measure impact on the individuals who receive the training. This will provide you with a seam of information about how they have reacted to the training, what attitude the person has and also what else the person is interested in learning about.

An effective qualitative evaluation of training would be the use of follow up

sessions with staff to test the impact of receiving the training. This can however prove to be a resource intensive approach to evaluation.

Rather than using a standard feedback form, the use of a form with value statements as shown on page 11, is very effective. This form can be used as it is, or adapted for your own organisation.

To ensure that your evaluation has maximum impact ensure that you collect data before the training as well as after it. These comparisons can be effective evidence for change and proof that your training has been effective

Participant feedback form

Name	Date:	Job:	Organisation:
Type of Training (circle)	1 hour Session	Full Day	Other (please specify)

1. Please circle the statements which apply to you. "As a result of this training..."

My attitude/approach to people with dementia has changed a lot	My attitude/approach has changed a little	My attitude / approach has not changed at all
I feel that my working practice will improve a lot	I feel that there will be some small changes in my working practice	I feel that my working practice will stay the same
I will use what I have learnt often	I will use it sometimes	I will never use it
My confidence to care for people with dementia has increased a lot	My confidence to care for people with dementia has increased a little	My level of confidence to care for people with dementia has not changed

2. Please look at the statements below and consider how much knowledge you think you have . Do this before and then after the training

I WAS BEFORE TRAINING					I feel my level of knowledge and skills in:	I AM NOW AFTER TRAINING				
None	Very Little	Some	Well informed	Very well informed		None	Very Little	Some	Well informed	Very well informed
1	2	3	4	5	Understanding of dementia	1	2	3	4	5
1	2	3	4	5	Recognising the signs and symptoms of dementia	1	2	3	4	5
1	2	3	4	5	Interacting or caring for patients with dementia	1	2	3	4	5

3. Would you be interested in receiving more training on dementia? Yes / No

4. If yes, do you know what issues you would like to cover?

Appendix 1: Dementia training plan

No	Question	Response
1	Why do you want to staff to learn in the dementia training?	
2	What specifically are you hoping to achieve by training the staff?	
3	Who do you want to train? <ul style="list-style-type: none"> - Number - Levels required - Current level of knowledge 	
4	What resources do you have to do this? <ul style="list-style-type: none"> - Budget - Capacity to release staff - Access to IT facilities - Trainers - Training rooms 	
5	What are is your timescale for: <ul style="list-style-type: none"> - Completing the training - Training updates (three yearly is generally acceptable) 	
6	How are you going to measure the impact of the training? <ul style="list-style-type: none"> - See section 5 for ideas. 	
7	Who do you know in your organisation or close to it who has dementia expertise? <ul style="list-style-type: none"> - Recommend that training is discussed with local experts. 	

References and further reading

Alzheimer's Society, Training and Resources for Health Professionals

www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=367&pageNumber=2

Barbara's Story DVD Collection – Guys & St Thomas's Hospital

<https://www.guysandstthomas.nhs.uk/education-and-training/staff-training/Barbaras-story.aspx>

'Counting the Cost Report: Caring for people with dementia on hospital wards', Alzheimer's Society, 2009.

http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=787

Dementia Awareness- Acute & Community – Health Education North Central & East London & UCLPartners

Dementia Friends, <https://www.dementiafriends.org.uk/>

E-Learning for Health, www.e-lfh.org.uk/

'End of Life Care Strategy: Promoting high quality care for all adults at the end of life', Department of Health, July 2008.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136431/End_of_life_strategy.pdf

G8 Dementia Summit Declaration, December 2013

<https://www.gov.uk/government/publications/g8-dementia-summit-agreements/g8-dementia-summit-declaration>

Gloucester PCT, www.kwango.com

Higher Education Dementia Network (HEDN)

<https://www.dementiauk.org/what-we-do/networks/hedn/>

'Higher Education Courses in Dementia Care Diploma/Post – Registration Courses', January 2014

http://www.dementiauk.org/assets/files/what_we_do/networks/hedn/HEDN_Course_2014.pdf

'Living well with dementia: a national dementia strategy', February 2009

<https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy>

Mental Capacity Act 2005, <http://www.legislation.gov.uk/ukpga/2005/9/contents>

'National Audit of Dementia', 2012, Royal College of Psychiatrists

<http://www.rcpsych.ac.uk/quality/nationalclinicalaudits/dementia/nationalauditofdementia.aspx>

National Council of Palliative Care, <http://www.ncpc.org.uk/dementia>

'National Service Framework for Older People', Department of Health, March 2001
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198033/National_Service_Framework_for_Older_People.pdf

NHS London Acute and Community Modules, contact Ruth.Evans9@nhs.net

'NHS Outcomes Framework, 2013/2014', November 2012
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213055/121109-NHS-Outcomes-Framework-2013-14.pdf

'NICE Dementia Quality Standards', NICE, June 2010
<http://guidance.nice.org.uk/QS1>

'Prime Minister's Challenge on Dementia: Delivering major improvements in dementia care and research by 2015', Department of Health, March 2012
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215101/dh_133176.pdf

'Promoting Excellence: A framework for all health and social services staff working with people with dementia, their families and carers', The Scottish Government, May 2011
<http://www.scotland.gov.uk/Publications/2011/05/31085332/12>

Royal College of Nursing, www.RCN.org

SCIE Dementia Gateway, www.SCIE.org
Skills for Health Competences/National Occupational Standards
<http://www.skillsforhealth.org.uk/about-us/competences%10national-occupational-standards/>

'South-West Dementia Partnership Dementia Competency Framework',
http://southwest.hee.nhs.uk/wp-content/uploads/sites/484/2013/11/hesw_dementia_competency_framework.pdf

'The Adult Social Care Outcomes Framework 2014/15', November 2013
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263783/adult_social_care_framework.pdf

The Dementia Training Centre, <http://dementiatrainingcentre.co.uk/e-learning-courses/>

'The Essential Standards of Quality and Safety', CQC, March 2010

<http://www.cqc.org.uk/organisations-we-regulate/registering-first-time/essential-standards>

The Triangle of Care: Carers included: A Guide to Best Practice for Dementia Care, Carers Trust, 2013

http://www.rcn.org.uk/_data/assets/pdf_file/0009/549063/Triangle_of_Care_-_Carers_Included_Sept_2013.pdf