POLICY STATEMENT

Clients with Dementia will be assessed and have appropriate management plan in place.

Where appropriate, external services will be utilised to assess and plan care for the clients with a dementia.

SCOPE

All Staff.

RESPONSIBILITIES

The Program Manager is responsible for:

- Ensure staff who will be providing care for the client with dementia has completed the following trainings:
  - Responding to challenging behaviors: Dementia
  - Understanding the condition: Dementia

- Recording completion of training on the Staff Training Register.
- Liaising and coordinating care with the client’s GP and external services (where required);
- Co-producing a management care plan with the client and/or representative and where required in consultation with the GP and/or external services.
- Advise the client’s family on the available resources and support groups.

All Staff are responsible for:

- Report and consult any changes to the client’s behaviors to the Program Manager.
- Following the client’s behavioral management care plan.
## PROCEDURES

### ASSESSMENT, CARE PLAN AND REVIEW

#### 1.1 Assessment

Clients with a diagnosis of Dementia will be assessed by the Program Manager on entry to Beata’s services by conducting the following assessments:

- Mini Mental Assessment (DOC 18.08 Mini Mental State Examination)

For clients applying for the Dementia and Cognition Supplement in Home Care, the following assessment should be done by the Program Manager (Registered Nurse):

- Psychogeriatric Assessment Scale- Cognitive Impairment Scale; or
- Psychogeriatric Assessment Scale- Cognitive Decline Scale (for clients with reduced fine motor skill or visual impairment); or
- Rowland Universal Dementia Assessment Scale (CALD clients); or
- Kimberley Indigenous Cognitive Assessment (KICA-Cog) (Aboriginal or Torres Strait Islander clients).

When assessing the dementia client for pain, the following pain assessment is used:

- NATFRAME Abbey Pain Scale; or
- NATFRAME Pain Assessment in Advanced Dementia (PAINAD)

#### 1.2 Care Plan

The care plan will be developed based on consultation with the client’s family or carer.

The care plan will identify any risks in client’s behaviour and strategies on how to minimise the risks.

#### 1.3 Review

The client’s behavioural and environmental management plan will be reviewed on a routine basis (3 months) or more frequent as the needs change.

All staff must report to the Program Manager, if the client has exhibited any new or concerning behaviours.

### COMMUNICATION STRATEGIES

Communication strategies should be specifically tailored to the individual.

#### 2.1 Language other than English

If the client’s first language is not English, establish whether communication will be more effective in their native language. If so, the Program Manager will endeavour to allocate a carer who can speak the same language as the client.
Communication aids should be available in the client’s profile folder for staff use where required.

Staff will be provided with a cultural awareness program, where they can watch a video about the client’s cultural profile and common phrases.

2.2 Sensory Aids

Dementia clients are encouraged to wear visual or hearing aids.

2.3 Other Considerations

- Slowly approach in front of the client and clearly explain what you intend to do.
- Establish eye contact with the client for attention.
- Always identify yourself and call the client by their name.
- Minimise competing noise (such as TV, or other people’s conversation).
- Use gentle touch as reassurance.
- Repeat instructions (if required) and allow time for the client to respond.
- Re-phrase the question if the client is having difficulty understanding.
- Be an active listener.
- Give encouragement.
- Do not argue with the client or demand that they follow the orders.

3 SAFETY

Any identifies risks and safety measures will be discussed with the representative during the care plan development and review.

All Staff must report to the Program Manager if the client exhibit new and concerning behaviours that may put the client or others at risk.

The Program Manager will consult with the representative in regards to the management plan for the client’s new and concerning behaviours.

Where the client and/or representative wish to take risk taking behaviours, the representative must sign DOC 09.09 Risk Taking Behaviour Consent Form.

4 POWER OF ATTORNEY

Information regarding power of attorney will be given to carer if it has not been arranged.

Evidence of the power of attorney will be kept in the client’s record.

5 RESOURCES

The Program Manager will advise the client and/or representative on advocacy groups available to assist the client and carer with support and information on the disease.

For example, Alzheimer’s Australia is one of the organisation that assist with clients with dementia/Alzheimer’s and carers.
EXPECTED OUTCOME

- 100% of clients with dementia are assessed and have a management in place.
- 100% of clients with dementia and their carer have been provided with resources to ensure they are informed and be supported with the management of the disease.
- Risk are minimised as much as possible, through consultation with the client, representative and/or health professionals.

RELATED DOCUMENTS

- Clinical Care Record: DOC 20.08 PAS Assessment Form
- Clinical Care Record: DOC 21.08 Cognitive Decline Scale Form
- Clinical Care Record: DOC 22.08 PAS User guide
- Clinical Care Record: DOC 23.08 Rudus Scale Form
- Clinical Care Record: DOC 24.08 KICA Form
- Agreements and Disclaimers Document: DOC 09.09 Risk Taking Behaviour Consent Form
- NATFRAME Abbey Pain Scale;
- NATFRAME Pain Assessment in Advanced Dementia (PAINAD)

RELATED REGISTER

- REG 31.13 Staff Training Register

REFERENCES

- Department of Health and Aging, NATFRAME –a National Framework for Documenting Care in Residential Aged Care Services.