



The Care Certificate was introduced in 2015 to ensure that all social care and healthcare workers have the knowledge, skills and behaviours to provide compassionate, safe and high quality care and support.

Some of the standards have been contextualised to different working situations or services to help new workers, or workers new to a particular area of care, to apply the content to their specific roles.

The Care Certificate has been contextualised in six areas:

- autism

- dementia

- end of life care

- learning disability

- lone working



The resource could be used:

- in group learning environments, face-to-face or virtually
- in one-to-one learning or supervision sessions, face-to-face or virtually
- as pre-reading or study for learners
- As part of assessment resources
- as part of staff supervision.

• , → might use this resource:

- to refer to during their Care Certificate programme, or refer back to after completion, to provide context to their other learning.

, , ▲ • , → might use this resource:

- as a handout in training sessions
- to stimulate discussion in group or one-to-one environments
- to review their current training package against.

, , ▲ • , → might use this resource:

- to stimulate discussion during assessment
- to aid in reviewing their assessment documentation.



When working with a person living with dementia, you need to be aware of the network of people who are available to support the person and help them to live well.

This network may include:

- family and friends
- GP
- community nurse
- dementia nurse
- speech and language therapist
- social worker
- occupational therapist.

You need to act in a professional manner when liaising with members of this network.



A dementia nurse might advise the person and their family on being able to stay at home and make recommended adaptations so the person can remain living independently. You may interact with the dementia nurse and the person to discuss changes and care needs as appropriate to support the person to continue to live their life well.

This will help to maintain successful partnerships and ensure that the person living with dementia has people around them who understand, involve and listen to them in order to guarantee the best outcome for the person.



Duty of Care describes your obligations towards the people you care for and support in your role as a social care worker.



There are five principles that shape the Mental Capacity Act (MCA) and these are:

- Assume a person has capacity unless proved otherwise.
- Do not treat people as incapable of making a decision unless all practicable steps have been tried to help them.
- A person should not be treated as incapable of making a decision because their decision may seem unwise.
- Always do things or take decisions for people without capacity in their best interests.
- Before doing something to someone or making a decision on their behalf, consider whether the outcome could be achieved in a less restrictive way.



These principles will help guide your duty of care.

When supporting a person living with dementia you will need to consider the Mental Capacity Act 2005 in relation to the person you are supporting and adapt your approach in terms of:


- communication style
- encouragement level
- use of diversion skills.

This means that the person with dementia, who may struggle to communicate well will have people who understand them to ensure they are involved and listened to.

Diversion skills: When someone with Dementia asks difficult questions or makes difficult requests – such as "I want to go home" or "I'd like to see my mother" diversion skills are a way of deflecting, or, diverting these questions. This can be a change of subject, or, could be introducing an activity – looking at a photo album or playing music that means something to the person – or just talking about other things.



When someone with Dementia asks difficult questions or makes difficult requests – such as "I want to go home" or "I'd like to see my mother" diversion skills are a way of deflecting, or, diverting these questions. This can be a change of subject, or, could be introducing an activity – looking at a photo album or playing music that means something to the person – or just talking about other things.



Doris is an 83-year-old lady living with dementia. You arrive at her home to help get her washed and dressed. Doris tells you that she wants to stay in her night clothes and does not want to wash. This presents a dilemma to you as d. 2da775 Tmpyout ddotstj.4v0a



These can be reduced by:

- ensuring there are familiar objects around
- using visual/recognisable signs on doors
- using different colours for different areas.



Our identity is what makes us unique and is our sense of who we are. It encompasses personality, spirituality, sexuality, values and culture and is built from our beliefs and experiences.

People living with dementia are at risk of losing their identity and therefore sense of self-worth.

They may become unable to share their experiences, life history and preferences or to explain behaviours that may appear unusual to others. Understanding someone's past can help you support their present and their future, enabling them to hold onto what makes them who they are, and have a sense of self and purpose.



Bill is a man living with dementia and lives in a care home. He is getting increasingly more confused as his dementia progresses. Bill is known to walk up and down the corridor at night trying all the door handles. This is causing upset to other residents. The staff chat to Bill and his family to try and find out what's causing this behaviour. The staff find out that Bill used to be a night security guard at an office complex for many years. Part of his job was to check that all the offices were locked up for the night. The staff recognised that Bill was doing his job and accompanied him on his rounds whilst ensuring there is no disruption caused to other residents.



Consider some of the people you've met who are living with dementia.

- What makes them who they are?
- How can you support them in a person-centred way to enjoy life and maintain self-esteem?





Communicating with the person accessing care is an essential part of delivering person-centred care. It's important to understand how a person living with dementia communicates.

Dementia can affect the way a person communicates so you should not presume that they can communicate (or understand) in the same way that you do.

Dementia can affect the way a person thinks, the way they understand the world, how they see the world, and how they can physically interact with it. Some medications taken by people with dementia can also affect their ability to, or how they, communicate. These effects can all present barriers in communicating with a person living with dementia.

Someone living with dementia might:

- have difficulty understanding the language you use – it could be too complex or delivered too quickly
- be unable to verbally respond
- be affected by medication
- have impaired eyesight or hearing
- have reduced attention
- be affected by environmental factors, such as the television being too loud, that you might not normally notice.

Optic ataxia (also called cerebral **akinetopsia**) is a condition where a person can see objects when they are still, but cannot perceive motion in an object so that, even when it is moving, it appears to be stationary. The person may not see you approaching. This is a condition that affects some people living with dementia to varying degrees.

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• $\nabla \cdot \mathbf{T} = \mathbf{0}$ (no body forces)

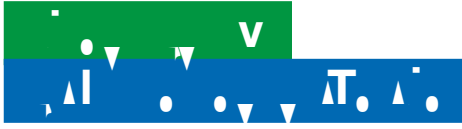


An **object of reference** is an object relevant to the individual to signify the next step in their day or an activity of choice. These objects differ from person to person. For instance, one person's object of reference for going out may be their house keys whereas someone else's reference might be their coat.



Consider three people accessing your organisation's care and support offer who are living with dementia.

- How do their individual communication needs, challenges and preferences differ from each other?
- What can you, and other workers, do to communicate effectively with these



Dementia causes changes to people's brains. These changes can impact on the way a person behaves. For instance, they may become more (or less) inhibited. This could affect the level of support the person needs to maintain their own privacy and dignity.

Whilst common approaches to privacy and dignity should always be maintained there could be other areas to consider when supporting a person with dementia such as:

- how the person chooses to live in their own home/environment, it may appear unkempt, respecting their choice to live this way
- being aware of how dementia may impact the person, such as their ability to remember for example what's appropriate and not appropriate in public
- support which may be needed for relationships, such as they may forget they were married
- consent issues regarding sexual relationships.

As a care worker, you must consider how you include the person and what support you and others can offer which will help to maintain the privacy and dignity of the person.

Working with a person living with dementia you should encourage them to actively participate in their care. This should be activity that they are capable of undertaking, you should recognise that each person with dementia has their own unique level of ability and capability. For example a person washing their own face and a carer handing them the flannel, rather than taking over and doing it for them.



You are working in a care home supporting people living with dementia. Audrey has recently moved in. Her dementia is in a relatively early stage, but you can see how it is affecting her motivation and mood. Her family visits and they tell you that, before Audrey's dementia progressed, she would always do her hair and make-up before anyone saw her in the morning. She was always very glamorous and would be embarrassed if anyone saw her any other way. Now, she rarely does her hair and make-up and they think this is affecting her mood and confidence. You talk to Audrey about this, and suggest that, when she feels like it, she could show you how she likes her hair and make-up doing. That way, on days when she doesn't feel up to it, you could support her and help her feel like her old self.



Fluid and nutritional intake is a crucial and fundamental part of dementia care. Many types of dementia (and the associated deterioration of their brain function) will impact on a person's ability to take care of their own fluid and nutritional needs. This may include the person:

- not wanting to eat or drink
- wanting to eat and drink frequently
- forgetting to eat and drink
- losing track of time
- not being able to see food/drinks if they have a sight impairment
- thinking they have already had food/drinks
- having difficulty chewing
- having difficulty swallowing
- having a loss of senses, e.g. taste/smell
- having difficulty using utensils
- forgetting about special dietary requirements they may have, for example for diabetes.

Due to the progressive nature of dementia, care and support with fluids and nutrition needs to be flexible and reviewed regularly to reflect any deterioration and changes. As a worker you should follow care plan information and seek advice from your line manager. Additional support



There are many ways to promote the health and wellbeing of someone living with dementia. Use the following list to think about how you could help a person you support to maintain or improve their health and wellbeing:

Learn about a person's history and personality and understand their wishes and preferences. This will often help you to understand behaviours that others might deem unusual and enable you to support the individual live well in the way they want to

















Understand how dementia progresses and manifests itself and how this affects each individual so you can be sensitive and responsive to their needs

Regularly make enquiries about someone's general health and how they feel. You will be able to learn and respond to signs that someone is not feeling well to promote well-being. You will also be able to spot signs that someone might be developing depression or anxiety.

Be aware that constipation and urinary tract infections can affect behaviour, mood, metabolism of medication and general wellbeing.

Start discussions from the presumption that the person has capacity to make each decision, and provide them with the information and tools they need to make that decision

Be aware that people may experience "sundowning" so you can take action to help reduce feelings of anxiety.

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End-of-life decisions and preferences

Paul has just been diagnosed with dementia. He has decided that, before his dementia progresses and his capacity starts to become compromised, he wants to make an advanced decision about the treatment in place. Paul writes down that should he ever be in a situation where he is on life support, he would like the life support switched off after 14 days. This ensures that Paul's wishes will be carried out and that everyone involved in his care and support are aware of his wishes. Always refer to someone's care plan with regards to end-of-life decisions and preferences.

Other benefits of an early diagnosis of dementia include:

- access to support services and advice
- time to establish a care plan to include future plans and wishes
- access to treatments and pharmaceutical interventions
- involvement in the management of their condition
- referrals to professionals such as local dementia nurses.

When it comes to the diagnosis of dementia, it is important information from multiple assessments is collated to ensure that all the possible aspects of the diagnosis have been considered. This will ensure the creation of an effective and personalised care plan.

