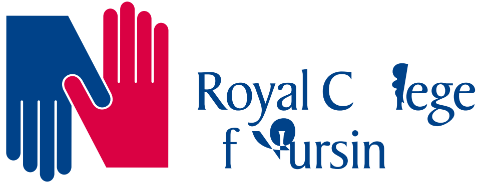

CLINICAL PROFESSIONAL RESOURCE

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This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

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Introduction

A diagnosis of dementia is profound. It affects the person, their circle of support, and the wider community - particularly if that community is a prison. In order to support the person and the wider prison community, the Royal College of Nursing has adapted its long-established SPACE principles in order to promote dementia care in prisons.

This document sets out the five principles that form a shared commitment to improving dementia care in prisons. The principles are based on evidence gathered from people living with dementia, carers and practitioners. Each principle is considered essential to ensure the appropriate delivery of care. Whilst intended for use in dementia care, many of the principles have applicability to other conditions that affect cognition.

Principles

This guide will be helpful for nurses, staff and volunteers working in prisons. The principles can influence service provision, commissioning and audit.

SPACE stands for:

Staff who are skilled and have time to care

Partnership working within the prison community

Assessment, early identification of dementia and post diagnos[illegible] support

Care and support plans which are person-centred and individu[illegible]

Environments that are dementia friendly

The RCN SPACE Principles video offers further explanation:

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 many types of dementia. The most common cause is Alzheimer's disease, where there tends to be a progressive and gradual decline over time. The second most diagnosed type is vascular dementia, where small blood vessels in the brain become damaged and the circulation is affected. Other types include dementia with Lewy bodies, fronto-temporal lobe dementias, P (e d)rer14.1 (e)-3.3 (d 5c1e)0.9 (mpe)-0.6 (c)8 (i)6.8 (rc)2.T91-2.1 C(14.91.9 (a)5.2 (r d)2.1 (e)0.9 (me)0.9 (r

- high blood pressure
- lack of exercise
- low educational attainment
- obesity
- poor physical health
- smoking
- deafness
- head injury
- depression.

Dementia2/U-6.940xidepression.

It is important to maintain the role of family carers. They should be offered an assessment in their own right and be supported in their caring role through education and skills training. Where possible, links should be maintained with the person's circle of support, underpinned by consent and appropriate risk assessment.

Within the prison community the person with dementia should have their human rights supported and upheld. There may be the need for increased education and training for prison staff, trusted prisoners, peer supporters, volunteers, chaplaincy, and other people engaged in the life of the prison. Dementia training should be part of the induction programme and regular refreshers should be available. Staff should be aware that people of all ages can develop dementia and that people in prison have higher risk factors.

> "Dementia is close to my heart, I did a dementia awareness day which was held in the chapel. I raised money for the Alzheimer's Society."
>
> Someone living in prison who has spent time in education and fundraising for charity for those with Alzheimer's

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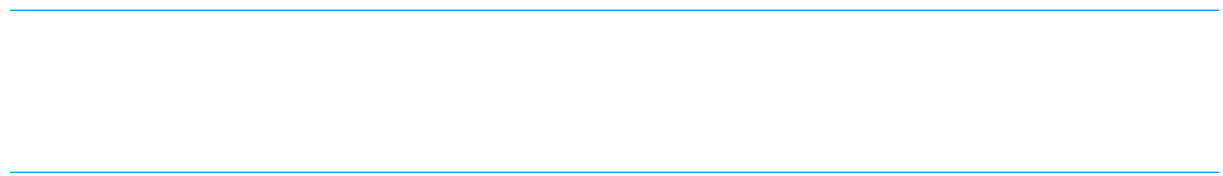
Principle 1: Staff who are skilled and have time to care.

Supporting staff need to be informed, skilled and have enough time to care in the most appropriate setting.

This will be supported by:

1. High quality training and education in dementia for all staff that is easy to access, practical and focuses on attitudes/approach and communication, and is based on

2.



Access to assessment may be problematic in prison settings, as signs of dementia may be attributed to a person choosing distressed behaviours due to a lack of liberty. Consideration of dementia should be encouraged as part of routine consultation and person-centred assessment. It is important to remember that people with long prison sentences may require reassessment during their stay. Diagnosis may also impact an individual's sentence and have implications for co4.1 (h)-1..3 (n)-3.8 (d)]TJ0 -1.2 Td[(pe (e)1)73 (ca)18.1 (m2

Consider asking:

"During the last month, have you often been bothered by:

- feeling down, depressed or hopeless?
- having little interest or pleasure in doing things?"

All assessment should be informed by NICE guidance: nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions/dementia

2. Having skilled and knowledgeable practitioners

(as identified in Principle one)

Where staff members and other people living in prisons have regular engagement with people living with dementia, their training should exceed dementia awareness and they should have access to a higher level of training and skill in order to appropriately support the person living with dementia.

3. Clear delirium protocols and dementia and depression pathways

In most cases, people with dementia are in health care facilities for clinical reasons other than their diagnosis of dementia. It is therefore important that dementia is taken into account throughout a person's stay and that a care pathway is in place to ensure the needs of the person are met, both for the dementia and the primary reason for which they have been admitted. As dementia and delirium share commonalities, having an agreed pathway in place for people with dementia and delirium can help ensure the right treatment and care. This should be supported by a clinical lead with responsibility for dementia care in the organisation.

4. Clinical review of medication including use of antipsychotics

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Good fundamental care can prevent the need for medication for distress in most situations, and a broad range of interventions that do not use drugs has now been identified. Audit of the use of antipsychotic medication should be carried out. Additionally, some medications, particularly anticholinergics, can have an adverse effect on cognition and a regular review of medication is recommended. It is important that someone with dementia has a medicines management assessment to ensure they are able to safely access any regular medications they are prescribed.

> A prisoner in a category B prison told us that there needs to be:
>
> "Continued assessment of those with dementia rather than a one-off diagnosis where people are told they have it but nothing happens subsequent to that."

Principle 4: Care and support plans which are person-centred and individual

All people with a diagnosis of dementia should be offered a care and support plan by a nominated individual who will co-ordinate their care. Ensuring that care is based on the individual, their biography, preferences and an understanding of their abilities is particularly important for people with dementia in achieving person-centred care. This

"I forget names, events, my stomach churns at noises, loud voices, bad attitudes"

Elderly man living in prison over a long time, with both physical and mental health issues

3. Personalised space – (cell or shared cell)

Regardless of facility, individuals should have access to items they recognise as their own. This can include personal possessions, photographs, or colours that are recognisable to the person. The principles of dementia friendly environments should be adopted. Risk assessment should be undertaken to ensure the appropriateness of those sharing accommodation.

"I have seen an elderly man with dementia being allocated a cell with a much younger man who assaulted him badly"

A 45-year-old man living in an open prison

4. Adequate space and resources to support activity and stimulation

Settings should ensure people have access to rehabilitative opportunities and activities to maintain functional independence and social interaction. The person should have access to social interaction with people who understand the nature of dementia, such as a peer system or buddy arrangement.

"I have a memory diary to remind me what I have to do daily. I have been trying to phone my Mam. I cannot remember doing that, I know my Mam passed away some time back."

A 60-year-old person living in prison with Korsakoff's Syndrome

5. Sensitive use of technology to support independence

There is an increasing opportunity for the sensitive use of technology to support independence, such as reminder alarms, prompts, tracking and visual surveillance. This should be undertaken with the permission of the person, family/legal representatives and in accordance with the law. Ideally people with dementia should participate in the development of new technologies to ensure they are fit for purpose.

Finally

BGS

RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

This guidance is aimed at nursing colleagues, prison staff and the prison community working to support people with dementia. It sets out the five principles that form a shared commitment to improving dementia care in prisons.

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The Nine Quality Standards

This publication has met the nine quality standards of the quality framework for RCN professional publications. For more information, or to request further details on how the nine quality standards have been met in relation to this particular professional publication, please contact publications.feedback@rcn.org.uk

Evaluation

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