

## Dementia Friendly Hospital Event – P.M. Discussion

### Training and Environment - Feedback

- 1) What targets should hospitals set themselves for dementia awareness training for staff and board members, and how should they show that they are achieving them?
  - Tier 1 – All staff trained in induction (dementia awareness), mandatory training
  - Training records/ CQUIN targets
  - Look at audits round complaints in dementia care
  - All staff should be trained
  - Training records – ESR, mandatory requirement
  - Action plans, targets
  - Stats, steering groups
  - Universities delivering initial training
  - Trusts delivering refreshers
  - Audit – monthly report
  - Refresher – annual
  - All staff should have awareness training, regardless of roles
  - Internal and external publication of data
  - Make it mandatory, electronically recorded, then it will be collected
  - Getting the trust board to use equality and diversity leverage
  - HEE reports on compliance with training tiers
  - Should be a national standard, target set at 95%
  - Challenges include resources and staff turnover
  - Annual reports
  - Different levels of training dependant on role, i.e Tier 3 – consultants/ senior sisters/ RGNs
  - Mandatory training database
  - 100% for Tier 1. With Temps and voluntary staff, agency need to train
  - Wearing badges eg Dementia Friends
  - Trust induction

2) What forms of training or learning experience have you found best to help provide person-centred care?

- Videos, visuals eg Barbara's Story, patient story, carers story
- Real life experience, patients stories/ voices
- Stimulation training
- Face to face training
- Age UK training – learning from experience
- 'This is me'
- Risk assessments
- Care plans
- Forget me not
- Dementia care bundle
- End of life care pathway
- E-Learning
- Virtual dementia tour simulation
- Train the trainers
- Mixture of lectures, discussions and case studies
- Joint working with teams
- Seating in corridors
- Use of mentorship, role modelling. Good person centred care is not disease specific
- Opportunities in other training (Safeguarding, MCA, DOLS)
- Blended learning/ e-learning
- Complaints
- Peer support
- Sharing good practice
- On the job
- Simulation training/ role play
- When you can put yourself in the situation
- Video to get key message across
- Dementia Friend
- Dementia Care Matters – quality of interactions
- Dementia on university courses. Dementia revisited throughout course

3) Looking further than the environment in wards, how could the environment be improved in other parts of a hospital, eg A&E departments, outpatients and corridors?

- Everywhere, everyone, everything!
- Volunteers to support people with dementia around the hospital
- Signage and clocks

- Memory boxes
  - Cognitive stimulation sessions
  - Music
  - Recognising who requires support
  - Signage
  - A&E quiet areas
  - Outpatients – priority seating areas
  - Floor covering
  - Lighting
  - Willingness of people to direct
  - Clear information in advance
  - Low stimulus environments
  - Infrastructure needs to be updated/ adjusted
  - Dementia friendly space inside and outside
  - Space is precious and sometimes not available, bed capacity
  - Resources
  - Waiting for social care
  - Sensory areas
  - Colours, sounds
  - Champions
  - Lighting
  - Adjustable blinds
  - Follow guidelines to make more homely
  - Flooring
  - Artwork
  - Colour contrast
  - Museum links
- 4) If asked by the Board to give evidence of how the environment has improved patient care, what would:
- a) be your top 3 examples from personal experience
- Patients story/ feedback, decreased complaints, decreased harm
  - Personalised bed areas
  - Signage
  - Less falls
  - Less agitation
  - Less use of antipsychotics
  - Reduction of security staff and specials
  - Pit stops in corridors. People sitting watching the world go by. Can see everyone and everything going on

- Day room – group dining, sensory area, activity resources
- Welcoming, socialising, better use of space

b) examples of differences between wards

- Signage, orientation aids, flooring, tables for mealtimes
- Higher incidents – reports of falls, aggression, agitation, poor signage
- More patients disorientated, low staff morale
- Colour coding. Able to see toilet as colour contrasted rails and seats
- Way finding using colour
- Falls and delirium reduced
- Noise, clutter
- Support for carers

c) the impact a ward environment has had on patient experience e.g. mood, orientation

- Improved mood, wellbeing
- Convex mirrors (like on roads)
- Tables on bays
- Dayrooms
- Colour coding
- Nightingale wards
- Better orientated eg signage, natural light, colour scheme
- Better engagement from staff
- Pictorial signage benefits others not just people living with dementia
- Rempods, film rooms
- Less anxious/ frightened
- Lowered use of anti-psychotics
- Less distress
- Less complaints
- Less falls
- Good nutrition
- Social interaction