



Higher National Unit specification: general information

Unit title: Promoting Quality of Life through Dementia Skilled Practice

Unit code: FY1D 34

Superclass: PN

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Version: 01

Unit purpose

On completion of the Unit the candidate should be able to know and understand the stages of the dementia journey the importance of promoting the rights of people with dementia their families and carers through the management of health and well-being.

- 1 Demonstrate an understanding of the stages of the persons dementia journey.
- 2 Define and explain how to promote person centred Outcomes for people with dementia.
- 3 Demonstrate an understanding of the importance of physical, mental and emotional well-being of people with dementia.

Recommended prior knowledge and skills

It is recommended that candidates have some previous experience in working with people with dementia, that they are currently working with people with dementia and that they can demonstrate understanding at Promoting Excellence Dementia Informed Practice level.

Credit points and level

1 Higher National Unit credit at SCQF level 7: (8 SCQF credit points at SCQF level 7*)

**SCQF credit points are used to allocate credit to qualifications in the Scottish Credit and Qualifications Framework (SCQF). Each qualification in the Framework is allocated a number of SCQF credit points at an SCQF level. There are 12 SCQF levels, ranging from Access 1 to Doctorates.*

General information (cont)

Core Skills

Opportunities to develop aspects of Core Skills are highlighted in the Support Notes of this Unit specification.

There is no automatic certification of Core Skills or Core Skill components in this Unit.

Context for delivery

If this Unit is delivered as part of a Group Award, it is recommended that it should be taught and assessed within the subject area of the Group Award to which it contributes.

This Unit is contained within the framework for the PDA Promoting Excellence in Dementia Skilled Practice at SCQF level 7 as a mandatory Unit. It could also be undertaken stand-alone as continuous professional development for practitioners wishing to update or develop their skills.

Higher National Unit specification: statement of standards

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The sections of the Unit stating the Outcomes, Knowledge and/or Skills, and Evidence Requirements are mandatory.

Where evidence for Outcomes is assessed on a sample basis, the whole of the content listed in the Knowledge and/or Skills section must be taught and available for assessment. Candidates should not know in advance the items on which they will be assessed and different items should be sampled on each assessment occasion.

Outcome 1

Demonstrate an understanding of the stages of the persons dementia journey.

Knowledge and/or Skills

- ◆ Stages of the dementia journey
- ◆ Importance of keeping well and having a healthy lifestyle
- ◆ Common signs and symptoms of dementia
- ◆ Recognise the diversity of people with dementia
- ◆ The impact of the process of finding out its dementia for the person with dementia, their families and carers
- ◆ Impact of environmental factors
- ◆ Impact of dementia on physical, emotional and psychological health and well-being
- ◆ Communicating with people with dementia
- ◆ Progression of the condition
- ◆ End of life and dying well

Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- ◆ describe the signs and symptoms commonly associated with different types of dementia and the stages of the persons dementia journey.
- ◆ describe and explain the range of appropriate communication methods and skills required to work with people with dementia, families and carers.
- ◆ analyse the influence of the physical cultural and social and environmental factors on the life and death of people with dementia their families and carers.
- ◆ recognise and describe using an example from practice the impact a diagnosis of dementia can have on the health and well-being of the person with dementia their families and carers.

Higher National Unit specification: statement of standards (cont)

Unit title: Promoting Quality of Life through Dementia Skilled Practice

Outcome 2

Define and explain how to promote person centred Outcomes for people with dementia.

Knowledge and/or Skills

- ◆ Socially inclusive approaches to dementia
- ◆ Quality of life Outcomes for people with dementia and their families
- ◆ Recognising that people with dementia have rights
- ◆ Person centred practice in working with people with dementia
- ◆ Recognising and building on the strengths and abilities of the person with dementia
- ◆ Self directed support to promote independent living
- ◆ The use of tele-healthcare to promote independent living
- ◆ The use of assistive and innovative technology to promote independent living

Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- ◆ define and describe a person centred approach which recognises and utilises the individual's strengths and abilities to enhance quality of life.
- ◆ demonstrate through practice how to interact with people with dementia, families and carers in ways that recognise and promote rights, wishes and priorities.
- ◆ describe how tele-healthcare assistive and innovative technology and self directed support can promote independence and a positive quality of life for people with dementia.

Higher National Unit specification: statement of standards (cont)

Unit title: Promoting Quality of Life through Dementia Skilled Practice

Outcome 3

Demonstrate an understanding of the importance of physical, mental and emotional well-being of people with dementia.

Knowledge and/or Skills

- ◆ Range of approaches across the dementia journey to maintaining health and well-being
- ◆ Approaches to working with individuals with dementia
- ◆ Specific health conditions associated with dementia
- ◆ Recognising and responding to pain and behavioural distress
- ◆ Slips trips and falls and falls prevention
- ◆ Anticipatory care planning and risk enablement
- ◆ Palliative care approaches

Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- ◆ analyse the potential health and well-being opportunities and risks for people with dementia.
- ◆ explain the importance of developing person centred practice which recognises pain and responds appropriately to behavioural distress.
- ◆ describe and explain the potential causes of slips trips and falls and the falls prevention procedures in place in your work environment.
- ◆ explain and describe the concept of the anticipatory care planning approach to palliative care.

Higher National Unit specification: support notes

Unit title: Promoting Quality of Life through Dementia Skilled Practice

This part of the Unit specification is offered as guidance. The support notes are not mandatory.

While the exact time allocated to this Unit is at the discretion of the centre, the notional design length is 40 hours.

Guidance on the content and context for this Unit

Outcome 1: Demonstrate an understanding of the stages of the persons dementia journey.

In order to meet the Evidence Requirements for this Outcome candidates will require a sound understanding of the signs and symptoms commonly associated with different types of dementia and the stages of the person's dementia journey.

According to Alzheimer's Scotland in 2011 there are approximately 82,000 people with dementia in Scotland.
<http://dementiascotland.org/news/statistics-number-of-people-with-dementia-in-scotland-2011/?page=statistics.htm>

Candidates should be able to describe how dementia is a progressive condition that can have a variety of underlying causes of which the most common is Alzheimer's disease. Other kinds of dementia include vascular dementia, Lewy body dementia, fronto-temporal dementias (including Pick's disease) and alcohol-related dementias.

Candidates should understand that it is important that people working in health and social care have some understanding of the signs and symptoms of dementia so they can identify if people they are caring for may have dementia and need adjustments to the care they receive. The signs and symptoms of dementia include, most noticeably, memory loss. The most common type of memory loss will be short-term memory loss, where people can sometimes not remember from one hour or minute to the next. Memory loss is not only about remembering events; it is also about being able to remember how to do things. Long-term memory usually lasts much longer than short-term memory as it is held in a different part of the brain and may not be affected until the later stages of the illness.

Other effects include:

- ◆ Communication difficulties
- ◆ Confusion
- ◆ Mood changes or uncharacteristic behaviour
- ◆ Poor concentration
- ◆ Changes in sleep patterns and appetite
- ◆ Personality changes
- ◆ Visio-spatial perception issues (ie the brain does not process images as normal)

Further information can be accessed from Alzheimer's Scotland website
<http://www.alzscot.org/pages/info/about.htm>

Higher National Unit specification: support notes (cont)

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Building on the knowledge and understanding of the signs and symptoms of dementia candidates should also explore the stages of the dementia journey.

Each person experiences dementia in their own way, but it can be helpful to think of the way it progresses as a series of stages. It is important that candidates understand that because dementia is a progressive condition, which means the damage to the brain and its effects become more pronounced over time, it is likely that different approaches may be needed at different points to support people with the condition.

Alzheimer Society defines the condition as having early-, middle- and late-stage, other forms of dementia can be determined to progress in different ways.

http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=133

Candidates need to become familiar with the content of the report Promoting Excellence: A framework for all health and social services staff working with people with dementia, their families and carers, which identifies the four stages of the 'dementia journey' as:

- ◆ Keeping well, prevention, and finding out it's dementia
- ◆ Living well
- ◆ Living well with increasing help and support
- ◆ End of life and dying well

<http://www.scotland.gov.uk/Publications/2011/05/31085332/5>

They should understand that fundamental to a person centred approach to dementia are the concepts of equality, diversity and inclusion. It is important that candidates are able to recognise the diversity of people with dementia and to understand that each person's experience of dementia is unique. It is essential to recognise and respect a person's individual history and, in particular specific needs arising from:

- ◆ Diversity (such as sex, ethnicity, age, religion and personal care).
- ◆ Ill health, physical and learning disabilities, sensory impairment, communication difficulties, problems with nutrition and poor oral health.
- ◆ Identify and wherever possible accommodate preferences (such as diet, sexuality and religion), particularly in residential care.

<http://www.southwestdementiapartnership.org.uk/workforce-development/learning-pathway/step-2/5-equality-and-diversity/>

<http://www.scie.org.uk/socialcaretv/video-player.asp?guid=61aa9350-6c43-4098-bb5d-1c0ee733f3c7>

<http://www.scie.org.uk/publications/briefings/briefing35/index.asp>

<http://www.scie.org.uk/assets/elearning/dementia/dementia05/resource/flash/index.html>

Higher National Unit specification: support notes (cont)

Unit title: Promoting Quality of Life through Dementia Skilled Practice

In their learning for this Outcome candidates should come to understand that dementia may affect a person's ability to understand and use language accurately and appropriately. This is often seen as difficulty with remembering words or using them accurately, repetition of thoughts and lack of coherence. As the condition progresses communication can become increasingly difficult. Some of the behaviours that people with dementia exhibit can be hard to understand and difficult to handle, it is important, therefore, that candidates should also know understand the range of appropriate communication methods and skills required to work with people with dementia, families and carers. Communication should be adapted to suit the individual needs of the person with dementia and there are a range of methods that can be implemented.

They should also understand that in the later stages of the dementia journey the persons means of communication can be compromised and alternative means of communication may be required. Distressed behaviour may become the only way the person with dementia can still communicate and candidates should understand that although this behaviour can sometimes be strange and unusual and is often called challenging behaviour, it is often caused by multiple problems faced by the person with dementia.

A number of sources provide information on communication and dementia.

The following links may be useful in the preparation of teaching and learning materials and as resources for candidates to undertake research in this area.

<http://www.alzscot.org/pages/info/communicating.htm>
<http://www.scie.org.uk/assets/elearning/dementia/dementia07/resource/flash/index.html>
<http://www.scie.org.uk/publications/briefings/briefing03/>
http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=130
<http://www.scie-dementia.org.uk/tools/talkingmats.asp>
<http://www.nhs.uk/CarersDirect/guide/communication/Pages/Communicatingwithsomeonewithdementia.aspx>
http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=96

Candidates should be able to reflect on their practice and describe and explain the importance of a timely diagnosis of dementia.

In the UK right now 60 per cent of people with dementia are struggling in the dark with no formal diagnosis. Empowered with an early diagnosis, they can benefit from potential treatments and support which could vastly improve their quality of life.
<http://www.telegraph.co.uk/health/8758432/Six-in-10-living-with-dementia-undiagnosed.html>

According to Standards of Care for Dementia in Scotland: Action to support the change programme, Scotland's National Dementia Strategy.

Higher National Unit specification: support notes (cont)

Unit title: Promoting Quality of Life through Dementia Skilled Practice

People with dementia and their carers will:

- ◆ receive a timely and accurate diagnosis and be provided with the information they need about their condition, treatments and support.
- ◆ receive the information and support they need to stay well and live with the challenges of dementia.
- ◆ be involved in decisions that are important to them now and in the future.

<http://www.scotland.gov.uk/Publications/2011/05/31085414/0>

Building on their knowledge of the types and causes of dementia candidates will discuss how different types of dementia have different treatments. Additionally, they should be aware that some people may experience dementia like symptoms caused by other conditions, such as thyroid problems, vitamin deficiency, or depression. Getting the right treatment, is one of the reasons why getting a diagnosis is very important. Getting a diagnosis also allows the person to get appropriate support, make informed decisions, and start planning for the future. Many people wish to put their affairs in order after receiving a dementia diagnosis.

Some people have problems with their memory, but do not actually have dementia.

<http://www.healthscotland.com/uploads/documents/9275-WorriedAboutYourMemory.pdf>

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=120

Candidates should also be aware that diagnosis is a process and that for some people there are some compelling arguments against the benefits of a diagnosis. These can include:

- ◆ There is no cure and there's nothing you can do.
- ◆ They'll only forget they've got it.
- ◆ What they don't know can't hurt them.
- ◆ It could cause a catastrophic reaction if they keep getting told.
- ◆ Undergoing the process can be harmful to well-being.
- ◆ You can only really get 100 per cent accurate diagnosis post mortem.
- ◆ Diagnosis may become another label and could distract attention from other conditions that might be causing pain or confusion.

For this reason it is important that workers are sensitive to the concept of a *timely* diagnosis

Through further reflection on practice should candidates should describe and discuss the influence of the physical cultural and social and environmental factors on the life and death of people with dementia their families and carers candidates should then go on to explore the impact of a diagnosis of dementia on the person, their family and carers.

Higher National Unit specification: support notes (cont)

Unit title: Promoting Quality of Life through Dementia Skilled Practice

For some people, being given a diagnosis of dementia confirms what they themselves had suspected for some time. For other people it may come as a great shock and need a great deal of reassurance and support. However for some people there may also be a sense of relief, that the symptoms they have been experiencing are due to a disease or condition for which help may be available.

<http://www.nhs.uk/Conditions/Dementia/Pages/Diagnosis.aspx>

<http://www.scie.org.uk/assets/elearning/dementia/dementia04/resource/flash/index.html>

<http://www.scie.org.uk/assets/elearning/dementia/dementia02/resource/flash/index.html>

In some cases the family can include children and young people and for them the impact of dementia in the family can be considerable.

http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=108

For carers of people with dementia there are a number of factors which might affect their situation:

<http://www.southwestdementiapartnership.org.uk/workforce-development/learning-pathway/step-2/12-supporting-carers/>

Those providing care for people with dementia are one of the most vulnerable groups of carers and often have high levels of stress, feelings of guilt, depression and other psychological problems. They often ignore their own health needs in favour of those of the person for whom they care. They may become exhausted, have poor physical health and feel isolated.

These are needed worldwide to provide support for people with dementia and their families to maintain and improve quality of life. Research has shown that there are ways to reduce the stresses of caring:

- ◆ Information and education empowers people to understand what is happening to them and their loved one and how to cope better.
- ◆ Support groups provide an opportunity to share experiences and feelings.
- ◆ Professional counselling has been shown to be effective in improving morale and decreasing feelings of stress.
- ◆ A break from caring is essential, respite can be achieved informally by arranging for the person with dementia to stay with relatives or friends or formally through services such as day care and short stays in residential Units.
- ◆ Practical help in the home, financial support and a key person to turn to are also useful.

<http://www.alz.co.uk/media/quick-facts>

<http://www.healthscotland.com/documents/browse/15/116.aspx>

Higher National Unit specification: support notes (cont)

Unit title: Promoting Quality of Life through Dementia Skilled Practice

For most carers of people with dementia, their knowledge of the illness prior to the diagnosis will be limited; they will be unprepared for what is to come. The same is true for the person diagnosed.

Signposts to support Alzheimer Scotland <http://www.alzscot.org/>
<http://www.communitycare.co.uk/Articles/2010/04/22/114343/the-impact-of-dementia-on-children.htm>

While we cannot change the person with dementia, we can change our environments and develop strategies to accommodate them. It is important to provide an environment that is enabling for the person with dementia. Candidates should recognise that person centred approaches to dementia care include the physical cultural and social aspects of the person with dementia's environment.

The following links may be useful in the preparation of teaching and learning materials and as resources for candidates to undertake research in this area.

<http://www.alzheimer.ca/english/care/guidelines-care-intro.htm>
Signposts to support Alzheimer Scotland <http://www.alzscot.org/>
<http://www.rcpsych.ac.uk/pdf/dementia%20%20culture.pdf>
<http://www.health.vic.gov.au/dementia/>
<http://www.scie.org.uk/publications/dementia/environment/index.asp>
<https://dementia.stir.ac.uk/files/DementiaDesignChecklist.pdf>
<http://www.cumbria.gov.uk/adultsocialcare/dementiaathome/default.asp>

It is important that person centred approaches continue through all stages of the dementia journey including end of life.

<http://www.alzscot.org/pages/policy/palliativecare.htm>
<http://www.alzscot.org/pages/policy/end-stage-dementia.htm>

Outcome 2: Define and explain how to promote person centred Outcomes for people with dementia.

In order to meet the Evidence Requirements for this Outcome candidates should recognise that people with dementia, their families and carers have the same human rights as every other citizen. Candidates should be familiar with the PANEL approach described by the *Charter of rights for people with dementia and their carers in Scotland*

- ◆ Participate in decisions which affect their human rights.
- ◆ Accountability of those responsible for the respect, protection and fulfilment of human rights.
- ◆ Non-discrimination and equality.
- ◆ Empowerment to know their rights and how to claim them.
- ◆ Legality in all decisions through an explicit link with human rights legal standards in all processes and Outcome measurements

<http://www.dementiarights.org/>

Higher National Unit specification: support notes (cont)

Unit title: Promoting Quality of Life through Dementia Skilled Practice

Candidates should demonstrate their understanding that respect for human rights can help to inform the decision making of care workers, families and people who use services, in balancing the rights of an individual with risks to that individual and the rights of others. An understanding of human rights can also help to ensure that care provision is personalised and that every person receiving care and support is treated as an individual. The Scottish Human Rights Commission has developed training and awareness raising resources relating to the care and support of older people including those with dementia.
<http://www.scottishhumanrights.com/careaboutrights>

In reflecting on their practice and identifying examples of person centred practice candidates should show an understanding of the principles and practice of person centred care. Person-centred care is a philosophy that recognises that individuals have unique values, personal history and personality and that each person has an equal right to dignity, respect, and to participate fully in their environment.

Candidates may find the guidelines below a useful document to support their learning.

Guidelines for Care: Person-centred care of people with dementia living in care homes.
<http://www.alzheimer.ca/english/care/guidelines-care-intro.htm>

In the provision of person centred care candidates should adopt a person centred Outcomes approach in line with the knowledge and skills defined in the document Promoting Excellence: A framework for all health and social services staff working with people with dementia, their families and carers.
<http://www.scotland.gov.uk/Publications/2011/05/31085332/5>

They should recognise that an Outcomes approach aims to shift engagement with people who use services away from service-led approaches. It involves everyone working together to achieve the best possible impact on the individual's life. The philosophy of this approach is one that emphasises the strengths, capacity and resilience of individuals, builds upon natural support systems and includes consideration of wider community based resources. The approach is consistent with policy priorities to engage people using services, personalisation and enablement and an assets approach to health.

The Joint Improvement team have produced a range of materials that candidates may find useful to support them in both adopting this approach and meeting the Evidence Requirements of this Outcome. These materials include guidance to support Outcomes focused conversations as well as specific information on working with people with communication support needs.
<http://www.jitscotland.org.uk/action-areas/talking-points-user-and-carer-involvement/>

Candidates should be able to describe how a range of approaches and services can support people with dementia, families and carers in ways that recognise and promote rights, wishes and priorities.

Higher National Unit specification: support notes (cont)

Unit title: Promoting Quality of Life through Dementia Skilled Practice

Traditionally, people receiving services from social work and housing have been offered little choice over both the kind of support provided and the time it is delivered. They also haven't been told how much their care and support actually costs, apart from what they are asked to pay themselves. Other options are available which could give people more flexibility, choice and control over the support and services they get to help them live at home more independently. These options all come under the term Self-Directed Support, which is not the name of a particular type of service, but is a way for individuals to work with the social work department, other organisations and paid workers to put together a package of care that suits their needs and the way they want to live their lives.

<http://www.alzscot.org/pages/info/taking-charge.htm>

Personalisation is the term used when individuals are empowered to direct their own support, families effectively combine state resources around their own natural supports — creating truly personalised support.

<http://www.mentalhealth.org.uk/publications/personalisation-dementia-guide/>

<http://www.alzscot.org/pages/policy/report-personalisation-and-dementia.htm>

Tele-care is a term that covers a range of devices and services that harness developing technology to enable people to live with greater independence and safety in their own homes.

<http://www.jitscotland.org.uk/publications-1/telecare/>

http://www.atdementia.org.uk/editorial.asp?page_id=23

The following links may be useful in the preparation of teaching and learning materials and as resources for candidates to undertake research in this area.

Dementia Web

<http://www.dementiawebkentandmedway.org.uk/dementia-diagnosis.html>

E-learning: The Open Dementia Programme

<http://www.scie.org.uk/publications/elearning/dementia/index.asp>

NICE clinical guideline 42

<http://guidance.nice.org.uk/nicemedia/live/10998/30317/30317.pdf>

<http://www.alzscot.org/store/pages/Training%20materials>

Candidates should have the opportunity to watch 'Through our eyes' this is the name of a DVD produced by the Scottish Dementia Working Group. It features seven members of the Scottish Dementia Working Group and lets viewers see what it's like to live life with dementia from the perspective of people with dementia.

Extracts are available on line at:

<http://www.sdwg.org.uk/videos/listening-to-the-experts/>

Higher National Unit specification: support notes (cont)

Unit title: Promoting Quality of Life through Dementia Skilled Practice

Outcome 3: Demonstrate an understanding of the importance of physical, mental and emotional well-being of people with dementia.

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can evaluate the potential health and well-being opportunities and risks for people with dementia

General health and well-being

When someone has dementia, it's important that they remain as fit and healthy as possible - both physically and mentally. The better they feel, the better life will be for them and those around them. A person's health and well-being is affected by many different factors.

Key points for health and well-being

- ◆ The three conditions of dementia, delirium and depression can often be mistaken for one another.
- ◆ Mental health and well-being is as important for a person with dementia as their physical health.
- ◆ Depression or anxiety is very common in people with dementia — particularly in the early stages, when they may be aware of their declining abilities.
- ◆ In people with dementia, poor hearing can add to feelings of confusion and isolation.
- ◆ Problems with sight can increase confusion in people with dementia, and can make it harder for them to recognise people or objects.
- ◆ The more mobile the person remains, the better it will be for their health, and the easier for those around them to manage.
- ◆ Everyone needs some form of regular exercise, whether or not they have dementia.
- ◆ Eating too little or missing out on essential nutrients will reduce a person with dementia's resistance to illness and can make them feel more confused.
- ◆ In general, the fewer drugs someone with dementia has to take the better — both for their dementia and their general health.
- ◆ Dementia can cause people difficulties in getting to sleep. People can become confused about night and day, and may get up in the middle of the night, thinking that it is morning.
- ◆ Constipation a common problem among older people and those who are less physically active. It can cause pain and discomfort, and can also increase the person's confusion.
- ◆ Keeping warm is important particularly for older people and those who are inactive and have poor circulation. A severe drop in body temperature can cause hypothermia. A person with dementia may feel the cold far more than you do, but they may not realise it or may be unable to tell you.
- ◆ There are no drug treatments available that can provide a cure for Alzheimer's disease. However, medicines have been developed that can improve symptoms, or temporarily slow down their progression.

Higher National Unit specification: support notes (cont)

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The following resources will be useful in expanding candidate's understanding of these key issues and others relating to the health and well-being of people with dementia:

<http://www.southwestdementiapartnership.org.uk/workforce-development/learning-pathway/step-2/3-general-health-and-wellbeing/>
<http://www.goodforyourbrain.org/index.html>
<http://www.nhs.uk/Planners/Yourhealth/Pages/Yourhealth.aspx>
<http://www.nice.org.uk/nicemedia/live/10998/30321/30321.pdf>
<http://www.healthscotland.com/uploads/documents/9365-FacingDementia2008.pdf>
<http://www.healthscotland.com/uploads/documents/15770-CopingWithDementia2009.pdf>
http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=156
<http://www.scie.org.uk/publications/dementia/about.asp>
http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=1408
http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=92
http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=138
<http://www.nice.org.uk/nicemedia/live/13060/49909/49909.pdf>
http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=156
http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=147

Carers

Carers should also be supported to maintain their own health and well-being.
http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=119

Slips, trips and falls

The risk of falls increases with the progression of a dementia, although this will vary individually. There are many different causes. Perceptual problems — inability to see objects of a similar colour, spatial awareness, shadows, darkness, textures or shine can cause stumbling, tripping and falls. Uneven surfaces and undefined steps are worse for people with perceptual difficulties. Memory loss and living in a different reality can cause falls when a person thinks he or she is living in the house of their childhood or forgets that outside the door of their second floor flat is a flight of stairs. People may forget that they can't walk. Some drugs have adverse effects on movement and walking. Lewy Body and Vascular dementias increase the likelihood of falls. People with dementia may be unable to express the pain they are feeling but this pain (or its cause) may make a fall occur.

Slips trips and falls can have a serious impact on the well-being of people with dementia and can result in loss of mobility and independence or hospitalisation for the person with dementia. Candidates should be able to recognise potential causes and describe prevention procedures in place in their work environment.

http://www.institute.nhs.uk/building_capability/hia_supporting_info/staying_safe_preventing_falls.html
<http://www.housingcare.org/downloads/kbase/2312.pdf>
www.scie.org.uk/publications/briefings/briefing01

Higher National Unit specification: support notes (cont)

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Infection

Healthcare Associated Infections (HAIs) are infections that are acquired in hospital or other healthcare settings. Infections are caused by germs such as bacteria, fungi or viruses entering the body. HAI is not unique to hospitals and may affect people in care homes, GP practices or dental practices. Examples of HAIs include MRSA and the winter vomiting bug. It is important to support people with dementia, their families and carers to avoid illness and infection that can compromise their well-being.

<http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/training-resources/preventing-infection-in-care.aspx#nav>

Admission to hospital

Someone with dementia may be admitted to a general or specialist hospital ward either as part of a planned procedure, such as a cataract operation, or following an accident, such as a fall. Hospital environments can be disorientating for a person with dementia, and may make them appear more confused than usual.

The risks of hospital admission to older people with dementia can include one or more of the following:

- ◆ Increase in mortality
- ◆ Increase in time on hospital
- ◆ Increase in unwanted drug reactions
- ◆ Earlier admission to residential care
- ◆ Incontinence
- ◆ Reduced cognitive function
- ◆ Increase levels of dependence if they return home

http://www.nes.scot.nhs.uk/media/350872/acute_dementia_interactive_2011.pdf

Alzheimer's Society has produced a useful booklet 'This is me' to support person centred approaches in hospital.

http://www.alzheimers.org.uk/site/scripts/download_info.php?downloadID=399

Pain

Pain is one of the commonest causes of distressed behaviour (formerly known as challenging behaviour) in the person with dementia. Candidates should also be able to describe and explain the importance of developing person centred practice which recognises pain and responds appropriately to behavioural distress.

The most commonly used medications for managing distressed and challenging behaviour in dementia are the typical antipsychotic (neuroleptic) medications.

Higher National Unit specification: support notes (cont)

Unit title: Promoting Quality of Life through Dementia Skilled Practice

Person centred approaches focus on knowledge of the person and a recognition of the reasons for the distressed behaviour.

<http://www.jrf.org.uk/sites/files/jrf/pain-dementia-factsheet.pdf>
http://www.pssru.ac.uk/pdf/MCpdfs/Pain_factsheet.pdf
<http://www.scie.org.uk/publications/dementia/endoflife/pain.asp>
http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1191

Section Four: Acute care dementia learning resource NHS Education Scotland
Available from:

http://www.nes.scot.nhs.uk/media/350872/acute_dementia_interactive_2011.pdf
<http://www.alzheimer.ca/english/care/guidelines-care-intro.htm>

Finally candidates should understand and be able to define and explain the role and describe the concept of the anticipatory care planning approach to palliative care. Anticipatory care planning is commonly applied to support those living with a long term condition to plan for an expected change in health or social status. It also incorporates health improvement and staying well. Anticipatory and Advance care planning (ACP), in practical terms, are both about adopting a 'thinking ahead' philosophy of care that allows practitioners and their teams to work with people and those close to them to set and achieve common goals that will ensure the right thing is being done at the right time by the right person(s) with the right Outcome. Palliative care is not only about the end of life care of a person, a palliative care approach should be available to a person with dementia at any stage, from the point of diagnosis to the end of life.

Completion of a common document called an anticipatory care plan is suggested for both long term conditions and in palliative care.

www.jitscotland.org.uk/downloads/1292863020-ACP%20-%20FAQ.pdf
<http://www.endoflifecareforadults.nhs.uk/publications/care-towards-the-end-of-life-for-people-with-dementia>
<http://www.nhs.uk/Planners/end-of-life-care/Pages/End-of-life-care.aspx>
<http://www.scie.org.uk/publications/dementia/endoflife/introduction.asp>

Higher National Unit specification: support notes (cont)

Unit title: Promoting Quality of Life through Dementia Skilled Practice

Guidance on the delivery of this Unit

In order to achieve this Unit, candidates are required to present sufficient evidence that they have met all the Knowledge and Skills requirements for each Outcome. Details of these requirements are given for each Outcome.

An understanding of both theory and its relation to practice are required for all Outcomes. Hence assessment must include both the requirement to discuss various issues and the opportunity to relate these to practice. Where candidates are already working in it is asked that they write about real work situations. Only in exceptional circumstances should a centre-devised hypothetical assessment be used.

Guidance on the assessment of this Unit

In order to achieve this Unit, candidates are required to present sufficient evidence that they have met all the Knowledge and Skills requirements for each Outcome.

An understanding of both theory and its relation to practice are required for all Outcomes. Hence assessment must include both the requirement to discuss various issues and the opportunity to relate these to practice. Where candidates are already working in it is asked that they write about real work situations. Only in exceptional circumstances should a centre-devised hypothetical assessment be used. Candidates are expected to produce evidence relating to undertaking responsibilities as a practitioner wherever possible.

Candidates undertaking the full Group Award will also complete the SVQ Unit HSC3112 Support individuals to identify and promote their own health and social well-being. The assessments for each of the Outcomes in each Unit in the award will enable valid evidence from practice to be generated alongside responses to specific Unit knowledge and contribute to the assessment of the SVQ Unit.

Assessment Guidelines

Outcome 1

If assessing this Unit holistically with the SVQ Unit HSC3112 it is recommended the assessment for this Outcome is an essay of 1,000–1,500 words or equivalent for Evidence Requirements 1 2 and a reflective account of candidate's real work practice of approximately 1,000 words for Evidence Requirements 3 and 4.

For candidates undertaking this Unit on a stand alone basis it is recommended that an essay of 1,500–2,000 words is used which meets all of the Evidence Requirements.

Higher National Unit specification: support notes (cont)

Unit title: Promoting Quality of Life through Dementia Skilled Practice

Outcome 2

If assessing this Unit holistically with the SVQ Unit HSC3112 it is recommended the assessment for this Outcome is a case study of no more than 1,000 words which is based on a real example from practice which develops the candidates' awareness of how using a range of approaches and services can influence and promote independence and person centred Outcomes for people with dementia.

Outcome 3

If assessing this Unit holistically with the SVQ Unit HSC3112 it is recommended the assessment for this Outcome is a project based assignment of no more than 1,500 words in which the candidates should work together in small groups to research and evaluate each of the Evidence Requirements the projects should then be presented to the whole class.

Candidates should produce their individual notes which may then be used towards the achievement of the SVQ Unit HSC3112 Support individuals to identify and promote their own health and social well-being.

For candidates undertaking this Unit on a stand alone basis it is recommended that the candidate undertakes the same case study assignment.

Online and Distance Learning

This Unit is suitable for open learning, provided there is authentication of the candidate's evidence.

Opportunities for developing Core Skills

Assessment of this Unit will assume the development of Core Skills necessary in the performance of work tasks at this level. For example, assessments are likely to include the use of appropriate information technology and the demonstration of skills required to undertake presentations written and oral which will include the use of complex information.

Candidates will have the opportunity to develop the following Core Skills:

Communication: Written communications will be developed through candidates producing written work in a variety of formats; oral communication will be developed through discussion, debate and evidence of engagement with other professionals and key people.

Working with Others: Will be developed as candidates will be required to work collaboratively with colleagues from their own and other services in the preparation and research for their assignments.

Information and Communication Technology (ICT): Candidates will develop their ICT skills through research and the presentation of written assignments.

Higher National Unit specification: support notes (cont)

Unit title: Promoting Quality of Life through Dementia Skilled Practice

Disabled candidates and/or those with additional support needs

The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments, or considering whether any reasonable adjustments may be required. Further advice can be found on our website www.sqa.org.uk/assessmentarrangements

History of changes to Unit

Version	Description of change	Date

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Additional copies of this Unit specification can be purchased from the Scottish Qualifications Authority. Please contact the Business Development and Customer Support team, telephone 0303 333 0330.

General information for candidates

Unit title: Promoting Quality of Life through Dementia Skilled Practice

This Unit is designed to enable you to know and understand the stages of the dementia journey the importance of promoting the rights of people with dementia their families and carers through the management of health and well-being.

On completion of this Unit you should be able to:

Outcome 1: Demonstrate an understanding of the stages of the persons dementia journey.

In this Outcome you will develop a sound understanding of the signs and symptoms commonly associated with different types of dementia. You will understand that dementia is a progressive condition that can have a variety of underlying causes. You will be able to describe the different stages of the dementia journey and the different ways that people with dementia and their families and carers experience this.

You will understand that fundamental to a person centred approach to dementia are the concepts of equality, diversity and inclusion and you will be able to recognise the diversity of people who are affected by the condition. You will be able to recognise the impact of dementia on the person's communication skills and the importance of your own communication skills in supporting the person with dementia. You will also reflect on the range of environmental influences on the health and well-being of the person with a diagnosis of dementia and how a diagnosis can impact on the person, their family and carers.

The assessment for this Outcome is an essay of 1,000–1,500 words or equivalent and a reflective account of your real work practice of approximately 1,000 words.

Outcome 2: Define and explain how to promote person centred Outcomes for people with dementia.

In this Outcome you will be able to define and describe a person centred approach which recognises and utilises the individual's strengths and abilities to enhance quality of life In reflecting on your practice and identifying examples of person centred practice you will show an understanding of the principles and practice of person centred care that recognises that individuals have unique values, personal history and personality and that each person has an equal right to dignity, respect, and to participate fully in their environment. You will be able to describe an Outcomes based approach that emphasises the strengths, capacity and resilience of individuals, builds upon natural support systems and includes consideration of wider community based resources. The approach is consistent with policy priorities to engage people using services, personalisation and enablement and an assets approach to health. You will be able to describe how a range of approaches and services such as tele-healthcare, assistive and innovative technology and self directed support can promote independence and a positive quality of life for people with dementia.

General information for candidates (cont)

Unit title: Promoting Quality of Life through Dementia Skilled Practice

The assessment for this Outcome is a case study of no more than 1,000 words which is based on a real example from practice which develops your awareness of how using a range of approaches and services can influence and promote independence and person centred Outcomes for people with dementia.

Outcome 3: Demonstrate an understanding of the importance of physical, mental and emotional well-being of people with dementia.

In this Outcome you will analyse the potential health and well-being opportunities and risks for people with dementia. You will understand the importance of remaining as fit and healthy for people with dementia and their families and carers and the factors that can influence health and well-being including the impact of slips trips and falls and of hospitalisation. You will explain the importance of developing person centred practice which recognises pain and responds appropriately to behavioural distress and be able research and discuss with others the concept of the anticipatory care planning approach to palliative care and it's application to care for people with dementia.

The assessment for this Outcome is a project based assignment of no more than 1,500 words in which you should work with others in small groups to research and evaluate each of the Evidence Requirements. The projects will then be presented to the whole class. You are encouraged to keep notes of your own contribution which may then be used towards the achievement of the SVQ Unit HSC3112 Support individuals to identify and promote their own health and social well-being.

The tutor will use a variety of methods to ensure you understand these learning Outcomes. This will include presentation of knowledge, use of case study material, individual and group work.

The following websites give access to further information in support of this Unit.

<http://www.alzscot.org/pages/info/about.htm>
<http://www.scotland.gov.uk/Publications/2011/05/31085332/5>
<http://www.scie.org.uk/publications/dementia/index.asp>
<http://www.alzheimer.ca/english/care/guidelines-care-intro.htm>
<http://www.scottishhumanrights.com/careaboutrights>
<http://www.southwestdementiapartnership.org.uk/>
<http://www.dementiawebkentandmedway.org.uk/dementia-diagnosis.html>
<http://www.scie.org.uk/publications/elearning/dementia/index.asp>
<http://guidance.nice.org.uk/nicemedia/live/10998/30317/30317.pdf>
<http://www.jitscotland.org.uk/action-areas/>

Information correct at September 2011.