



Care Services Improvement Partnership **CSIP**

East Midlands
Development Centre

Making a Difference in Dementia Care

Report on the dementia training pilots for care homes in Leicestershire and Lincolnshire

**Simon Burrow
Trent Dementia Services Development Centre
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Making a Difference in Dementia Care

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Making a Difference in Dementia Care

“Made me want to jump up and put into practice everybody’s ideas! 100% positive!”

Feedback from a participant from the managers/senior care pilot

1.1 Introduction

In 2006 East Midlands Care Services Improvement Partnership (CSIP) commissioned Trent Dementia Services Development Centre (Trent DSDC) to design an introductory level dementia care training package that would be suitable for care home managers and their staff and to run two pilots of the course. One pilot would be aimed at managers and senior carers and would run in Lincolnshire, and a second was to be aimed at unqualified staff and would take place in Leicestershire.

Trent DSDC worked with Brenda Walker a freelance trainer and regular contributor to the Journal of Dementia Care to develop and deliver the programme.

This report outlines the rationale, structure and outcomes of this training, which took place between September and December 2006.

1.2 Background and Rationale

The rationale for the training emerged out of discussions between East Midlands CSIP and Trent DSDC. These highlighted that whilst there is wide recognition of the high importance of dementia specific training for care staff (e.g. NICE dementia guidelines¹), care homes face a number of issues when trying to meet this need.

These issues include:

- Difficulties in identifying and accessing high quality, affordable training.
- Cost implications and logistical difficulties precluding smaller homes in the purchase of specialist in-house training
- Distance-learning packages run via FE and HE colleges whilst often of high quality do not meet all learning styles. Participants can miss out on the benefits of group experiential learning and the exchanging of ideas and practice with people from other care settings and disciplines.

¹ NICE Clinical Guidelines 42 (2006)

- The difficulties involved in translating knowledge and skills acquired through training into real changes in practice and cultures of care in the workplace.

2.1 Designing the programme

The issues identified above were considered in the design of the training and it was decided the course would need to feature the following elements:

- Be person centred in ethos
- Contain a strong and practical “theory into practice” element
- Adopt an experiential learning approach
- Cater for different learning styles
- Focus on managers (as agents of change) in addition to other members of the care team
- Be cost effective and practical (i.e. not too many sessions away from the workplace and requiring the release of only small numbers of staff at any one time)
- Map to the Skills for Care Dementia Knowledge and Skills Set (KSS) (Appendix 7)

2.2 Course Design

The training programme was influenced by the philosophy of person centred care², and experiential adult learning theory³ emphasising the value of guiding learners “around” the learning cycle and providing an explicit opportunity to put theory into action in their own care setting and to reflect on the outcomes of this.

The core values underpinning the course were defined as:

- Every person with dementia is unique and has their own unique needs
- We need to strive to find ways to enable each person in our care to experience emotional well-being

² E.g. Kitwood, T (1998) *Dementia Reconsidered: The Person Comes First*. Open University Press; or Brooker, D (2004) What is Person Centred Care in Dementia? In *Reviews in Clinical Gerontology* 13 215-222

³ KOLB D A (1984) *Experiential Learning: experience as the source of learning and development* New Jersey: Prentice-Hall (0 13 295261 0)

- We need to consciously change and adapt the ways in which we care for a person with dementia rather than expect the person to change to fit the way we care
- We need to see all behaviour as communication
- We need to aim to provide person centred support to each other in order to provide the person centred care people with dementia require

A variety of modes of delivery were to be adopted to meet the learning aims and different learning styles, these included:

- Group discussion
- Video work
- Group exercises
- Direct trainer input
- Written materials (two practice guides were produced for the programme)
- Workplace exercises
- Reflective learning

The pilots were to be “open” courses enabling participants from different homes to work together and share experiences. Homes were each able to send 2 participants.

The course programme ran over 2.5 days, with a week between session 1 and 2 and four weeks between session 2 and 3 to allow participants sufficient opportunity to carry out the set exercise.

A ceiling of 14 participants per course was set to keep the groups at such a size to enable comfortable participation and discussion

The course programme can be seen in Appendix 1 and the learning aims for the course in Appendix 2.

2.3 Delivery to two distinct audiences

Two pilots were run. One was aimed at managers and senior carers and a second aimed at unqualified care workers

The thinking behind this was that managers and senior carers have the influence to act as agents of change within a care home. Training for junior staff alone can inhibit the incorporation of best practice if senior staff have not received similar training and consequently may not hold a similar vision of person centred care.

Our hypothesis was that if managers and senior carers received broadly similar training to their staff this would increase the likelihood of junior staff receiving appropriate support following their training and building the shared ethos, skills and knowledge a whole team needs in order to move towards a person-centred culture of care.

By bringing managers and seniors together from different homes an opportunity was also provided for cross-fertilisation of ideas and practice and created the potential for a special interest support network to evolve following the programme.

3. Evaluation of Pilots

3.1 Lincolnshire - Background

This pilot was delivered to a manager and a senior carer from each participating home. All homes already had a dementia registration although this was not a pre-requisite for participation on the programme.

12 managers/senior carers completed the course representing six care homes (another 2 attended day one but were unable to attend the subsequent sessions).

The same programme structure was used for both the manager and the unqualified course but with some changes to exercises and greater emphasis on issues such as the physical environment and mental capacity for the manager/senior carers group.

3.2 Lincolnshire - Outcomes

The key element of the course was the practical task that followed the first two days of workshop - based learning.

Participants were set the task of putting learning into practice by undertaking a new person centred approach within the home. A period of four weeks was given to undertake this, and in the final session participants were encouraged to reflect on this and decide on future strategies.

There was much evidence of innovative and creative practice. The actions taken by participants very often involved the introduction of new person centred practices, and dissemination of learning to other staff in the home.

The initiatives taken by homes can be seen in Appendix 3

Summary outcomes from work-based task:

- Training and supporting staff in life history work

“The new carers really enjoyed spending time with the residents and their friends and families, it got them thinking of ways to communicate and gave them an insight on how a person’s past life can influence some of their behaviour now.”

- Developing activity/rummage boxes and seeing these adopted by staff and relatives

“I started to get feedback from carers about the box. Families are also becoming interested in them. One lady sat with her mum for a couple of hours going through the box.”

- Communicating with a resident who had formerly presented communication difficulties and finding significant and surprising “openings” in dialogue
- Making life story scrapbooks with residents and “rolling” this out to other residents and care staff
- Developing new ways to bring meaningful activity and the sharing of information around meaningful activity to night shifts

Participants gave very positive feedback on the course content, delivery and the work-based exercise.

This has definitely made a difference to the way I think and I have passed this on to other members and hopefully this will help our clients with dementia

...got me thinking about the things I do and the things I can start to do to make a difference

I have been able to implement the skills and knowledge to benefit my organisation

Enabled me to reflect on my own practice

Made me realise my personal strengths and weaknesses

The practical exercises got me thinking about the things I already do and the things I can start to do to make a difference

The ability to mix and share experience with other managers also appeared to be valued by the group and discussions are in place for managers to remain in contact and meet periodically to continue to support each other in the development of person centred dementia care.

3.3 Leicestershire - Background

The Leicestershire pilot took place over 3 sessions in October/November 2006. Details of the pilot were circulated by EMCARE (East Midlands Care Association, a body that represents private care homes in the east Midlands).

This pilot was targeted at unqualified care staff with former experience of dementia care training. The course would be open to carers but also domestic and other ancillary staff.

Line managers had been written to prior to the training. They were sent a managers guide detailing the course and were asked to sign an agreement (Appendix 4) in which they agreed to provide mentor support for the participant for the duration of the course and would discuss the work task with the participant both before and after it was undertaken.

Places quickly filled and the sessions were attended by 12 carers representing 6 dementia registered nursing and residential homes. One participant dropped out after the first session due to external factors.

Participants fed back to the wider group on day 3 on the person centred approaches to care they had undertaken.

The outcomes were very pleasing in that they revealed a variety of approaches, the majority of which demonstrated real creativity and passion as participants sought new ways of engaging with residents and focusing on their holistic needs.

3.4 Leicestershire - Outcomes

Sample outcomes from unqualified care workers pilot (for a selection of written records of these activities see Appendix 4)

- *Enabling purposeful activity with a lady who had previously been prevented from carrying out simple domestic duties*
- *Planting spring bulbs with residents of different needs*
- *Carrying out life histories with residents*
- *Making and successfully using “rummage boxes” with residents and engaging other staff in this*

Some of the participants were able to demonstrate that they had been able to change previous practice that they now recognised as being detrimental to an individual's well-being.

What was particularly rewarding to hear was that they felt confident enough to share their thoughts and ideas on this and successfully influence the care practices of others in some key areas and imbed changes in care plans.

Example of changed practice from an unqualified member of the care team in the Leicestershire Pilot:

A female resident had always been prevented from spending time in the dining area following lunch, she was seen as interfering with the running of the home by moving tables and chairs after others had left and this was seen as hampering care staff in tidying up. She had been repeatedly led away to the sitting area and encouraged to sit with others in a state of inactivity.

Following session 2, the course participant recognised the needs this resident was displaying and actively encouraged her be purposefully occupied in the dining room, and enabled her to feel she was usefully helping with tidying and cleaning. She and other team members recognised the signs of wellbeing that were now evident in her purposeful activity. Practice within the home was subtly changed thus arguably resulting in a significant difference for this particular lady.

3.5 Reflections

Feedback on day 3 was very encouraging and the evidence from participants of the work undertaken clearly demonstrated they had made changes to care practice.

Participants were asked on the final day to work together to produce a document summarizing what it takes to provide good person centred care. The outcome can be seen in Appendix 6 and again demonstrates learning on positive approaches to engaging with people with dementia.

Participants on the whole reported that they had felt supported in their practice and the work task experience by their line managers.

4.1 Summary and Conclusions

The Making a Difference in dementia care pilots were received very well by participants, and this is evidenced by their positive feedback. Measuring outcomes from training is notoriously difficult. However the qualitative feedback from participants on the actions they had taken within their care homes gave strong evidence that their thinking had shifted and they had taken concrete steps to alter their practice and introduce change to the workplace.

The course structure worked equally well for unqualified staff and for senior staff/managers. Managers in particular appeared to value experiencing the course in a “mixed” group, i.e. with other managers and seniors.

The length of the course (2.5 sessions) felt just enough to cover the core areas of learning necessary to meet the learning aims but not over-burdensome in terms of the release of staff.

Summary points

- The length of the course was appropriate to meet the identified learning aims
- The course was effective in both pilots in that the intended learning aims were met
- Participants on both pilots demonstrated strong evidence of making positive changes to practice
 - Practical changes often focussed on improving meaningful activity and occupation for residents and engaging in exercises such as life story work that

enhanced the knowledge and understanding staff had of residents.

- There was evidence of other changes such as altered attitudes to the way participants viewed people with dementia, changes made to environmental design and altered practice following changes in the way participants have “understood” behaviours of residents
- Participants from the managers and senior carers group clearly found the practical exercises a stimulus to instigating changed practice and showed evidence of educating and supporting staff with these
- Participants from the group with less qualified carers showed great initiative but were reliant on the support from senior carers/managers within their home when trying to influence care practices.

In view of the evidence of learning and changed practice there would appear to be a case for delivering a programme of Making a Difference training targeted initially at manager/senior carers with follow-up delivery for unqualified staff.

Appendix 1

Programme:

Workshop 1 (Full day)

- An introduction to person centred dementia care
- What is dementia
- How dementia differs from other conditions that can cause confusion
- The experience of dementia
- How damage to the brain can affect behaviour
- A holistic understanding of dementia

Practice Guide 1: Guidance to accompany the workshop

Short work based task reflecting on learning

Workshop 2 (Full day)

- Building on understanding of person centred care
- Communicating with people with dementia
- Understanding and responding to people with a different “reality” to our own
- Promoting eating and drinking
- “Dementia friendly” design for care homes (managers only)
- Meaningful activity and occupation
- Preparing for making a difference task

Practice Guide 2: Guidance to accompany the workshop

Making a difference reflective task

Workshop 3 (Half day)

- Feedback and reflection on making a difference task
- Making change happen
- Exploring issues of capacity, consent and communication (managers only)
- Consolidation of learning activity

Appendix 2

Learning Aims:

By participating in the training course, participants will be expected to:

- Understand the definition of dementia and the difference between dementia and confusional states and the implications for support and care
- Understand the influence of other people's behaviour on a person with dementia
- Understand how damage in the brain may affect a person with dementia and influence behaviour
- Understand how we need to develop creative strategies to respond appropriately to a person with dementia who may be occupying a different reality to our own
- Understand – and develop skills in – the verbal and non-verbal communication needs of people with dementia
- Understand the need for appropriate meaningful occupation and activity
- Understand the importance of trying to see the world from the perspective of the person with dementia
- Understand the impact of the physical environment on people with dementia (manager/senior carers group only)
- Understand basic principles around creating environments and practices that are support eating and drinking

Appendix 3

Feedback on activity undertaken from managers course (Lincolnshire)

Care Home A

The manager and senior carer from this home decided to introduce a novel approach to inducting new members of staff. New workers were set the task of getting to know certain residents and developing a rummage box which was appropriate to their life history. New staff were surprised that people who could not say what they had for dinner were able to talk vividly about their past. The new carers really enjoyed spending time with people and it helped them realise how their past had influenced their present. Staff also found that other residents wanted to join in.

Other developments resulting largely from the fact that senior managers accessed the training:

- Staff developed plaques for bedroom doors depicting an aspect of the resident's life.
- Staff collected and recorded more information which was of invaluable use to other staff
- Managers encouraged more creative responses to "moving and handling" (Traditionally taught responses are often inappropriate for people with dementia)
- Managers encouraged staff to explore reasons for behaviour and develop more thoughtful responses
- With this encouragement staff began to think more for themselves and seek more individually tailored approaches

Care Home B

These managers introduced and promoted the use of a rummage box. They sent a memo to all staff seeking ideas and encouraging them to join in. The outcomes were:

- Favourite for one lady was a piece of silk
- Staff got involved in using the box with a range of residents
- Family also found them helpful and gave a focus to their visits
- 3 boxes are now in use
- A new box is being developed with materials
- Another box will have hats
- Another box will have musical instruments
- Existing boxes had tactile things like shells, play things etc but with no real monetary value so they could all be easily replaced
- Safety issues were addressed

- Another staff member developed a “pocket full of memories” scrapbook with a very personalised cover. This was kept in the resident’s room to prompt communication.

Care Home C

This group were in the process of developing rummage boxes but had not quite completed them.

One participant followed the suggestion of spending time communicating with a person who they had previously found “difficult” to communicate with and who consequently did not receive as much interaction from staff as some other residents. She talked to the resident and focussed on the event of her 45th wedding anniversary. This resident had Lewy Body Dementia and communicated very little. However through the prompts of the cake, flowers, cards etc. the resident began to express herself and shared joint memories with her husband about getting married and the children. She cried at one point then became very cheerful and talkative. The manager found the whole experience amazing and remarked on the complete transformation. She was struck by how such a simple concept could be so illuminating and found the whole experience quite humbling. She had no idea that this resident was capable of communicating in this way. It was also a very fulfilling experience for her husband who was equally shocked by the transformation.

Another activity described was introducing a spongy ball to a resident who was normally quite unsteady on his feet. He stood up with much more confidence and kicked it about causing smiles, laughter and involvement from other residents. This was an attempt to develop an activity for men who are sometimes neglected in terms of the appropriateness of activities

Simon recommended a “Stirling” Dementia Development Centre publication on “Activities for men”.

Care Home D

This home already had highly developed activities. For example one of their residents had been a champion swimmer and after a G.P. assessment, a facilities check and risk assessment two staff members took him to the local swimming pool. Despite considerable disability he was able to swim with ease and ultimately was able to go with only one member of staff. A less developed area was the involvement of night staff in activities and it was felt that they could be encouraged to do more. A number of new activities had already taken place:

- Pass the parcel
- Dancing down the corridor
- Fish and chip supper
- Chinese supper

This home has now developed a cardex system showing what activities can be done with each resident. This was found to be a very helpful tool for night

staff who don't have the same opportunities to see what people are able to do during the day.

Care Home E

The course participant had been off sick since the last training event so had been unable to implement anything but had loads of ideas. The manager of the home had asked that a presentation be done to all staff on what had been learnt at the training event. They also planned to do a wall mural of the local area showing key places. Most residents came from the local area so this activity had real potential. They were also developing a rummage box.

Care Home F

A range of technological developments were identified:

- Device to give staff advance warning that resident was about to set off the fire alarm
- Highly visible, illuminated sign for the toilet door – also speaks when hand activated
- An optical sensor devised to alert staff to resident (with a history of falls) getting out of bed
- Bleeper to identify when certain residents were leaving the building
- Plans to develop a dementia friendly extension to the existing building.

Followed by a brief discussion on ethical approaches to the use of technologies

Appendix 4

Feedback on activity undertaken from managers course (Leicestershire)

Participant A record of activity:

Description of activity and who was involved:

A new lady, planting Pansies and spring bulbs in tubs for spring

How and why did you come to decide on this particular action?

She is new to the home and told me she loves to do the garden and she really misses it

How was it experienced by the person?

She was taken in the garden and planted them by herself. She was smiling all the time and chatting

How did it feel for you?

I felt good because she was having a good time

What have you learned from this?

Try to listen and find out what would make them feel as if they are doing something they enjoy. This gave her well-being

If successful:

How will you make sure there are other opportunities for this to happen?

When others saw what she was doing they asked if they could join in. Now we have three residents doing this and they now have their own patch in the garden that they tend

Participant B record of activity

Description of activity and who was involved:

Wiping tables after dinner, also dusting, collecting pots, folding napkins, washing etc

How and why did you come to decide on this particular action?

She is always offering to help, usually she is told "thank you, but we can manage". So I thought "what if she is given a cloth or a duster and included more.

How was it experienced by the person?

She was so happy and was going from one lounge to another, back to the dining room. She had a smile on her face instead of a frown

How did it feel for you?

It felt good to watch her, she was happy and busy, instead of bored – although she has to be watched because of her balance. She was confident.

What have you learned from this?

To give people a chance to do what they need to do and what they have always done, instead of telling them to sit down

If successful:

How will you make sure there are other opportunities for this to happen?

To have a word with other staff to see what their opinions are on this and when I am on duty, I would encourage her, within safety, to be of help. Also talk to management on their views.

Participant C record of activity

Description of activity and who was involved:

Having not got much history on this client I asked her if she would mind answering some questions about her past life – it was myself and Mrs V who were involved

How and why did you come to decide on this particular action?

Having attended these courses I was very interested in learning more about our resident's lives

How was it experienced by the person?

This lady seemed to really enjoy talking about her past and have fun remembering all the difference things in her life that she had not thought about in a long time

How did it feel for you?

I felt very emotional listening to so much about her life for the first time, I felt privileged to be told so much and within minutes I felt closer to her than before

What have you learned from this?

I learned more about this lady and the sort of life she lived, I feel more a part of her life now and able to enjoy her conversations

If successful:

How will you make sure there are other opportunities for this to happen?

There is still are still a lot more questions to ask. Between us we are going to make an album and look for photos to put in. We can look to see if places still exist and have hours of fun looking and talking through the album

Participant D record of activity

Description of activity and who was involved:

I decided to get a box and put all different objects in it and it would be called "What's in the Box?". We made it an activity for one afternoon, we encouraged 5 residents to join in and 2 members of staff

How and why did you come to decide on this particular action?

I decided to do this as an activity for residents with dementia and who find it hard to hold a conversation, but who might like touching and carrying things around and be inquisitive

How did the person experience it?

All residents picked something out of the box and had a good look at what they had chosen

Person A had a really good look in the box and moved things around before he chose an object. He looked at a pinecone but didn't know what it was, and then he chose a purse and said it looked strong and well made.

Person B picked out a watch, he chose it because he feels time is very important and tells you the time of day.

Person C had a good rummage and chose a ladies watch as she used to have one like it. Then chose a tape measure as she used to make her own clothes

For the staff involved in the activity they found they had achieved a lot, getting people talking and working out things together

How did it feel for you?

I had fun putting this box together trying to think what residents would like to see in it. Found it very comforting to see them all working and talking together as a family would

If successful:

How will you make sure there are other opportunities for this to happen?

I've now decided to keep our "thinking box" out on a table where people can help themselves to what's inside and it may help stimulate some residents. We can also keep adding to the box so we can keep using it as an activity

Appendix 5

Making a Difference: Contract between care home and the training provider.

For the purposes of this contract, the care home is as identified below and the training provider is Trent Dementia Services Development Centre in partnership with Care Services Improvement Partnership East Midlands

Care Home	
Address and telephone	
Participant	Role
Mentor	Role

The training provider agrees to:

1. Be available to discuss over the phone the course and course content
2. Provide 3 free workshops (2 full days and one half day), learning packs and refreshments at a designated venue
3. Be available during and after the course to offer feedback to the participant and/or care home

The care home agrees to:

1. Release a named member of staff for the 3 workshops
2. To pay the member of staff for the hours they attend the workshops
3. Designate a more senior member of staff as a "mentor" for the participant for the duration of the course⁴
4. The mentor will discuss with the participant their "Making a Difference" work-task action both before and after it has taken place and will be available to discuss and support learning and putting learning into action.

I agree to the conditions outlined in this contract

Signature (Care Home Manager) Please Print Name Date

Signature (Training Provider) Please Print Name Date

⁴ Other than where the participant is the manager

Appendix 6

Session 3, group statement from the participants of the Leicestershire Pilot

“We feel that to make a positive and person-centred difference to the lives of people with dementia in our care, we need to do the following:”

1. Find out as much as we can about each individual and their life
2. Create opportunities for meaningful activities and occupation within their own abilities and capability
3. Be aware of the very different ways we can communicate with people with dementia (including both verbal and non-verbal communication)
4. Offer the time, patience and understanding people need, and take time to just sit and listen
5. To find out as much as we can about people’s strengths and abilities, and to document (and share) this information e.g. in care plans
6. Allow the person the freedom to make their own choices within their everyday lives, for example with clothing, food etc
7. Respect people’s culture and beliefs, even where we do not share those beliefs
8. Keep the environment safe and clean and adapt it to meet the particular needs of people with dementia e.g. appropriate signs for bedrooms, bathrooms etc
9. Help make people safe and secure all the time and to protect people from abuse
10. Explain what we are doing step by step clearly so the person understands what is happening
11. Give emotional support in times of distress
12. Show appreciation and encouragement and acknowledge people’s achievements

Appendix 7

Main area	Learning outcome	Cross references to:			Outcomes met by Making a Difference
		NVQ units (possible examples)	Common Induction Standards	GSCC Code of Practice (workers)	
<i>1. Support of individuals with dementia</i>	1.1 Understand the need for a person-centred and strengths-based approach to the support and well-being of individuals with dementia:	<i>HSC21 HSC31 HSC41 HSC24 HSC35 HSC45</i>	<i>1.1 1.3</i>	<i>1.1–1.6 3.1 4.1 5.1–5.8</i>	Fully meets
	1.2 Understand the need to support and work with family and friends of the individual:	<i>HSC21 HSC31 HSC41 HSC24 HSC35 HSC45</i>	<i>1.3 2.1</i>	<i>2.1, 2.2 6.7</i>	Fully meets
	1.3 Understand the need to protect the individual from abuse, injury and harm:	<i>HSC21 HSC31 HSC41 HSC24 HSC35 HSC45</i>	<i>3.7 5.1 5.2 5.3 5.4</i>	<i>1.1–1.6 2.1–2.4 3.1–3.8 4.1–4.4 5.1–5.8</i>	Partially meets
	1.4 Understand the importance of maintaining the general good health and well-being of the individual with dementia:	<i>HSC21 HSC31 HSC41 HSC22 HSC32 HSC42 HSC24 HSC35 HSC45</i>	<i>1.1 1.3 2.1 3.1 3.5</i>	<i>3.1, 3.4 4.1–4.4 6.1, 6.4</i>	Fully meets

	1.5 Understand the need for a positive and effective communication with the individual with dementia	HSC21 HSC31 HSC41 HSC24 HSC35 HSC45	1.1 1.3 2.1 4.1 4.2	1.1–1.6 2.1–2.7 3.1	Fully meets
2. Roles, responsibilities and boundaries	2.1 Understand the roles, responsibilities and boundaries of individuals and how team work and support can lead to better support of individuals with dementia:	HSC21 HSC31 HSC41 HSC23 HSC33 HSC43 HSC24 HSC35 HSC45	2.1 2.3	1.1–1.6 2.1–2.7 3.1–3.8 4.1–4.4 5.1–5.8 6.1–6.8	Partially meets
	2.2 Understand the importance of communicating, reporting and recording effectively in the care environment:	HSC21 HSC31 HSC41	1.1 1.2 1.3 2.1 4.1 4.3	2.1–2.3 6.1–6.3	Partially meets
	2.3 Understand the roles and responsibilities of services and organisations in relation to dementia care:		2.1 2.3	6.7, 6.8	Partially meets
3. Defining dementia	3.1 Understand The definition of Dementia and the Difference between Dementia and Confusional states.			6.8	Fully meets

	3.2 Understand the most common types and causes of dementia, for example:			6.8	Fully meets
	3.3 Understand the common signs and symptoms of dementia, for example:			6.8	Fully meets
4. Legislation and guidance relevant to individuals with dementia	4.1 Understand the legislation and guidance relevant to individuals with dementia:	All core units	2.2	6.8	Partially meets
	4.2 Understand the organisation's policies and procedures and how to apply them with regard to people with dementia, for example, visitor policy, no secrets policy	All core units	2.2	2.5, 2.7 3.2 6.8	Does not address