



Tailoring the Care Certificate:

Services for people
living with dementia



Introduction

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
- mental health.

This document includes the **dementia** contextualised standards.

This resource doesn't cover all of the Care Certificate standards as not all need contextualising, some are universal and apply in the same way to all areas of work. For example, 'Standard 12 Basic life support' applies in the same way to all areas of care.

This resource is **introductory level only** and designed to be used in **addition** to, and to **enhance**, current Care Certificate delivery and resources, such as the Care Certificate workbooks and presentations.

[Further Care Certificate resources can be found here.](#)

Who should use this resource?

Tailoring the Care Certificate: Services for people living with dementia is designed to support workers new to this area of support and contextualise the content of Care Certificate to their role. The resource can be used by learners, Care Certificate trainers and assessors.

How should the resource be used?

Tailoring the Care Certificate: Services for people living with dementia is not a mandatory resource. It can be used in a number of ways, by a number of people, to enhance current Care Certificate learning and development. There are activities included throughout. These could be completed verbally or written down, or adapted to be included within a trainer's or assessor's other resources.

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.

Learners 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.

Care Certificate trainers 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.

Care Certificate assessors might use this resource:

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

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Standard 1: Understand your role

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.

Example

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.

Standard 3: Duty of care

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

Duty of Care and the Mental Capacity Act

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

1. Assume a person has capacity unless proved otherwise.
2. Do not treat people as incapable of making a decision unless all practicable steps have been tried to help them.
3. A person should not be treated as incapable of making a decision because their decision may seem unwise.
4. Always do things or take decisions for people without capacity in their best interests.
5. 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.

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Example

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 the care plan informs you that you should support Doris with this aspect of personal care.

What should you do?

Explain to Doris the benefits and how she may feel more comfortable if she was washed and dressed. Consider how much encouragement you give in a way which doesn't ignore Doris's choice. Doris has decided she would like to stay in her night clothes despite your positive encouragement. Knowing Doris and her current mental capacity you respect her wishes and record and report following agreed ways of working.

Standard 4: Equality and diversity

People with dementia can experience discrimination. You need to be aware of the potential discrimination a person with dementia may face. For a person living with dementia they may experience discrimination that could include others treating them differently and in a less favourable way because they have dementia.

Example – promoting equality and diversity

Sue is an Activities Coordinator in a care home. As well as designing and delivering a range of different activities to meet the diverse interests of the residents, she also ensures that activities are adaptable for people with different abilities so that everyone has equal access.

Jim lives at the care home. His dementia has progressed in a way that limits his mobility but he still wants to get involved in the weekly exercise class Sue organises. Sue talks to the instructor and they agree that:

- exercises will be adapted so that people with different mobility levels can all exercise together
- the classes will include plenty of chair-based exercises to involve more of the residents
- an additional member of staff will be present to provide extra support to residents if needed.

This helps to ensure that *everyone* in the care home has equal access to the class and can take part if they want to.

Standard 5: Work in a person centred way

Experiencing the world

People living with dementia often experience the world differently to others. Each individual's experience will be different. The person might:

- find certain things distressing, for example patterned or black carpets, mirrors or strong smells
- experience a different time frame, for example believing their parents are still alive or their children are young again
- have sensory changes, for example their taste buds might change and they might develop a particularly sweet tooth.

Understanding how someone experiences the world will enable you to support them in a person-centred way. To help do this, you should:

- be aware that they may exhibit distressed behaviours due to confusion and seek to understand why they are confused and how you can reduce this
- try to understand what stage of their life they think they are at
- be aware that all behaviours are a form of communication
- change your own behaviours, for instance approaching someone from the front rather than behind
- be aware of the environmental factors that cause a change in behaviour.

Environmental factors

Environmental factors that can negatively impact on a person living with dementia will vary from person to person, but could include:

- shadows
- mirrors
- textured and black carpets and rugs
- a lack of colour contrast (between floors and walls for example)
- poor lighting.

These can be reduced by:

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

[Find out more](#)

Identity

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.

Example

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.

Activity:

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?



Standard 6: Communication

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 **motion blindness**
- 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.

Motion blindness (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.

To improve how you communicate with someone living with dementia, and enable them to continue communicating with yourself and others, where appropriate, you could:

- be aware that some people will use non-verbal communication to reply to you, or to initiate conversations
- be patient, give the person time to speak and do not put words in their mouth
- encourage them to join in conversations
- phrase your questions to keep answer choices simple. For example, ask questions that elicit a “yes” or “no” answer
- rephrase your questions if the individual does not understand them
- be aware of your tone of voice and the impact it could have
- be aware that people might revert to their native language(s) as they progress through the illness
- be aware of hidden or masked messages through the words used, for example, asking for their mother may be a desire for affection or comfort.

Discussion: Communicating with someone living with dementia

Think about what you would consider when you want to communicate with a person who is living with dementia. What would you think is a positive way to communicate? And what would you think is not so effective?



Communication aids

Various communication aids and technologies are available to support people living with dementia. The use of these should suit the preferences and needs of the individual accessing care and support. Some examples include:

- adapted phones
- talking mats
- photos
- **objects of reference**
- adapted clocks
- automated prompts, for example medication prompts
- mobile applications or apps
- white board or post-it notes with reminders.

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.

Activity:
Communicating with someone living with dementia



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 individuals?

Standard 7: Privacy and dignity

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.

Example: Supporting a person to maintain their dignity

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.

Active participation:

You should actively encourage the people you are supporting to participate in their care and support to enable them to maintain as much independence and dignity as possible. Allow and enable the person to carry out the activity they are capable of doing independently and offer support for activities they can do with some assistance. For example, a person washing their own face and a carer handing them the flannel, rather than taking over and doing it for them.

Every person is different. Dementia affects different people in different ways so if you are supporting several people living with dementia, they will all have unique abilities and capabilities.

Activity:

Consider the example above. Audrey's dementia has progressed and she often needs support with washing and getting dressed in the morning now. You also help her with her hair and make-up. Audrey likes to do as much as she can herself, and some days she feels more able to do this than others.

- How might you support Audrey to maintain her independence and actively participate in her morning routine?



Standard 8: Fluids and nutrition

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 can then be gained as necessary from relevant professionals such as a speech and language therapist, occupational therapist, dietician, GP or dementia nurse.

It is important that you follow the care plan of the person with dementia. This might include guidance which has been provided for example by a speech and language therapist.

Example

Ahmed is living with dementia and lives in his own home. He has difficulty with remembering to eat and drink and is showing signs of poor nutrition, dehydration and loss of weight. You have just started to visit Ahmed to support him with preparing meals and drinks. Today, Ahmed states that he has already eaten his lunch, but you can see no evidence of this and there is nothing recorded in the care notes to say he has eaten. You encourage Ahmed to choose what he would like to eat and prepare it, then tell him that you'll leave it next to him so he can eat it if he chooses to. You also ensure that he has adequate fluids left for him. When preparing the food, you use plates of a different colour to the food to ensure there is a contrast and the food can be seen.

Standard 9: Awareness of mental health, dementia and learning disabilities

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 wellbeing. 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.

The phrase '**sundowning**' refers to changes in behaviour in the early evening which may be agitation or anxiety.

Early diagnosis

Early diagnosis is important for all health conditions and allows for early intervention. For a person with dementia, early diagnosis can allow them to be more involved in their own care planning and support for the future.

Example of the importance of early diagnosis

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.

Standard 13: Health and safety

Some of the effects of dementia could make a person more prone to accidents or make them vulnerable to accidents.

Here are some potential risks which could be faced:

- the person not being able to use the kettle safely as coordination is poor
- the person forgetting the cooker is on due to loss of memory
- the person falling as furniture has been moved out of place in their living environment
- the person leaving their front door/windows open which could present a security risk
- taps being left on in sink which could present a flood risk
- the person smoking cigarettes in their home which could present a fire risk
- candles being used by the person in their home could present a fire risk
- the person choosing to live in clutter, and this could present a fire, infection control or falls risk.

Activity: Health and safety

Consider 3 of the risks listed above.

- How could you support an individual living with dementia to reduce the risk?



Some potential risks could be higher for different people you support. Therefore, you will need to ensure you are familiar with any known risks and how to support the person to minimise them. This information is normally kept within the person's care plan under risk assessments. A person may need extra support and advice in how to minimise risks. Additionally, you should always report, in line with agreed ways of working, any additional risks to the person you observe, or which the person may face.

Credits:

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