



Gloucestershire Health and Care  
NHS Foundation Trust



# Gloucestershire Dementia CARE Tool

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Dementia Lead

working together | always improving | respectful and kind | making a difference

# Where it all began...

- Day centre and respite unit
  - Supporting adults with physical and learning disabilities.
- Day centre and residential home
  - Supporting adults with autism.
- Registered nurse training
  - Acute hospital experience.
- Community Hospital
  - Abbey View Ward.

# Abbey View Ward – Tewkesbury Hospital

- 20 bedded ward
  - Abbey View has 20 side rooms all with ensuites.
- Sub acute care and rehabilitation
  - Admitted from GRH and CGH following acute illness or surgery.
- End of life care
  - Palliative crisis support referred from GP, DNs, SWAST, Rapid Response.
- CATU beds - direct admissions from Home (GP / RR / DN / SWAST), ED, Frailty unit.
  - Acute admissions - high incidence of people admitted with a delirium which can sometimes be alongside a known or unknown dementia diagnosis.

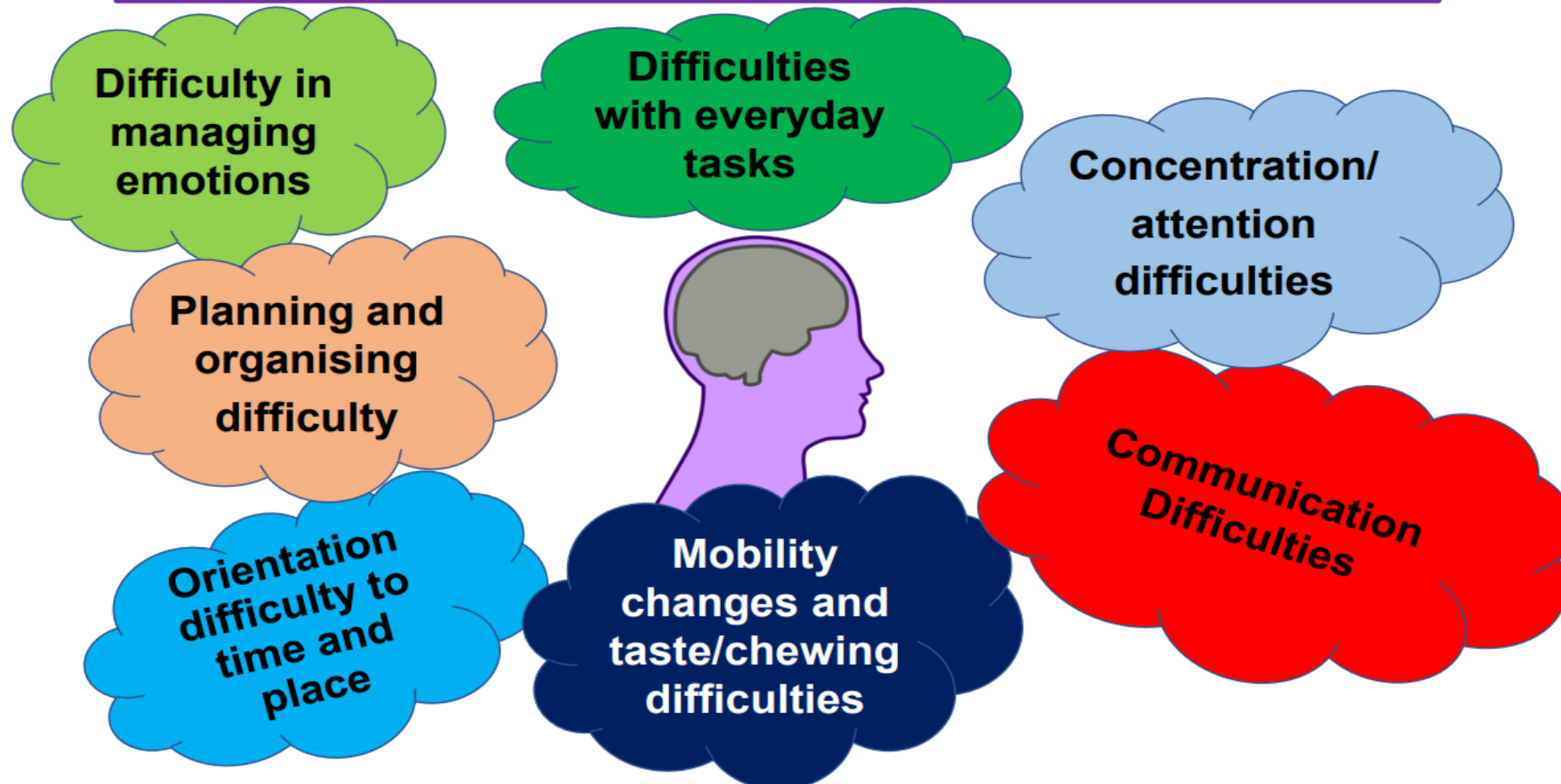
# Dementia Lead Course

- I completed the Dementia Lead Course through Dementia Education Team. I felt that the ward needed a lead in this area and person centred care could be championed more.
- As part of the course I had to create something that could be implemented in my workplace.
- I wanted a format that would be familiar to staff and user friendly.
- We are excellent at pathways for physical health on the ward and staff are familiar with using systems such as SBAR and SSKIN so that was how I created the CARE tool. Using a system that is familiar and easy to remember.
- I knew the areas I wanted to include - communication, approach, resources and the environment.

# What is dementia?

- Dementia is a range of symptoms that show the brain has a disease. As this disease causes changes in the brain, it cannot work properly.
- Most people with dementia have Alzheimer's disease, vascular or a mixed dementia. These are certainly the most common that we see in people living with dementia on our ward. We also support people with Lewy bodies and more rarely frontotemporal dementia.
- Does the type of dementia change how we support them?
  - No as it's all about person centred care. It's helpful to know and there maybe medications that might help with certain types of dementia, but for day to day support we are seeing the person first and not the disease.

# Dementia is not all about memory





One in two of us will be affected by dementia in our lifetime.

Either by caring for someone with the condition, developing it ourselves, or both.

1 in  
14

people over the age of 65 have dementia in the UK.

- There are estimated to be 944,000 people living in the UK with dementia, by 2050 this figure is expected to rise to 1.6 million people.
- In Gloucestershire, there are:
- Around 6,200 people aged 65 and above who have been diagnosed with dementia
- Just over 150 people who have been diagnosed with young onset dementia (aged under 65 years)
- Around 3,500 more people are estimated to be living in the county with dementia but undiagnosed
- By 2025 it is estimated that almost 11,250 people will be living with dementia in the county, rising to around 13,000 people by 2030. (One Gloucestershire, Oct 2024)



## What is the Dementia **CARE** Tool ?

**This is a tool to aid staff when supporting a person on the ward who is living with dementia.**

- It is designed to help staff think about how they can best communicate with a person living with dementia.
- It is about person centered care and seeing the person, not the dementia. Asking what can we do to meet their unmet physical and psychological needs while they are in our hospitals.
- It highlights which approaches may work best.
- It signposts to resources to assist with learning about each individual, to give understanding into behaviours that staff may find challenging as well as assessment tools to help staff support the person.
- It is designed to help prompt busy staff to look at the environment and consider how it may be adapted to help and support people with dementia during their stay on a ward.

# Gloucestershire Dementia CARE Tool

## C

### Communication

- Call me by my preferred name
- Do I have my hearing aids or glasses on?
- A lower pitched, calm voice will help me to understand
- Use short sentences and slow down your speech
- Try not to ask me lots of questions at once – avoid factual questions!

## A

### Approach

- Approach me from the front and come towards my dominant side
- Let me see and hear you, if possible, before you use touch
- Come down to my eye level, smile and raise your hand to the side of your face to engage my attention. Lean out.
- Move in closer once you get my attention and judge it's ok.

## R

### Resources

- What do you know about me before you support me?
- Check my This is Me, My Life Tree and At a Glance
- Do you know my previous occupation or interests?
- Check My Music Profile and use My Music during support
- Consider PINCHMES and 4AT if I'm more confused or withdrawn than usual – especially if it's a sudden change.

## E

### Environment

- Is my bed or chair facing the door?
- Am I too hot or too cold?
- Do I need contrasting cups and plates?
- Do I prefer to be on my own in my room or in the day room with others?
- Is it too noisy or too quiet?
- Do I have a special object for comfort such as a cushion, teddy or cardigan to keep with me?

### Additional communication considerations

- **I may have lost some understanding of language** so try short 'chunks' of information, one 'chunk' at a time.
- **Pictures may help me** if I don't understand your words.
- **Consider various ways to respond to me if I get distressed** such as validation, reassurance, diversion and entering into my reality.

### Additional approach considerations

- **I may have lost my peripheral vision** (edge vision). This is why it is important to approach me from the front and at my eye level due to changes in my visual field.
- **Stay about a metre away until you have my attention** and move towards me in a calm and relaxed way. This will give me
- Time and help prevent my fight or flight response being triggered.
- **The 'butterfly handhold' can help me with connection through touch.** This may be helpful to support me with eating, drinking, dressing and brushing my hair and teeth if my 'skills fingers' don't work so well.

### Additional resource considerations

- **Always check my 'This is me', My Life Tree' and 'At a Glance / enriched model'** for information in order to gain some understanding of who I am.
- **Use the 'Glos 5 Step Approach' with a RAG plan** if I am distressed and behaving in ways that you find challenging.
- **Use PAINAD and Abbey Scales** to check if I'm in pain.
- **Use PINCHMES** to check if I have delirium if there is a sudden change in behaviour /orientation, check, is there a treatable cause?
- **Is there something in my previous profession or life** that may help you to understand why I do something in a certain way?

### Additional environment considerations

- **Can the environment be adapted** to assist me?
- **Contrasting coloured plates and cups** may help with my altered vision.
- **Red tape around a door handle or on a light switch** may help me see it more clearly.
- If a door is closed I probably won't understand what might be behind it so a **picture will help**. For example, a picture of the toilet on the door.
- **Talk with my family and friends:** share resources, check do I have an attachment to a special object that may provide comfort to me.
- **Can I be supported in a quieter room?** Is this why I am up a lot. If I am up in the night is there a low light on for me. This could help prevent visual disturbances. Do I need a quieter room?
- **What information about me is available** for all the care team to see?

For further information, visit the Gloucestershire Dementia CARE Tool pages of the staff intranet or scan the QR code.  
[intranet.ghc.nhs.uk/i/dementia-care-tool](http://intranet.ghc.nhs.uk/i/dementia-care-tool)



# Supporting a person with dementia on your ward?

- Check your Gloucestershire Dementia **CARE** Tool
- Get tips on approaches and communication as well as resources
- Refer to the **CARE** tool in your folder
- Or visit our intranet scan here:  
[intranet.ghc.nhs.uk/i/dementia-care-tool](https://intranet.ghc.nhs.uk/i/dementia-care-tool)





- The CARE tool is now used in the Dementia Education team training and it has been introduced across the Trust.

It is also going to be included in the 5 step approach at next review.

- Staff have been trained in the CARE tool in house by myself and via the community hospital training team. I asked the staff at time of training to list three things they thought they could take to use in their every day practice. Then a short time later I asked them to complete feedback forms about how this had gone

- Staff are very positive about this and included comments such as:

“I was able to show another member of staff how to use the butterfly hand technique which helps people living with dementia to eat and drink more independently”

“using the life tree helps to have conversations with people and I see their eyes light up when they talk about things they enjoy”

“We had a gentleman on the ward who was being supported to eat his lunch using the butterfly hand technique. Before he was discharged he was eating independently in the day room with other patients”

- The CARE tool was nominated in the NHS Southwest of England Personalised Care awards 2023. I was lucky enough to win the award in the 'Seeing Me' category.
- This has helped me to continue to champion personalised care on the ward. I encourage staff to think about meaningful activities for patients that might relate to work they did when they were younger or how we can use their life history to better support them.
- This is where I adapted the 'My Life Tree'. These are now in every patient room in infection control compliant Perspex holders!
- They provide staff with invaluable information about the person. They promote interactions and conversations with all members of the team on the ward. It is a live document that can be added to at any time as staff get to know the person and their relatives /carers. They also go with the person on discharge.

# Your turn

- Please have a go at completing My Life Tree
- Think about what questions you are going to ask

**MY LIFE TREE**

I like to be called:

Hobbies/ Interests/music I like:

What's important to me ?

My Life History eg- where I grew up/siblings.  
Occupation/things I have done:

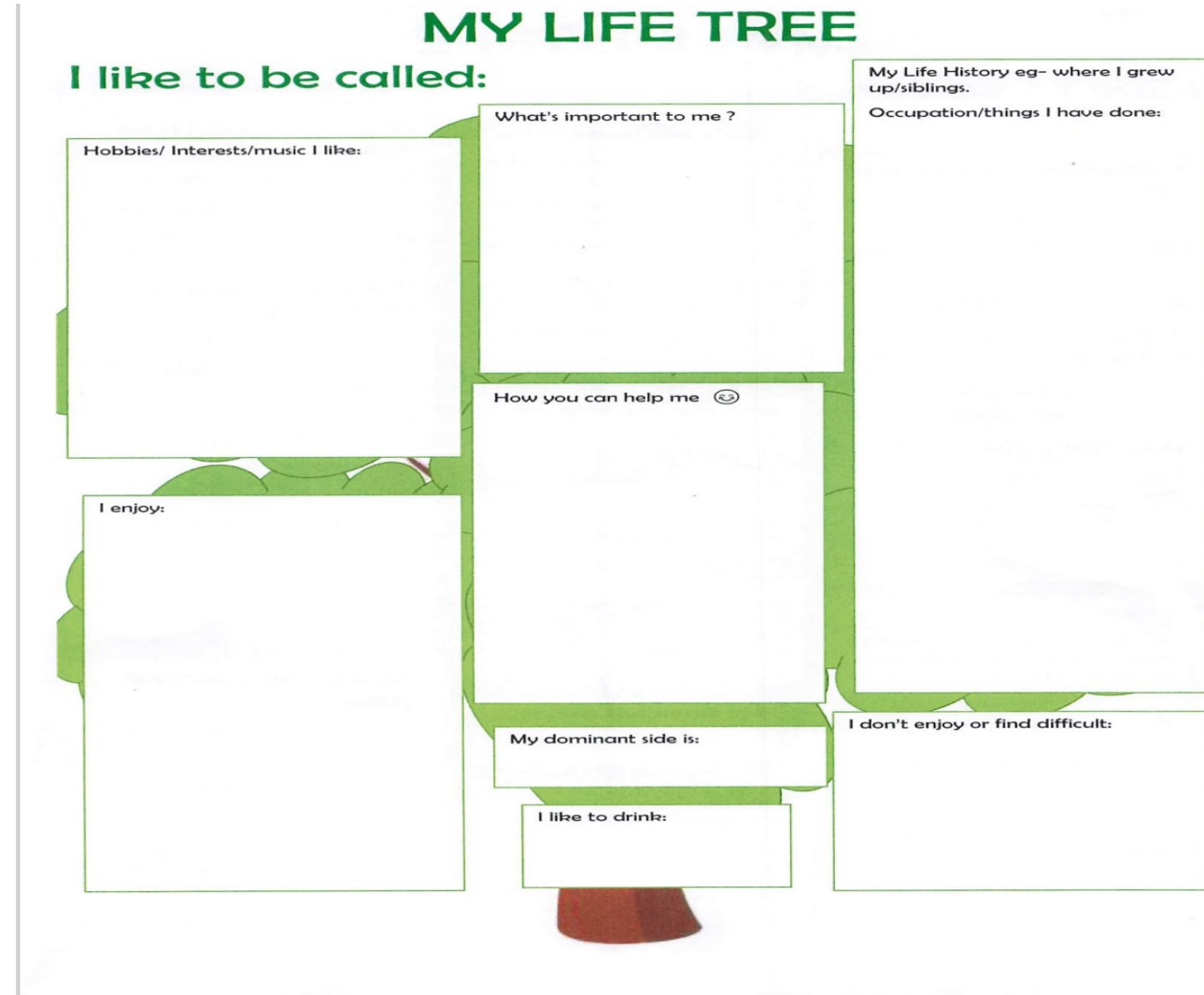
How you can help me ☺

I enjoy:

My dominant side is:

I like to drink:

I don't enjoy or find difficult:





# MY LIFE TREE

I like to be called:

## Hobbies/ Interests/music I like:

What have you enjoyed/still enjoy doing in your life?

Have you had any pets?

Any favourite holiday destinations?

Do you or have you attended any groups?

What music do you like?

Any particular TV shows you like?

## I enjoy:

Do you like you own company or wold you like to go to the day room with others for meals/activities?

Do you like a newspaper every day?

Do you have a sweet or savoury tooth?

Any particular foods you like?

Do you like to be able to look out of the window?

Any board games you enjoy?

## What's important to me ?

Do you like a shower or a wash at the sink? Everyday?

Do you like to get dressed in your own clothes everyday?

Do you like to have your make up on/ nails painted?

Do you like to speak to your family/friends everyday?

Do you have a particular 'thing' that comforts you..eg cushion/photo/cuddly animal/handbag?

## How you can help me ☺

Do you need your hearing aids/glasses on?

Do you need people in front of you to see them?

Do you need people to speak in slower/short sentences?

Do you like to know the date and day each day?

Do you need help with meal times? Would adapted plates/cutlery/cups help you? Would a contrasting colour be helpful?

## My dominant side is:

Are you right or left handed?

## I like to drink:

Tea/Coffee?? Milk? Sugar?

Weak? Strong?

Cold drinks?

Bedtime drink?

My Life History eg- where I grew up/siblings.

Occupation/things I have done:

Where did you grow up?

What did your parents do?

Did /do you have brothers or sisters?

When did you move to Gloucestershire?

Were you married?

Do you have any children? Names?

Do you have any grandchildren/great grandchildren?

Names? Ages?

What did you do for a job?

Where have you lived in your life?

## I don't enjoy or find difficult:

Do you get particularly hot or cold?

Do you like socks on in bed or not?

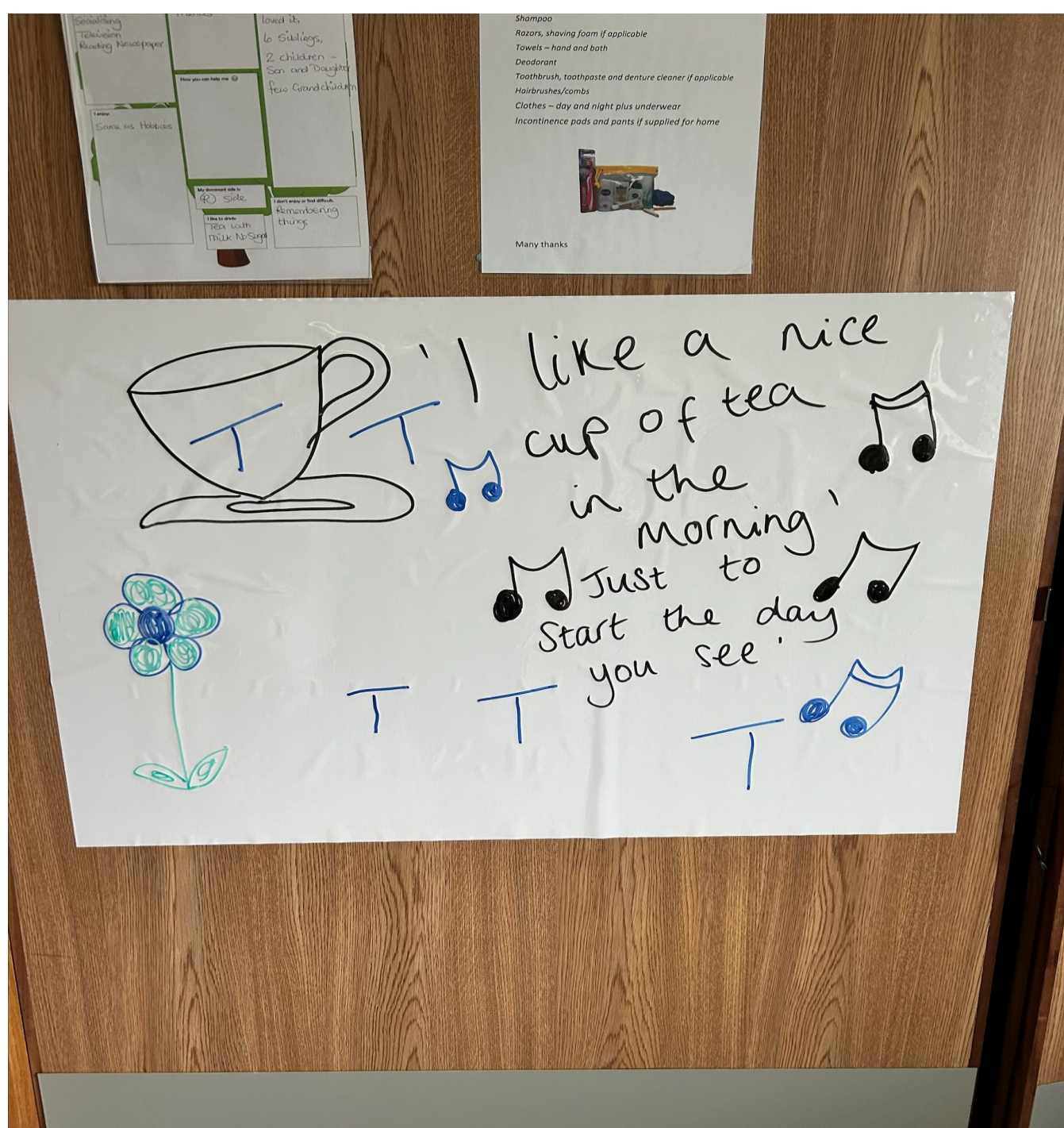
Do you need a light on overnight?

Do you like it quiet or busier?



# Magic white boards...

- As well as 'My Life Tree' I have introduced magic white boards.
- These can be used on any surface in the person's room. They can be used for staff to draw pictures or write messages once we get to know a person.
- I encourage relatives to write on them, especially if children are visiting they enjoy drawing pictures on them.
- Here are two recent examples:



★ Star patient

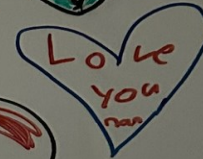
Happy Monday  
My nanny is the best nanny EVER  
Love Poppy



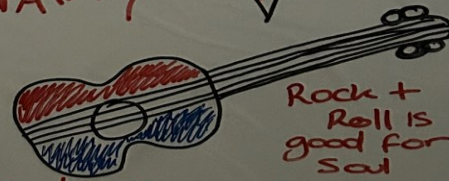
FLO

Have a lovely weekend Flo

Love you NANNY



LOVE YOU FLO  
x x x x



Rock + Roll is good for the soul

I'm lucky to have you  
NANNY x x x x





- I have been invited to present the CARE tool at local and corporate governance level. I have also been invited to many organisations outside of the trust.
- One of these is the Tewkesbury Dementia Action Alliance group. This has enabled me to liaise with people from all the organisations in and around Tewkesbury that offer support and activities to people living with dementia.
- I have started to try and take patients to these activities before discharge.
- Rather than just signposting on discharge I hope that a taste of this will encourage patients and their families/carers to utilise these on discharge.
- One of these that we try to attend regularly is the daytime disco.....



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