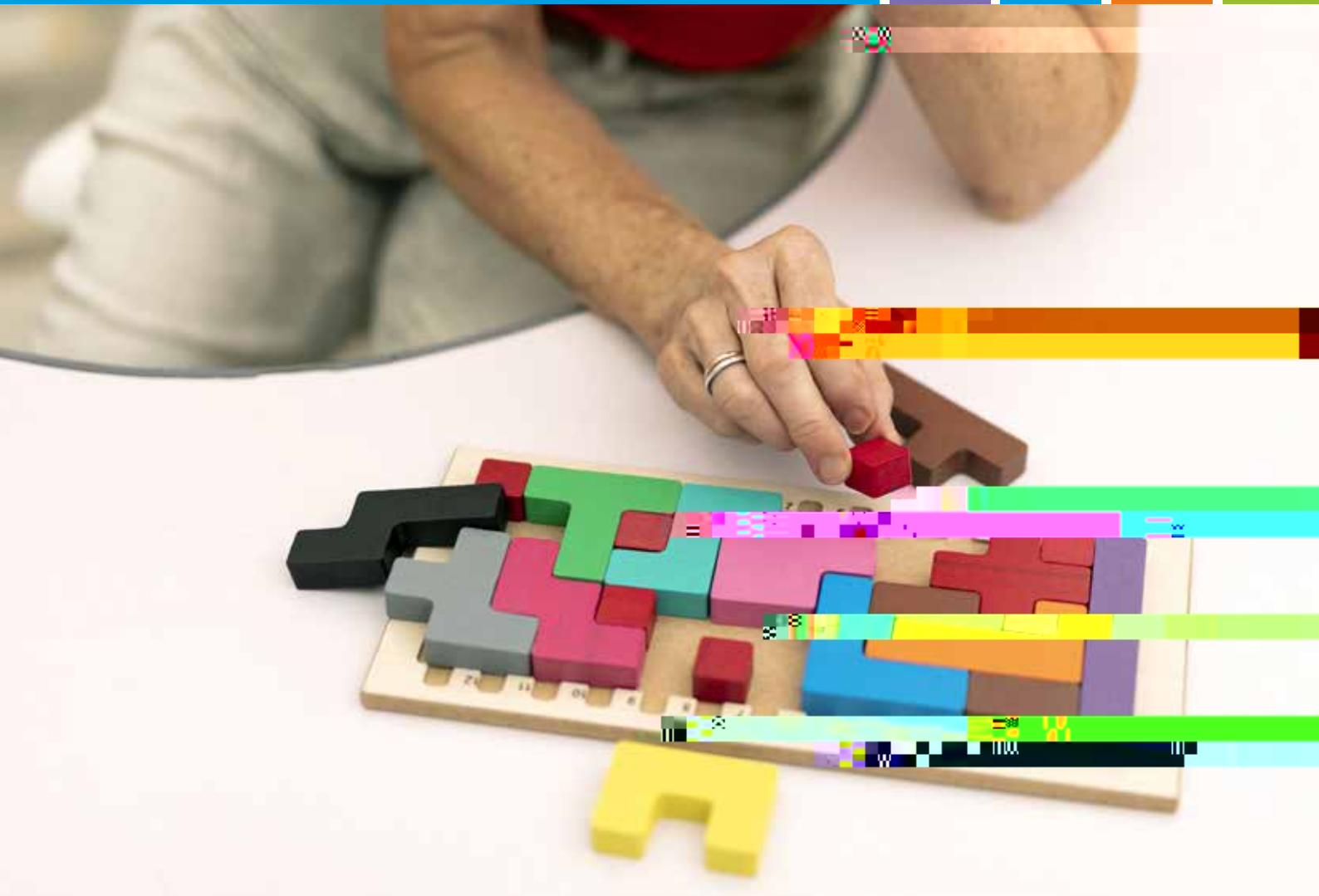


Commitment to Care of People living with Dementia

SPACE principles

CLINICAL PROFESSIONAL RESOURCE




RCN Legal Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK.

The information in this booklet has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has

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This document sets out the five principles that form a shared commitment to improving care for people with dementia and their families. They are based on evidence gathered from people living with

This guide is for nurses and other staff working in health and social care settings, as well as senior managers and directors. The aim is to support the implementation of the SPACE principles.

SPACE

Staff who are skilled and have time to care.

Partnership working with carers.

Assessment, early identification of dementia and post diagnostic support.

Care and support plans which are person-centred and individual.

Environments that are dementia friendly.

These resources can be used along with other initiatives that support innovation and improvement.

It is recommended that staff and patient/resident teams use them to support the development of practice in a systematic way that demonstrates real benefits for patients, carers and staff.

The approach requires dedicated leadership, development of shared action plans and evaluating outcomes, particularly patient and carer experience.

The term dementia is used to describe a range of conditions which affect the brain and result in an impairment of the person's function. The person may experience memory loss, problems with communication, impaired reasoning and difficulties with daily living skills.

This can result in changes in behaviour, which can disrupt their ability to live independently and may affect social relationships. There are more than 100 different types of dementia. The most

While there are common symptoms of dementia not all of them may be present and each person will be affected in a different way. This depends on the type of dementia, the stage of the illness, the individual's personality and importantly, the way others interact with them. Some people have limited awareness of their difficulties and as the condition progresses, insight tends to decline along with other cognitive abilities. People living with

Low mood that usually develops over weeks or months but can result in significant problems with concentration, sleep patterns and impaired functioning. Identification of depression is very important as treatment can be offered.

Symptoms of depression can mimic symptoms of dementia such as poor concentration, agitation or restlessness, disturbed sleep, and changes in functioning but depression can be treated with psychological therapies and/or medication.

It is vital to understand that while some general statements can be made about dementia, each individual will be affected differently. Also, while a dementia fundamentally changes the way in which a person functions, it is only one aspect of their life. Rather than seeing 'someone with a

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needs. For example they may have physical health problems, emotional difficulties due to changes in their relationship and be experiencing

Systematic identification of people with cognitive impairment is also likely to improve the detection of delirium and depression and give opportunities to support them better. As dementia progresses or if the individual has complex health needs, further assessment may best take place in the person's own home. Examples of the types of assessment which may be required include swallow or speech and language assessment, continence assessment, rehabilitation needs, advance care planning and decisions about end of life care. Assessment should also include a focus on physical co-morbidities and complexity and the impact that dementia may have on other long term conditions and their management.

1. Use of agreed screening and assessment tools.
2. Skilled knowledgeable practitioners.
3. Clear delirium protocols, dementia/ depression pathways and referral to post diagnostic support.
4. Clinical review of medication and ensuring any use of antipsychotic medication is only as a last resort and on a short term basis.
5. Post diagnostic support designed to help the person living with dementia and their families once a diagnosis of dementia has been given.

1. Use agreed screening and assessment tools

It can be difficult when a person does not have a diagnosis of dementia but seems to present with symptoms. All clinical staff who work with adults should be familiar with screening tools. As the diagnosis of dementia is complex, most screening tools are used to identify the presence of cognitive impairment. The term cognitive impairment is an overarching term for someone who may be experiencing problems with memory, perception, judgment and reasoning. It is recommended that there are agreed approaches and processes for screening and assessment so that those with a possible cognitive impairment receive the right treatment and care, depending on whether they have dementia, delirium and/or depression.

Assessment should include:

- a full medical history of the person, including any previous physical or mental health problems

4. Clinical use of medication in dementia

Due to illness, people with dementia can be pushed beyond their limit of coping, become distressed, agitated or even aggressive. Understanding the individual through personal profiles and discussions with those closest to them can help to predict and prevent distress. It is important to understand that distressed behaviours are not always due to dementia. Factors such as pain, discomfort disorientation or misinterpreting information may cause distress.

Reducing distress experienced by people with dementia and carers should be a priority. Reaching for medication to suppress symptoms may seem like an easy fix, and medication has its place in treatment, but there can be dangers associated with antipsychotics. Good fundamental care can prevent the need for medication in most situations, and a broad range of interventions that do not use drugs has now been identified. Additionally, some medications



1.

Moving between environments can cause unnecessary distress to people living with dementia and such moves should only be undertaken when it is in the best interests of the person. This should not prevent the opportunity for people to attend appointments, enjoy activities and environments that are familiar and enjoyable e.g. visits to well-remembered places, outside spaces and undertaking hobbies.

2.

Evidence based design features should be included in all new builds and refurbishments of health care facilities such as appropriate flooring, lighting, signage and technology.

3.

Regardless of facility, individuals should have access to items they recognise as their own, this can include personal possessions.

4.

Settings should ensure people have access to rehabilitative opportunities and opportunities to maintain functional independence, this might include cooking, gardening, pet care etc.

5.

There is an increasing opportunity for the sensitive use of technology to support independence, this might include alarms, prompts, tracking and visual surveillance. This should be undertaken with the permission of the person, family/legal representatives. Ideally people with dementia should participate in the development of new technologies.

