

North Lincolnshire

Safeguarding Adult Learning Briefing: Pre-Admission Assessment Process and Impact upon a Person's Dementia Diagnosis on Admission to a Care Home

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Introduction

This briefing looks at the pre-admission assessment process and the potential impact upon a person's dementia diagnosis on admission to a care home placement. It will look at :

- What a pre-assessment should include
- What a care setting should do
- What is expected from care homes and partner agencies
- Identifying what signs to be aware of and what action needs to be taken to support the person.

Pre-assessment process

When a person is being assessed to move into a care home, it is the responsibility of the care home to collaborate with the following people:

- Professionals from across health and social care, for example GP, nurses, occupational therapists and social workers
- Family and carers
- The persons Lasting Power of Attorney (if appropriate)

It is good practice for each of these people to contribute to the care plan. Any care home placement will be based upon a person's needs assessment which includes collecting information about:

- Current health status, both physical and mental
- Medical history
- Medications currently being taken
- Ability to do daily living tasks (bathing, dressing, eating, getting in and out of bed or chair)
- Communication
- Decision-making ability
- Physical and mobility needs (loss of hearing or vision, paralysis after a stroke or balance problems)

What signs to look for in rapid deterioration of dementia

Dementia is a term used to describe a range of cognitive and behavioural symptoms that can include memory loss, problems with reasoning and communication and change in personality, and a reduction in a person's ability to carry out daily activities, such as shopping, washing, dressing and cooking.

The most common types of dementia are:

- Alzheimer's disease
- Vascular dementia
- Mixed dementia
- Dementia with Lewy bodies, and
- Frontotemporal dementia

Dementia is a progressive condition, which means that the symptoms will gradually get worse. This progression will vary from person to person, and each will experience dementia in a different way. People may often have some of the same general symptoms, but the degree to which these affect each person will vary.

Symptoms in the later stages of dementia

As dementia progresses, memory loss and challenges with communication often become severe. In the late stages, the person is likely to neglect their own health, and require constant care and attention. The most common symptoms of advanced dementia include:

- **Memory/cognition needs/challenges** – people may not recognise close family and friends, or remember where they live or where they are
- **Communication** – some people may eventually lose the ability to speak altogether. Using non-verbal means of communication, such as facial expression, touch gestures, can help
- **Mobility** – many people become less able to move about unaided. Some may eventually become unable to walk and require a wheelchair or be confined to bed
- **Behaviour** – a significant number of people will develop what are known as ‘behavioural and psychological symptoms’, anxiety, wandering, aggression, or sometimes hallucinations
- **Continence needs** – bladder incontinence is common in the later stages of dementia, and some people will also experience bowel incontinence
- **Appetite and weight loss** are both common in advanced dementia. Many people have trouble eating or swallowing, and this can lead to choking, chest infections and other problems.

Please refer to the [NHS website for further information](#)

Rapid deterioration

Rapid deterioration of a person's dementia symptoms may happen quickly or may take a period of time. At the initial assessment of the person living with dementia take a history from:

- The person themselves, and
- Someone who knows the person well (such as a family member)

The history should include:

- cognitive, behavioural and psychological symptoms, and
- the impact symptoms have on a person's daily life

Provide people living with dementia, and their family members or carers, with information that is relevant to their circumstances and the stage of their condition - [Dementia: Assessment, management and support for people living with dementia and their carer's](#)

Wherever the person is living there needs to be a continuous review of the person's situation and steps taken when the situation deteriorates

The principles of person-centred care underpin good practice in dementia care, and they are reflected in the following:

- The human value of people living with dementia (regardless of age or cognitive impairment) and their families and carers
- The individuality of people living with dementia, and how their personality and life experiences influence their response to dementia
- The importance of the person's perspective
- The importance of relationships and interactions with others to the person living with dementia, and their potential for promoting wellbeing.

Finally, the principles emphasise the importance of understanding the needs of carers (whether they are family and friends) and supporting and enhancing their input.

Moving to different care settings

For guidance on managing transition between care settings for people living with dementia, see:

- The NICE guidelines on transition between inpatient hospital settings and community or care home settings for adults with social care needs (NICE Pathway last updated: 05 November 2020) [Overview | Transition between inpatient mental health settings and community or care home settings | Guidance | NICE](#)
- Follow the principles in these guidelines for transitions between other settings (for example from home to a care home or respite care)
- Review the person's needs and wishes (including any care and support plans and advance care and support plans) after every transition.

Funding placements in a care home

If the person is funding their own care, or are paying their own care home fees, they can approach a care home directly and agree the financial arrangements together. However, you should advise them they can still ask for a needs assessment by the local authority.

A needs assessment will provide information about the type of care needed, and the options available. This information may help people who fund their own care to decide whether the care home they are considering is appropriate.

Conclusion

- Dementia is a term used to describe a range of cognitive and behavioural symptoms that can include memory loss, problems with reasoning and communication and change in personality, and a reduction in a person's ability to carry out daily activities, such as shopping, washing, dressing and cooking
- Provide as much information and advice as possible with regards to choosing a care home placement
- Prior to a person moving into a care home, it is essential a pre-assessment is completed. It is the responsibility of the care home to collaborate with the person, their family and carers and those professionals who know them
- It is essential to keep the person's family and LPA attorney involved – the family will know the persons needs and be able to identify any changes and deterioration in health.

Conclusion continued

- Enable people to prepare so they do not have to make decisions about long-term residential or nursing care while they are in crisis
- It is the responsibility of the care home to monitor the persons situation and capture any changes in condition
- Communicate with the person, their family members and all agencies involved whilst respecting sharing agreements and confidentiality
- Agree how often you will complete a review with the person
- Be transparent about the outcome of reviews and of the impact on the person and their family, giving time to come to terms with changes
- Agree actions and plans and be clear about responsibilities for each action, make sure that a timeframe for completion is agreed and keep actions achievable.