Audit Survey Report

Dementia Staff Skills Audit Report for Acute Hospitals in Norfolk DEMSTART (DEMentia skills STaff Audit foR Training needs)

An Audit Survey Study by the University of East Anglia

For the Norfolk and Suffolk Health Innovation Education Cluster (HIEC)

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Health Innovation Education Cluster (HIEC)

Norfolk and Norwich University Hospital NHS Trust

James Paget University Hospital NHS Trust

Queen Elizabeth Hospital NHS Trust

December 2011

Project Title: Dementia Staff Skills Audit Report for Acute Hospitals in Norfolk
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Statement of Independence

The UEA project team takes full and independent responsibility for the way in which this study was conducted, analysed and reported.

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Executive Summary

The Project was commissioned by the NHS Norfolk and Suffolk Health Innovation and Education Cluster (HIEC) and was designed to reflect and add value to results of the 2010 National Dementia Audit. It was intended to gather more information on the local education and training needs of staff that care for or come into contact with patients with dementia through their daily working practice.

Three hospitals in Norfolk took part: Norfolk and Norwich University Hospital NHS

James Paget University Hospital NHS Trust
Queen Elizabeth Hospital NHS Trust

Summary of key points from the DEMSTART project

- There was a good response to the survey achieving a sample of 293 responses from the three Norfolk hospitals involved (this compares favourably to the national survey, which achieved just over 2000 responses across the UK)

- Over half of the respondents of the DEMSTART survey work within the NNUH

- Over two thirds of respondents to the survey were staff working in bands 5,6, and 7 and over half were registered nurses

- The survey shows that 92% of respondents report insufficient training overall in relation to dementia

- The majority of staff in all three hospitals reported that they had insufficient training in person centred care and basic awareness and skills for care of people with dementia

- Particular deficiencies were reported in communication skills, assessing cognition, dealing with aggressive behaviour and recognising pain in patients with dementia

- Lack of working knowledge of the Mental Capacity Act was identified by the majority of respondents

- Systems for communication and providing dementia specific care were perceived as failing by many staff, with the exception of the area of nutrition. For example, respondents reported that there was a system in place to report inadequate staffing levels and the risks this could cause to patients, but almost two fifths of these staff felt the system did not deal with these reports in a timely way.

- The lack of support to develop dementia related care skills and knowledge from colleagues and management was identified by staff across all three Trusts

- Only two fifths of respondents felt they had peer support and access to reflective practice groups to improve their capacity to deliver care to patients with dementia

- Nearly all responding staff said they would benefit from more training in dementia awareness and basic skills

- The majority of staff report that they did not have enough time to provide one to one nursing, to ensure patients are assisted if necessary, to discuss progress of care and treatment and to ensure that patients were comfortable in their environment, and adequately supported if they become disorientated.

Background

There are about 820,000 people in the UK with dementia (Alzheimer's Research Trust 2010). Some will be individuals living with an undiagnosed dementia.

- Dementia has no gender barriers and affects both men and women.

- Dementia mainly affects older people. The longer a person lives the higher the risk of developing a type of dementia.

- There are 15,000 people in the UK under the age of 65 who have dementia. The fact that dementia can affect younger people is something that can be overlooked by families, the person themselves and even professionals can be slow to consider dementia as a possibility with younger people.

40% of people in hospital have dementia. This is most common among, but not limited to, older people. (Dementia Strategy 2009).

The strategy document *Living Well with Dementia* was published in 9 February 2009 and is being implemented over a five-year period to 2014. It sets out 17 objectives for transforming dementia services, with the aim of achieving better awareness of dementia, earlier diagnosis and high quality treatment across all stages of the illness and all settings

.On 8 September 2010, the Department of Health published a revised, outcomes-focused implementation plan for the National Dementia Strategy (NDS). *Quality outcomes for people with dementia: building on the work of the National Dementia Strategy* updates the previous implementation plan for the Strategy, which was published in July 2009, and is aimed at accelerating the pace of improvement through a greater focus on local delivery and local accountability and empowering citizens to hold local organisations to account.

The National Audit Office estimates that, nationally, dementia costs health and social care services £8.2 billion per year (National Audit Office, 2007). Alzheimer's Research UK has estimated that the overall cost of dementia to society as a whole is £23 billion per annum (Lakey, 2009). It is estimated that savings of £80 million could be made every year by improving hospital care for people with dementia (Department of Health, 2009).

Furthermore, it is estimated that every general hospital has excess costs of £6 million because of dementia, due to the poorer outcomes in terms of length of stay, mortality and institutionalisation. In hip fracture provision alone, better management of patients who also have dementia could save between £64 million and £102 million in England every year (National Audit Office, 2010).

In 2006 the Healthcare Commission asked the Royal College of Psychiatrists' Centre for Quality Improvement to identify priority areas for audit of the care of people with dementia. Its initial scoping and consultation exercise identified an audit of care received by people with dementia in general/acute hospitals as a high priority (RCP, 2009).

Responses to the consultation highlighted that dementia, together with associated needs, was often overlooked or untreated on admission to hospital, and that admission itself could have the effect of worsening the effects of dementia. This can result from inevitable disorientation caused by illness or injury, plus separation from familiar carers, routines and surroundings, but also from the fact that hospitals may be unprepared to provide services that meet the particular needs of people with dementia.

The report to the Healthcare Commission (2007) recommended the development of an audit which would collect data on key aspects of care received by people with dementia in hospital examine the ability of hospitals to recognise both the specific needs associated

with dementia (in terms of memory problems and behavioural and psychological symptoms) and the heightened care need overall.

This was the first national audit in general hospitals of the care of people with dementia and was funded by the Healthcare Quality Improvement Partnership and managed by a project team based at the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI, 2010).

The collaborators in the national audit project are the professional bodies for five of the main disciplines involved in providing dementia services, and one of the main voluntary sector providers of supports and services:

- The Royal College of Psychiatrists;
- The British Geriatrics Society;
- The Royal College of Nursing;
- The Royal College of Physicians;
- The Royal College of General Practitioners;
- The Alzheimer's Society.

The National Audit of Dementia is working with hospitals providing general acute inpatient services to measure criteria relating to care delivery which are known to impact on people with dementia admitted to hospital.

The first round of audit took place in 2010, 99% of acute trusts in England and Wales registered one or more sites in the first round of audit. The second round of audit is due to take place in the spring of 2012 and it is open to all hospitals providing general acute services in England and Wales. Some hospitals took part in an enhanced audit which involved staff taking part in a dementia education and training needs survey. This attracted 2211 responses. James Paget University Hospital NHS Trust took part and there were 57 respondents across three wards.

This survey covered within this report was undertaken by the team at UEA was taken from the original RCP design and is set against Section 7 of the National Audit of Dementia Standards.

The survey involves three hospitals in Norfolk:

Norfolk and Norwich University Hospital NHS Trust (NNUH)
James Paget University Hospital NHS Trust (JPUH)
Queen Elizabeth Hospital NHS Trust (QEH)

Aim of the Project

To gain information from three Acute Trusts in Norfolk on the current level of dementia competency amongst staff and the dementia training and educational requirements of the staff at all three sites.

Method

An action plan, communication plan and risk analysis were developed and agreed with the project advisory group whose membership is:

Fiona Poland	Senior Lecturer in Health and Society, Allied Health Professions
Anne Killett	Lecturer, Allied Health Professions
Deborah Harrison	Lecturer, Allied Health Professions
Bridget Penhale	Reader in Mental Health, Nursing Sciences

| Margaret Fox | Senior Research Associate, Allied Health Professions |
| Julie Collier | Senior Research Associate, Allied Health Professions |

The risk analysis highlighted the potential issues of harnessing the interest and commitment of the hospitals and their staff in the current climate of major changes in the NHS and the very short timeframe to complete the project.

A copy of the questionnaire was obtained from the National Programme Lead for the Royal College of Physicians (RCP) on behalf of their partners. The questionnaire was amended to reflect the local survey and it was decided that in order to reduce the time to complete the form to approximately 10 minutes, some of the text boxes would be removed. (Appendix 5).

A member of the UEA team visited each Trust to discuss the design of the questionnaire and the logistics of disseminating the Survey Monkey link and also the need for some hard (paper) copies of the questionnaire for those members of staff who did not have regular access to a computer. A report with outcomes from meetings with the Trusts was circulated regularly to the advisory group for comment and advice.

Each hospital received a communication plan to ensure that the maximum potential to reach the staff was identified. All three hospitals requested that the focus of the survey should include unqualified members of staff (e.g. porters, health care assistants, ward clerks etc.) as these members of staff were often excluded from training needs analysis. The original RCP document did not include these, mainly because the questionnaire was not designed to. This was discussed with management at the hospitals and they felt that staff should be encouraged to complete the questionnaire even if some questions were not relevant.

Implementation

The Survey Monkey dementia questionnaire link and paper questionnaires were circulated as follows:

- NNUH Survey Monkey link was circulated to staff on 17 October and 200 paper copies were delivered on 18 October
- JPUH Survey Monkey link was sent to the Trust on 17 October but wasn't circulated to the staff until 26 October. 50 paper copies were delivered 31 October
- QEH Survey Monkey link was circulated to staff on 25 October and 50 paper copies were delivered on 2 November

The survey deadline was originally set for 14 November with key liaison contacts having been agreed in all three hospitals after some weeks. Responses were initially slow in all three hospitals. To improve the response to the survey we obtained additional involvement of hospital 'champions' and produced revised publicity materials in the form of e-messages, posters and leaflets. Following discussion with HIEC the deadline was extended to 21 November to carry out an additional reminder and to fully capitalise on this revised recruitment strategy.

Information dissemination:

Each Trust disseminated the link with an agreed message through their internal communications systems. This was performed at least once a week throughout the period of the project and some weeks it was done twice in response to the slow response rate identified through Survey Monkey.

All Trusts agreed to have paper copies of the questionnaire available and these were distributed either to the wards or to an area where staff would have access to them.

An information leaflet was designed and each hospital circulated it across the wards and in the case of Queen Elizabeth Hospital 100 extra leaflets were circulated at meetings and through colleagues at the UEA who visited the hospital regularly.

A highlight updating report was circulated to the advisory group at regular intervals to alert the team of any urgent matters that required additional discussion and possible action.

Results

We cannot calculate the exact response rate to this survey as the survey was open to all members of staff within each hospital. In total 296 members of staff completed a questionnaire either online (N=260) or on paper (N=36). Of those who started the survey online, 3 people decided not to enter any details; 31 members of staff entered details about the hospital they worked at and their band and role within the hospital but did not complete any further questions; 4 respondents aborted the survey after Section 1.

The profile of the 31 respondents who did not complete any questions other than the demographic questions is similar to the profile of those who completed the full questionnaire in terms of bands and there was an even spread of non-responders from both JHP and NNUH, therefore there is no response bias.

For analysis purposes the 31 non-responders will be excluded from any further analysis; the partial responders will be included in the analysis for section 1 and those who responded fully were included in the whole analysis.

The full responders answered the great majority of questions in the survey, but declined to answer some questions. Where they decided not to complete a question or missed a question they were excluded from the analysis of the questions they did not complete (hence varying numbers of responses reported in each of the tables). The full tables can be found in the appendices. The answers to each question have been presented in groups of tables broken down by hospital, role and band. The sample was too small overall to provide analysis of responses for each band or role within each hospital. Therefore the body of this report will focus on key findings, which can be used to inform decision making about the dementia related training needs of staff in hospitals within Norfolk and Suffolk. The percentages have been rounded in the body of the report.

Table 1 shows that over half of the questionnaires were completed by staff at the Norfolk and Norwich University hospital. Table two shows that 82% of respondents working in occupational bands were in bands 5 to7. Chart 1 shows that over half of the respondents were registered nurses and the next largest group were clinical support workers. Therefore the responses from staff working within the NNUH and within Bands 5 to 7 tend to dominate most of the findings in this report.

Table 1 - Responses from each hospital

Hospital	Number (%)
Norfolk and Norwich University Hospital	170 (58%)
James Paget University Hospital	77 (26%)
Queen Elizabeth Hospital Kings Lynn	46 (16%)
Total	293 (100%)

Table 2 – Responses by bands

	Number (%)
Band 2	43 (17%)
Band 3 to 4	17 (7%)
Band 5	77 (31%)
Band 6	61 (24%)
Band 7	43 (17%)
Band 8	10 (4%)
Total	250

Missing - 43 (these respondents either declined to answer or did not have a band)
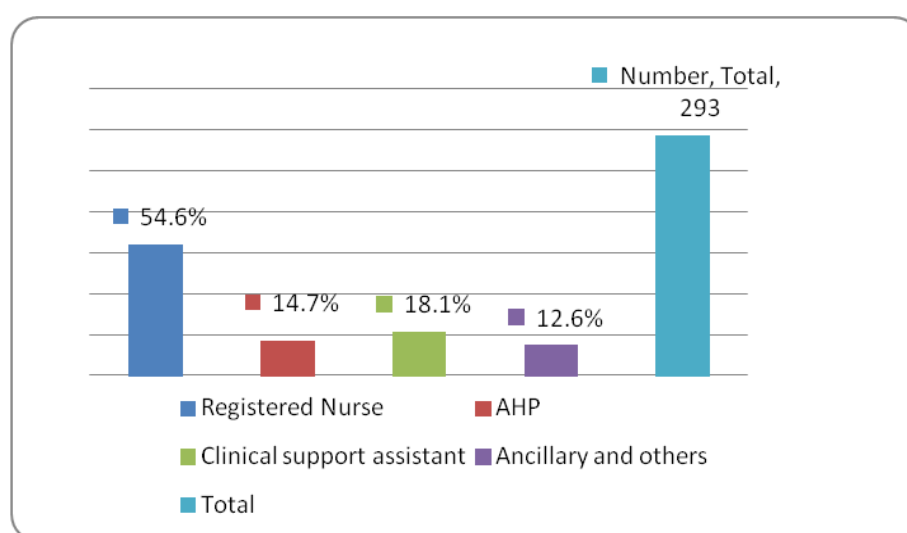
Figure 1 Distribution of respondents by roles

The results set out in the body of this report are based on key findings from eight sections of the survey. The results are reported on the analysis of the aggregated data. Where there are noticeable differences between hospitals, bands and roles of staff these are highlighted in the report. The findings for hospitals, roles and bands are presented fully within tables in the appendices of the report.

Section 1- Staff learning and development relating to the care of people with dementia

Staff members were asked to state whether the dementia specific training they had received over the last 12 months had been sufficient or insufficient in a range of aspects regarding the care of patients with dementia. They were also given an option to state that they did not think these aspects were related to their role. The next section reports some

of the key responses to these questions. Analysis of the responses identifies some specific training deficiencies across all staff, but there are variations among staff in different bands. To illustrate these differences Table 3 sets out the percentage of respondents in each of the bands who felt they had received insufficient training in each aspect of caring for people with dementia (Bands 3 and 4 are grouped together because of small sample sizes):

Table 3: The percentage of bands reporting they did not receive sufficient training in each of the follow aspects of dementia patient care (greatest need emboldened/underlined)

	B 2	B 3-4	B 5	B 6	B7	B 8*
Using principle of person centred care	**58**	50	48	42	40	56
Dementia care training, awareness and skills	66	50	**70**	60	42	44
Understanding the role of other health professionals	**45**	33	44	39	32	11
Introduction to adult protection policies and procedures	28	17	23	13	5	0
Dealing with challenging/aggressive behaviour; e.g. de-escalation techniques	59	56	**64**	54	46	33
When and when not to use restraint	51	33	**77**	51	55	67
Communication skills for people with dementia	66	44	62	**67**	47	33
Palliative care	59	28	**61**	49	44	56
Recognising pain in people with dementia	68	28	**71**	67	61	56
Support for people with dementia with hearing/visual impairment	45	22	61	**65**	47	33
Involving people with dementia and carers in decision making about care and treatment	49	33	**65**	64	50	33
Assessing cognitive ability	47	33	72	**74**	58	67
The Mental Capacity Act and how to assess capacity	58	17	**70**	50	27	33

Very small sample

To assess the extent to which the basic level of training had been achieved staff were asked two overarching questions about whether they had received training in the use of principles of person centred care (PCC) and basic training in dementia awareness and care skills; less than half of the respondents felt they had received sufficient training in the use of PCC and just under three fifths felt they had not received sufficient training in dementia awareness and basic care skill. (see table 1.1 and 1.2). This result was magnified in staff in band 5, with 70% of respondents stating they had not received sufficient basic awareness training. Furthermore, Table 3 (above) shows that Band 5 staff consistently report the lowest level of training across all aspects of dementia related care; in eight out of thirteen of the aspects Band 5 respondents reported the highest level of insufficient training. For Band 5 participants, the highest level of deficit in training is reported to be in the area of the use restraint for patients with dementia (77%). The range of insufficient training reported by Band 5 respondents is from 23% to 77%.

Although those staff who reported they had undertaken sufficient training in the basic principles of PCC found it very useful, in their daily practice they found it difficult to implement what they had learned, as reflected in a response to an open question asking for any further comments about training:

No recognised or dementia specific training has been provided and so this would be advantageous to have in the future, however Training has been provided regarding protecting vulnerable adults and this has been valuable. [Band 5]

The majority of respondents felt they had sufficient training about adult protection policy and procedures, including how to report concerns and who to contact (see table 1.4). However, in practice a significant minority said there was no system in place or that they did not know if a system was in place for reporting risks to patients. Of those who were aware of such a system, only 38% felt the reports were dealt with in a timely way. This varies across bands, with 39% of those working in Bands 2 to 4 stating that there is no system in place or that they did not know of one, and of those reporting a system in place less than half felt the reports were dealt with in a timely manner. However, the results of the DEMSTART survey compare favourably with the national survey audit which found that less than two thirds of respondents were aware that such a system was in place.

Only 43% of respondent felt they had sufficient training in dealing with challenging or aggressive behaviour, for example provision of de-escalation training. Over half of the respondents reported they had insufficient training (Table 1.5); but this need was particularly pronounced in Band 5 staff where nearly two thirds felt they had not received sufficient training in this area. Respondents' lack of competency in relation to this issue was expressed in a comment by one respondent:

I work nights. There is not always enough staff to cope with wandering patients (dementia), especially when they are aggressive you are unable to give proper care [Band 2]

The majority of respondents reported they did not have sufficient training in communication skills specifically relating to people with dementia, including non-verbal communication (58% reporting insufficient training); this varied across bands and the reported deficit in training was most pronounced in Bands 2, 5 and 6 (see Table 3). In addition, this varied across hospitals, ranging from 50% of staff in the JPUH reporting insufficient training in communication skills to 71% of staff in the QEH survey. The national survey found an even split between those reporting sufficient and insufficient training in communication skills.

There was also a large reported deficit in the level of training regarding recognising pain in patients with dementia. Overall 61% of respondents reported not having sufficient training in this area; however, this varied by hospital and by band. The QEH respondents had the highest reported level of deficit, with almost three quarters (73%) of staff reporting insufficient training; within different bands this is most pronounced in Band 5 staff with 71% of respondents reporting insufficient training in recognising pain in patients with dementia, and Bands 2 and 6 respondents reporting slightly lower levels of deficit see Table 3 above).

Training in assessing cognitive ability was also deficient, with 59% of respondents overall reporting they did not receive sufficient training in this area. Again this varied across hospitals and within bands; staff in the NNUH reported the greatest deficit, with 65% reporting they had insufficient training in this area; staff in Bands 5 and 6 reported
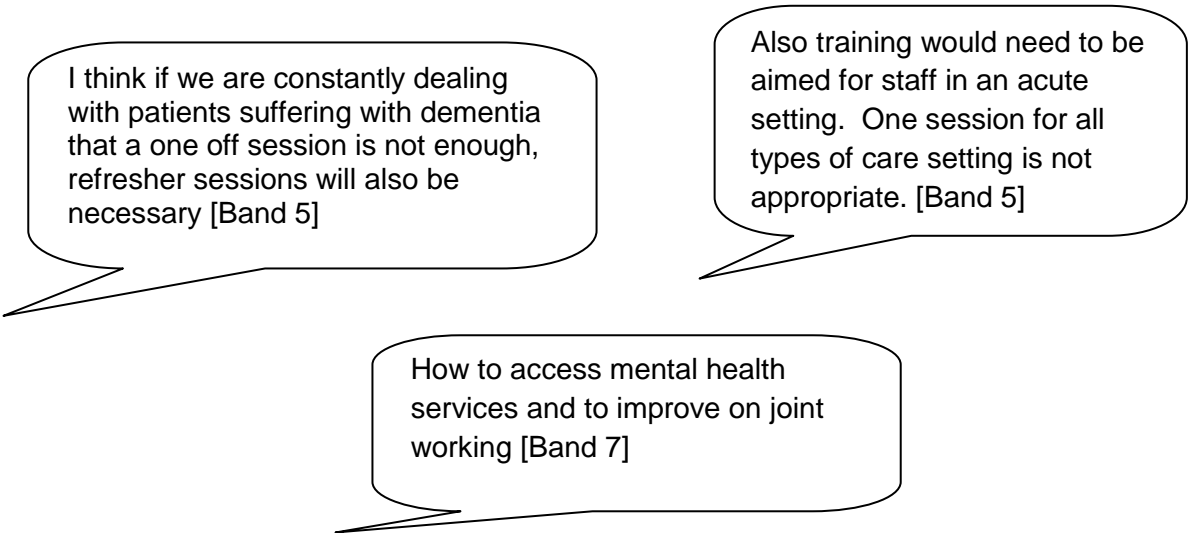
substantially higher levels of deficit than those in other bands concerning training in assessing cognitive ability.

Over half of the respondents reported that they had insufficient training in involving patients and carers in decisions about care or treatment (52%). Again this varied in hospitals and bands; with QEH staff reporting the greatest deficit (61%) and Band 5 and 6 respondents reporting the highest deficit (64% and 65% respectively, see Table 3).

A substantial minority of respondents reported receiving sufficient training about the Mental Capacity Act and how to assess capacity (38%). This varied across the hospitals, with over half of the respondents at NNUH stating that they had not had sufficient training in this area compared to around 40% of respondents from QEH and JPUH. The results for QEH and JPUH were similar to the national findings. The majority of those reporting insufficient training in mental capacity work within nursing Bands 2-6 , the Allied Health professions or were clinical assistants (N=104 out of 119 or 87%); again this deficit was most pronounced in Band 5 staff with 70% reporting insufficient training in this area.

Only a very small minority of respondents reported being refused training specifically related to the care of people with dementia (see Table 1.14 which shows that 13 out of 260 respondents had been refused training). Although this sample is too small for analysis the staff indicated that they perceived this refusal was mainly due to a lack of staff cover and lack of funding.

The majority of respondents agreed/strongly agreed that *further staff training would be beneficial and improve the quality of care that people with dementia receive (*overall 92%). Some of the comments made in response to an open question asking 'if there were any learning or development needs *not* listed above that respondents felt they needed to support them to care for people with dementia', illustrate how staff had clear ideas about what would be useful to them; notably comments made by Band 5 and Band 7 staff:

I think if we are constantly dealing with patients suffering with dementia that a one off session is not enough, refresher sessions will also be necessary [Band 5]

Also training would need to be aimed for staff in an acute setting. One session for all types of care setting is not appropriate. [Band 5]

How to access mental health services and to improve on joint working [Band 7]

Section 2 – Awareness and knowledge concerning aspects of caring for people with dementia

In this section of the questionnaire, respondents were asked about the extent to which they agreed or disagreed that they had enough knowledge and awareness of a wide range of aspects concerning caring for patients with dementia; communicating with people with dementia and their carers; and in understanding the behaviour and needs of people with dementia.

Table 4 – The percentage of respondents disagreed/strongly disagreed with each of the following statements (highest percentages emboldened/underlined)

I have sufficient:	B2	B3-4	B5	B6	B7	B8*
Knowledge and Understanding of the needs of patients with dementia and how to assist them	50	**57**	36	48	31	25
Awareness of the types of dementia and what it is like to live with dementia and the ways PwD need supporting	**51**	44	47	40	28	25
Awareness of how dementia affect PwD behaviour	21	**23**	7	13	5	0
Awareness of how dementia affects communication	**23**	11	7	12	13	0
Difficulties faced when interacting with people with dementia	50	44	**53**	40	36	38
Awareness of requirements of the Mental Health Act	**54**	39	49	41	23	13
Knowledge to assess patient capacity to be involved in decision making	46	41	**59**	52	28	25
Knowledge to discuss difficulties that lie ahead with carers and patients and the options open to them	31	28	**61**	56	37	38

Very small sample

The majority of respondents agreed or strongly agreed that they had sufficient knowledge and understanding of the needs of people with dementia and how to assist them (57%); however this varied by bands with those in Bands 2 to 4 and Band 6 feeling least confident.

Over half of respondents agreed that they had awareness about the different types of dementia and what it was like to live with dementia and the ways in which PwD need supporting (53%). This varied by bands, with a trend towards lower levels of confidence in lower bands. This finding was mirrored in the reported levels of awareness regarding the way that dementia affects communication and behaviour with the majority of respondents reporting that they, were aware about these aspects, but those in lower bands reporting lower levels of awareness than those in higher bands.

Fewer respondents were confident about their knowledge of problems they faced when interacting with patients with dementia; on average 45% reported having a lack of awareness of this issue; this was most pronounced in Bands 2 and 5 (50% and 53% reporting lack of awareness, respectively).

Two fifths (40%) of respondents disagreed or strongly disagreed that they were aware of the requirements of the Mental Capacity Act regarding actions taken to deprive a person of liberty (Table 2.6). This is not surprising given that just under half of respondents reported that they had not received or had had insufficient training about the Mental

Capacity Act and how to assess capacity. There was a trend towards the lower bands reporting being the least confident in this area (see Table 4 above). A large minority of respondents also reported a lack of knowledge about how to assess a patients capacity to make decisions about their care and treatment (45%); this was most likely to occur in Band 5 staff (59%). Half of all respondents reported that they did not have sufficient knowledge to discuss the difficulties that lay ahead with patients and carers; Band 5 staff were also most likely to express a lack of knowledge (61%).

Almost half of the respondents disagreed or strongly disagreed with the statement '*I am encouraged and supported by colleagues and management to develop my knowledge and understanding of dementia*'. This was most pronounced in Band 5 staff with over half (53%) of respondents either disagreeing or strongly disagreeing with this statement. The National audit received a more positive response to this question with 61% of respondents overall agreeing that they were supported by colleagues and management compared to 52% in the DEMSTART survey. In addition, 92% of staff reported that more training was required to help them provide better care for patients with dementia and to help them communicate more effectively with patients and carers.

Section 3 – Experiences of the ward

In Section 3 of the questionnaire respondents were asked the extent to which they agreed or disagreed that they had enough resources and support to care for people with dementia and engage in meaningful communication with patients and their carers.

The majority of respondents agreed/strongly agreed that patients on the ward and their carers could convey information to staff in a confidential manner (75%). However, a third of respondents disagreed or strongly disagreed that they had enough time to regularly discuss matters with patients and their carers regarding the progress of care and treatment (35%); Band 5 staff more often expressed dissent with 52% disagreeing. Over half of all respondents disagreed that there were enough staff on the wards at all times to ensure that patients were assisted with their personal care needs (57%); Band 5 staff were the highest dissenters with 70% disagreeing with this statement. Only one tenth of staff agreed that there was sufficient time to provide one to one nursing; all Band 3-4 staff who responded disagreed and 96% of band 5 respondents disagreed. The majority of staff reported that there was not enough time to ensure that patients are comfortable in their environment or to support those that become disorientated (55%); this was most commonly reported by band 5 staff (64%). The same results were also found in the national survey.

Section 4 – Communication and information sharing between staff

In Section 4 of the questionnaire staff were asked whether systems were in place to facilitate good communication between staff members. A significant minority of all staff reported that they did not know if a system was in place to ensure that all staff who are in contact with patients with dementia are aware of their dementia (26%), or that personal information about the patient is known by all staff caring for the patient in order to improve the care they receive. Band 5 and Band 2 staff were most likely to report that there are such systems in place. Less than half of respondents reported that they routinely collected personal information about the patient's normal routine, background and preference; Band 3 to 4 staff were least likely to report collecting this information. The comment below throws some light on why this might occur:

Never get a handover when we go on shift. Staff nurse always too busy [Band 2]

Section 5 – Communication and information sharing between staff and patient and carers
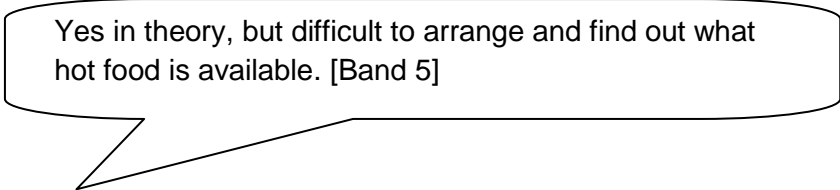
In Section 5 of the questionnaire respondents were asked a range of questions to assess awareness of communication systems and levels of communication between staff and patients and carers.

Three quarters of respondents were aware of a system in place which informed them about how carers could be contacted. However, less than half of respondents were aware of a system to inform them of carer's involvement (45%) and of what information could be shared with carers (45%). Just over one third of respondents stated that patients were allocated a named nurse and just over half of respondent reported that patients and carers were informed of the complaints procedures.

These results varied within hospitals; staff in the QEH were less likely than those in the NNUH and JPUH to be aware of a system to inform them about carer involvement; but were more likely to report being aware of what information could be shared with carers, and how carers could be contacted. Staff in the QEH were less likely than staff in the other hospitals to make patients and carers aware of the complaints procedure. Staff in the JPUH were less likely than staff in the other hospital to report that a named nurse is allocated to patients. The findings were consistent across bands.

Section 6 – Nutrition

In Section 6 of the questionnaire respondents were asked questions to assess awareness and knowledge of systems and procedures to ensure that the nutritional needs of the patient were met. The great majority of respondents reported that there was a system in place to ensure staff were aware of patients who have difficulties at meal times (86%); that the ward could provide meals and snacks to patients at any time (78%), that they were encouraged to report non consumption of food (77%) and that patients were given the food that they have chosen or require to meet their dietary needs (81%). These findings were consistent within each hospital (Tables 6.1-6.4 provide further details). These findings are consistent across bands, but vary across hospitals with JPUH staff reporting more negative answers than those in the other two hospitals. Some of the comments made in response to an open question about these issues throw some doubts on the validity of these highly positive results:

> Yes in theory, but difficult to arrange and find out what hot food is available. [Band 5]

Section 7 – Access to support

Section 7 of the questionnaire asked respondents about the availability of systems and procedures to ensure patient safety and dignity, and the availability of peer support and access to mechanisms supporting reflective practice.

Over two thirds of respondents reported that they were aware of a system in place for them to record and report risks to patients if they felt that staffing levels were inadequate. This varied by band and hospital. Staff from the higher bands were more likely than those in lower bands to report being aware of such a system. Staff at JPUH were least likely to report awareness of such a system (63%) and QEH staff most likely to make such a report (79%). However, less than two fifths of staff reporting awareness of such systems stated

that these systems dealt with reports in a timely way. There was variation between hospitals and bands of staff. Respondents from QEH state were most like to state that reports were not dealt with in a timely way (41%) and JPUH staff were least likely to state this (24%), although JPUH staff were most likely to state that they did not know if these reports were dealt with in a timely way (55%). Staff from Bands 6 and 5 were most likely to report that the system did not deal with reports in a timely way (47% and 42%, respectively).

Only two fifths of respondents reported that there was a dignity lead in the hospital for them to consult for advice and support when caring for people with dementia; a larger proportion did not know if there was a dignity lead available (42%) and a significant minority reported that there was no dignity lead (17%). This varied by hospital and bands. The NNUH staff were least likely to report that they had a dignity lead (36%) and JPUH the most likely to make such reports (50%). Across bands, the general trend was the higher the band the more likely staff were to report having a dignity lead.

Two fifths of staff reported having access to peer support and reflective practice, with the remainder of respondents either reporting that they did not have this support or that they did not know if this support was available. Again, this varied by hospital and band. Staff respondents in the NNUH were least likely to report access to peer support and reflective practice (35%) and staff from the QEH most likely to report this (48%). Bands 2 to 5 staff were far less likely than Bands 6 to 8 to report having access to peer support or reflective practice (see tables 7.4 in Appendix 2).

Just over one third of staff reported it was easy to access support from Liaison Psychiatry (34%), whilst just over half of respondent reported easy access to social workers (54%). However, the majority of respondents reported easy access to Allied Health Professionals (79%). These findings varied within hospitals and bands. For example, staff in the JPUH were fare less likely than those in the other hospitals to report having access to Liaison Psychiatry (only 23% reported this access). Staff in Bands 2 to 4 were least likely to report having access to this service.

Section 8 – Additional information

To capture any additional training needs, Section 8.1 of the survey asked respondents 'Have you got anything else you would like to add about your dementia care training needs?'

There were 82 responses to this question and the themes that emerged were; training should be integrated (I.E. manadatory, updated); training should be available to all roles and grades who have contact with patients and carers; training should be supported by ongoing access to experts. Below is a selection of quotes illustrating the themes about training needs which emerged across bands:

There needs to be more dementia training for ward staff and greater input from specialist nurses [Band 7]

Dementia care training I feel should be included as part of mandatory training. This is because of the area in which I work 75% - 80% are over 70 years old and 50% of these patients often have a form of

Severely lacking in updates [Band 6]

Healthcare assistants on the nurse bank are not offered training. [Band 2]

A lot of Admin Staff have telephone and face to face contact with Dementia Patients and family/carers and I think this is often forgotten when training is being arranged. [Band 4]

Section 8.2 Questionnaire evaluation

At the end of the survey, respondents were asked questions to help evaluate the questionnaire; they were asked how long the questionnaire took to complete, how easy it was to complete and if they had any further comments they would like to add. All of the comments are presented in Appendix 4. Figure 2 indicates that the majority of respondents completed the questionnaire within 10 minutes.
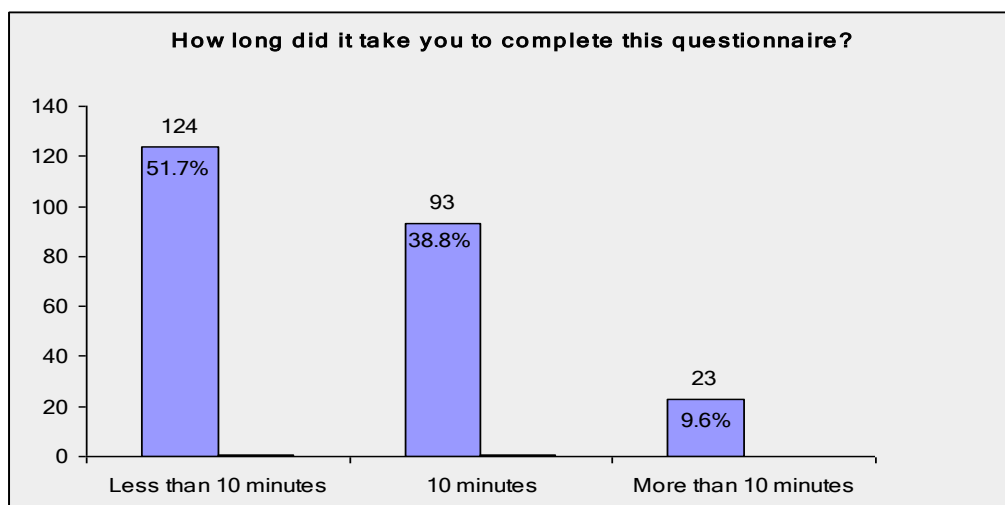
Figure 2

Figure 2 Distribution of responses to 'How long did it take you to complete this questionnaire?'

Figure 3 illustrates that majority of the respondents found the questionnaire 'very easy or easy' to complete.
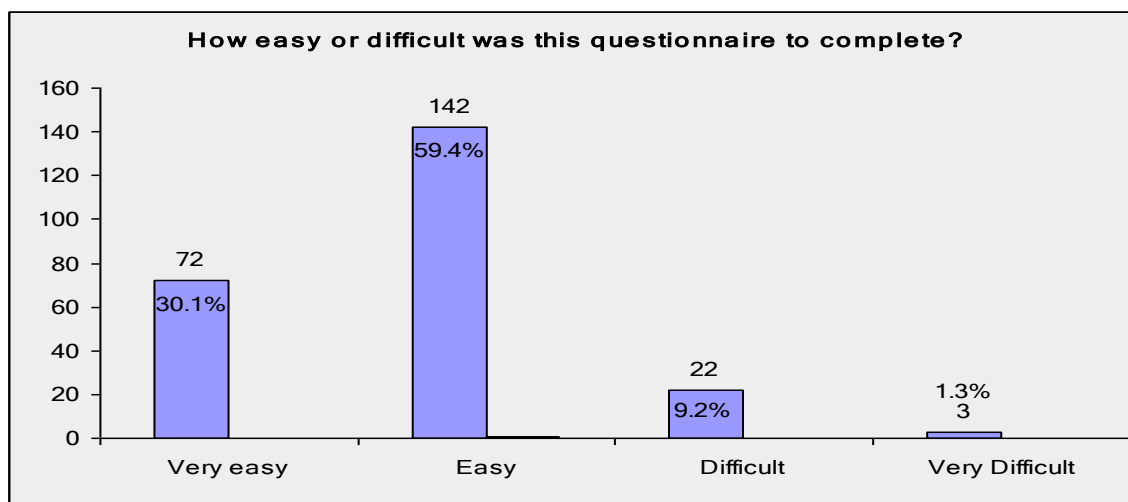
Figure 3 Distribution of responses to 'How easy or difficult was this questionnaire to complete?'

Discussion

This report aimed to provide more recent findings on dementia training needs of staff in acute hospital in Norfolk to compare with the relevant results of the 2010 national audit. Although the response to the survey was slow in the early stages, we achieved a relatively good response rate from the sample. Compared to the sample achieved in the National Survey 2010, 293 staff completed the DEMSTART survey across the 3 hospitals, compared with only 2211 who responded nationally to the 2010 survey. This was achieved despite a number of challenges including:

- The survey competing with Hospital priorities and current uncertain climate for staff resulted in communication channels not being smooth in some instances
- Staff willingness to take part and their perception of whether it would make a difference
- Information dissemination was geared up to staff who have access to computers
- Time frame very short reducing set up time

Over half of these respondents worked in the NNUH, which is proportionate to its staff numbers compared with QEH and JPUH. Comparison of results for JPUH between 2010 and 2011 suggests that there may have been some competency gains and gains in satisfaction with training following their recently revised workforce development programme.

The findings of this report have helped highlight specific areas of dementia training that remain to be addressed since the 2010 audit. There were variations in outcomes between hospitals and between bands of staff. In terms of staff satisfaction with training, the JPUH staff seem to be the most satisfied, with higher percentages of staff who responded reporting sufficient levels of training than found in the QEH or NNUH; staff in the QEH were the least satisfied. The areas of training at which all hospitals need to target resources are in relation to competencies in person centred care and dementia awareness and basic care skills training. Senior staff at QEH and NNUH should pay particular attention to training staff in communication skills and recognising pain in dementia patients. The NNUH Board should also focus on the provision of staff training to assist them in dealing with aggressive behaviour, the use of restraint, assessing cognitive ability and the provisions of the Mental Capacity Act.

Most importantly this report has identified that staff in the lower bands are in the greatest need of training; Band 5 staff were the most likely to report that they have insufficient training across the majority of dementia related care areas. This is highly likely to be associated with the level of training that band 5 staff have already undertaken; it is likely that they have undertaken some basic dementia-training and are more frequently in contact with dementia patients, thus heightening their awareness of their deficits in competence and their associated training needs. Therefore the needs of staff from lower bands must also be considered, even though they may not yet be aware of them.

This survey has also highlighted the deficiencies in systems to support staff in caring for people with dementia. These deficiencies need to be addressed in conjunction with providing training for staff if care is to improve and if staff are to implement, sustain and build on skills learned in training. Comparing the results of the DEMSTART survey to the national audit survey of 2010, little progress appears to have been made in terms of improving staff training, raising levels of competence and improving systems to ensure provision of good quality care for dementia patients.

Overall, our findings suggest that most staff perceive themselves to have an awareness of how dementia can affect a person's behaviour and that this is an important issue. However, this is less likely to occur for lower band staff from all three hospitals. Moreover this finding does not tell us what level of awareness has been gained, nor how this might be reflected in practice. Significant proportions of staff did not feel they had had sufficient specific training in areas of assessment highlighted as important in the care of people with dementia in acute hospitals, including person-centred care, cognition, capacity and pain.

Some issues that were identified, suggested that systems of communication which are needed to support person-centred dementia care were still not in place. Across all three hospitals, only a minority of staff stated that patients were allocated a named nurse. Just over half of staff reported that patients were informed about complaints procedures or how a carer could be involved in the care of the person with dementia whilst in hospital.

High levels of staff report that there are systems in place to ensure that staff are aware of the nutritional needs of patients with dementia, and that they could have snacks and meals when they want them, and that they could have food of their choice or that is suitable for their dietary needs, and that staff are encouraged to report non consumption of food. However, many of the qualitative comments suggest that this is probably more aspirational than what actually happens in practice. Also, these findings do not tell us if patients and carers experience this level of care. Therefore systems need to be developed to monitor this closely as training needs to be provided to staff to enable them to adhere to these policies and procedures.

The report has also highlighted the need for cultural change in terms of leadership. Staff consistently report that they are not supported or encouraged by colleagues and management to develop dementia related skills, and that systems and resources (particularly in terms of staffing levels and time for caring) are not in place to facilitate meaningful communication with patients and carers.

From information provided by the hospitals, training programmes appear to be in progress at all three hospitals as follows:

QEH - has identified dementia champions who have gone on to undertake the training now offered at Hellesdon Hospital (only a limited amount of information on this was supplied by the hospital to the DEMSTART team; below is a description of some of the training that is currently available in the NWMHFT).

NNUH - are currently running two sessions on basic dementia awareness for any member of staff who has face to face contact with patients, covering types of staff from ward clerk, housekeepers or ward managers. The hospital has identified all staff who have patient contact and are aiming for 95% of these will have accessed basic awareness training by the end of March 2012.

JPUH – did not sent us their detailed information but indicated that they had revised their workforce development programme in relation to the needs of older people including those with dementia.

A simple increase in staffing levels is less likely to be an option for hospitals in the foreseeable future. Service Improvement Programme activities could help in relation to this situation by identifying constraints in the system to release more time to patient care, not only by using the Releasing Time to Care package, but also with process mapping and some focussed work.

Recommendations

1. All levels of all staff should have access to dementia-related training, including banks staff, and staff in outpatients, A and E, rehabilitation and research nurses

2. Bands 2-4 staff require some basic training in dementia awareness and communication

3. Mental Capacity awareness training needs to be addressed. The Local Authorities are funded to provide the training and also some charities will provide it, which would give staff a good insight into how the Act is implemented at the service delivery level

4. Training needs to be multifaceted and provided in a variety of models, for example:
   a. Provision of a countywide workshop for all trusts to engage in and work multi professionally. Such a workshop would provide the opportunity to look at pathways and identify how staff can access mental health services in Norfolk on behalf of patients and carers
   b. In house short workshops
   c. Handover or staff meetings – show short video on how dementia affects a patient's behaviour
   d. Use dementia champions or specialist nurses to visit wards and other areas of the hospital   with use of DVD and Q&A session
   e. On line quiz to provide a refresher course and the outcome would determine what level of training the person/staff member needs to access in future

5. The Alzheimer's Society has a one-side A4 laminated dementia checklist providing guidance on communicating with patients with dementia and this could be posted in staff rooms, on wards and used at handover, ward meetings and induction

6. The issue of the process to have named nurse on all relevant wards needs to be addressed in all three hospitals

7. Further work around nutrition needs to be undertaken to determine whether the system is implemented. It is suggested that the current practice should be investigated via clinical audit

8. Service improvement tools and techniques need to be applied in order to address the issues of system failure – e.g. named nurse and other areas covered in Sections 4 and 5 of the survey

9. Further work needs to be undertaken relating to the issue of appropriate support from management

10. Relevant staff need to have access to the end of life care training which is readily available in Norfolk and Suffolk. Systems need to be in place to ensure that this happens

11. Ensure existing mandatory training (e.g. manual handling, infection control, POVA) includes consideration of dementia

Some available training packages and tools available to meet identified needs:

- ***Post Graduate Certificate in Leadership and Management in Dementia Care*** to be delivered from March 2012 at UEA with 38 funded places (this would address the need to change culture within hospitals to support staff to provide more person centred care)
    - o For Bands 6 and 7 staff who are working in the relevant clinical area and to show how this would directly impact on Band 5 e.g. so that anyone going on this would need to mentor an identified small group of Band 5 colleagues

- Hospital in house developed training packages (see above)
    - o All three hospitals have a programme of dementia training at various levels

- Local Authority training for Mental Capacity Act (see links) to promote a greater ability of staff to assess the ability of patient to contribute to decision making
    - o Mental Capacity Act For Hospital Teams
      This one-day workshop aims to provide delegates with a refreshed understanding of relevant legal requirements and allows them to reflect on the interface between the Mental Health Act and MCA, learning from practical experience of working in a hospital team and how the requirements of MCA are being met in the locality.
    - o **Number of Places:** 16 per course **Training Provider:** Carol Dawson
    - o **Course Administration:** Sarah-Jane Thomson sarah-jane.thomson@norfolk.gov.uk 01603 223895
    - o Mental Capacity Act e-learning Online Mental Capacity Act e-Learning course can be accessed by following the link below: http://www.learningpool.com/norfolk/course/category.php?id=10 Note: You require an internet connection for this training and will need to set up a free account with Learning Pool if you do not already have one.

- One day workshop for Service Improvement and Mapping Processes (UEA)

- UEA Working with Interprofessional/ InterdisciplinaryTeams (Centre for Interprofessional Practice) (1 day or 3 month intervention). This would address the need for staff to be enabled to appreciate, collaborate with and use the skills of other health professionals
    - o A half day workshop provides an insight into how to achieve effective team working and communication with a focus on managing change
    - o A three month intervention of four 2 hour sessions provides support and guidance to teams throughout the period to enable the change and improvement to be embedded in the culture and therefore sustainable
    - o Contact Sarah Freeman on 01603 591305

- Tiptree Box and Cafe Style Dementia Toolkit (Colchester General Hospital). This would address the issue of lacking skills to address disoriented and aggressive behaviour (NHS link)
    - o For those members of staff lacking skills to address disoriented and aggressive behaviour www.institute.nhs.uk

- Discharge Planning for patients with complex needs and moving dementia patients (www.institute.nhs.uk)

- Norfolk Community Health and Care (NCH and C) End of Life Care training (Nuts and Bolts) course
    - Course provided to all clinicians involved with patients at end of life

- The Norfolk and Waveney Mental Health Foundation Trust has a core Dementia Training Team which consists of 2 trainers who are supported by a wider group of colleagues in a Practice Development Team. They facilitate a range of learning and development opportunities including workshops in:
    - Dementia Awareness (a 2 1/2 hr session which introduces commonly used terms, types of dementia, models of dementia, a bio-psycho-social model which is used to reflect on a person with dementia)
    - Shining the Spotlight on People with Dementia and Their Carers (a 1 day workshop which unpicks what person centred care means, supporting psychological need, the use of a film to provoke reflection upon the experience of dementiaand application of a bio-psycho-social model, resources to support the person with dementiaand the day includes the personal story of a former carer)
    - Searching for Connections (a 3 day workshop to develop skills and understanding of the importance of occupation and activity as central to human needs and application to practice)
    - Communication course (a 3 day workshop exploring models of communication and application to practice
    - This team also host practice development forums and work with clinical colleagues in implementing their learning in practice areas.
    - This team currently work with external customers in supporting dementia practice development eg NNUH, NCHand C, Norsecare, Healthcare Homes, but this could be extended to QEH and JPUH

National and Regional Policy Links

- Link to bibliography used by National Dementia Audit

  http://www.rcpsych.ac.uk/pdf/Audit%20b3ibliography.pdf

- National Dementia Strategy

  http://www.dh.gov.uk/health/category/policy-areas/social-care/dementia/

- Norfolk Dementia Strategy 2011

  http://www.norfolk.gov.uk/view/comserv060911item11pdf

- All Party Parliamentary Group on Dementia Care

  http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=1583

- Ministerial Advisory Group on Dementia Research – Report and Route Map

  www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127750

- National Audit of Dementia Competencies

http://www.rcpsych.ac.uk/pdf/NATIONAL%20REPORT%20-%20Full%20Report%200512.pdf

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National Institute for Health and Clinical Excellence/ Social Care Institute for Excellence. Clinical Guideline 42 (2006). Supporting people with dementia and their carers in health and social care.

Lakey, L (2009) Counting the Cost. London: Alzheimer's Society.

Department of Health (2009) Living well with dementia: A National Dementia Strategy. Leeds: Department of Health

Royal College of Psychiatrists (2009). Standards for acute inpatient wards – older people (First edition). London: Royal College of Psychiatrists

Social Care Institute for Excellence. Cass et al. (2009) Dignity in care. Adult's Services Practice Guide.

APPENDICES – DEMSTART AUDIT FINDINGS

Appendix 1- DEMSTART Tables comparing findings between hospitals

Section 1 by Hospital: Staff Learning and Development Relating to the Care of People with Demetia

In this section there were 266 respondents but not all answered each question.

Please rate the learning and development/training that you have received in the last 18 months in the following areas:

Table A1.1.1 Using principles of Person Centred Care by hospital

1.1	Using principles of Person Centred Care			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
NNUH	68	73	6	147
	46.3%	49.7%	4.1%	100.0%
JPUH	34	24	7	65
	52.3%	36.9%	10.8%	100.0%
QEH	22	19	3	44
	50.0%	43.2%	6.8%	100.0%
Total	124	116	16	256
	48.4%	45.3%	6.3%	100.0%

Table A1.1.2 Dementia Care Training, including awareness training and skills based training

1.2	Dementia Care Training, including awareness training and skills based training			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
NNUH	60	85	3	148
	40.5%	57.4%	2.0%	100.0%
JPUH	27	33	6	66
	40.9%	50.0%	9.1%	100.0%
QEH	13	31	1	45
	28.9%	68.9%	2.2%	100.0%
Total	100	149	10	259
	38.6%	57.5%	3.9%	100.0%

Table A1.1.3 Understanding the role of other health professionals e.g. health and social care professionals

1.3	Understanding the role of other health professionals e.g. health and social care professionals			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
NNUH	85	59	3	147
	57.8%	40.1%	2.0%	100.0%
JPUH	36	24	5	65
	55.4%	36.9%	7.7%	100.0%
QEH	27	17	1	45
	60.0%	37.8%	2.2%	100.0%
Total	148	100	9	257
	57.6%	38.9%	3.5%	100.0%

Table A1.1.4 Introduction to adult protection policy and procedures, including how to report concerns and who to contact

| 1.4 | Introduction to adult protection policy and procedures, including how to report concerns and who to contact | | | |
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
NNUH	120	27	1	148
	81.1%	18.2%	.7%	100.0%
JPUH	57	9	2	68
	83.8%	13.2%	2.9%	100.0%
QEH	37	7	0	44
	84.1%	15.9%	.0%	100.0%
Total	214	43	3	260
	82.3%	16.5%	1.2%	100.0%

Table A1.1.5 Dealing with challenging/aggressive behaviour, for example de-escalation training

| 1.5 | Dealing with challenging/aggressive behaviour, for example de-escalation training | | | |
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
NNUH	52	88	7	147
	35.4%	59.9%	4.8%	100.0%
JPUH	41	25	2	68
	60.3%	36.8%	2.9%	100.0%
QEH	17	26	1	44
	38.6%	59.1%	2.3%	100.0%
Total	110	139	10	259
	42.5%	53.7%	3.9%	100.0%

Table A1.1.6 When and when not to use restraints/sedations and the risks associated, particularly for older patients

| 1.6 | When and when not to use restraints/sedations and the risks associated, particularly for older patients | | | |
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
NNUH	26	90	32	148
	17.6%	60.8%	21.6%	100.0%
JPUH	11	28	27	66
	16.7%	42.4%	40.9%	100.0%
QEH	5	25	14	44
	11.4%	56.8%	31.8%	100.0%
Total	42	143	73	258
	16.3%	55.4%	28.3%	100.0%

Table A1.1.7 Communication skills specific for people with dementia, including non-verbal communication

1.7	Communication skills specific for people with dementia, including non-verbal communication			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
NNUH	57	85	6	148
	38.5%	57.4%	4.1%	100.0%
JPUH	29	33	4	66
	43.9%	50.0%	6.1%	100.0%
QEH	12	31	1	44
	27.3%	70.5%	2.3%	100.0%
Total	98	149	11	258
	38.0%	57.8%	4.3%	100.0%

Table A1.1.8 Palliative care approaches

1.8	Palliative care approaches			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
NNUH	49	82	16	147
	33.3%	55.8%	10.9%	100.0%
JPUH	27	25	16	68
	39.7%	36.8%	23.5%	100.0%
QEH	14	23	7	44
	31.8%	52.3%	15.9%	100.0%
Total	90	130	39	259
	34.7%	50.2%	15.1%	100.0%

Table A1.1.9 Recognising pain in people with dementia

1.9	Recognising pain in people with dementia			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
NNUH	46	93	8	147
	31.3%	63.3%	5.4%	100.0%
JPUH	24	32	10	66
	36.4%	48.5%	15.2%	100.0%
QEH	7	32	5	44
	15.9%	72.7%	11.4%	100.0%
Total	77	157	23	257
	30.0%	61.1%	8.9%	100.0%

Table A1.1.10 Supporting patients who have hearing/visual impairments

1.10	Supporting patients who have hearing/visual impairments			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
NNUH	69	75	4	148
	46.6%	50.7%	2.7%	100.0%
JPUH	27	33	5	65
	41.5%	50.8%	7.7%	100.0%
QEH	20	23	1	44
	45.5%	52.3%	2.3%	100.0%
Total	116	131	10	257
	45.1%	51.0%	3.9%	100.0%

Table A1.1.11 Involving people with dementia and carers in decisions on care and treatment

1.11	Involving people with dementia and carers in decisions on care and treatment			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
NNUH	56	77	15	148
	37.8%	52.0%	10.1%	100.0%
JPUH	23	31	12	66
	34.8%	47.0%	18.2%	100.0%
QEH	14	27	3	44
	31.8%	61.4%	6.8%	100.0%
Total	93	135	30	258
	36.0%	52.3%	11.6%	100.0%

Table A1.1.12 Assessing cognitive ability

1.12	Assessing cognitive ability			
	Sufficient	Insufficient or not provided	Not applicable to my role	
NNUH	32	93	18	143
	22.4%	65.0%	12.6%	100.0%
JPUH	18	31	18	67
	26.9%	46.3%	26.9%	100.0%
QEH	12	25	7	44
	27.3%	56.8%	15.9%	100.0%
Total	62	149	43	254
	24.4%	58.7%	16.9%	100.0%

Table A1.1.13 The Mental Capacity Act and how to assess capacity

1.13	The Mental Capacity Act and how to assess capacity			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
NNUH	47	77	21	145
	32.4%	53.1%	14.5%	100.0%
JPUH	30	25	11	66
	45.5%	37.9%	16.7%	100.0%
QEH	19	19	5	43
	44.2%	44.2%	11.6%	100.0%
Total	96	121	37	254
	37.8%	47.6%	14.6%	100.0%

Table A1.1.14 Have you ever been refused training specifically related to the care of people with dementia?

1.14	Have you ever been refused training specifically related to the care of people with dementia?		
	Yes	No	Total
NNUH	9	139	148
	6.1%	93.9%	100.0%
JPUH	1	67	68
	1.5%	98.5%	100.0%
QEH	3	41	44
	6.8%	93.2%	100.0%
Total	13	247	260
	5.0%	95.0%	100.0%

If <u>yes</u>, was this due to:

Table A1.14a Lack of staff cover

1.14a	Lack of staff cover		
	Yes	No	Total
NNUH	7	2	9
	77.8%	22.2%	100.0%
JPUH	1	4	5
	20.0%	80.0%	100.0%
QEH	5	0	5
	100.0%	.0%	100.0%
Total	13	6	19
	68.4%	31.6%	100.0%

Table A1.14b Training considered inappropriate

1.14b	Training considered inappropriate		
	Yes	No	Total
NNUH	0 .0%	3 100.0%	3 100.0%
JPUH	1 25.0%	3 75.0%	4 100.0%
QEH	1 33.3%	2 66.7%	3 100.0%
Total	2 20.0%	8 80.0%	10 100.0%

Table A1.1.14c Funding

1.14c	Funding		
	Yes	No	Total
NNUH	6 75.0%	2 25.0%	8 100.0%
JPUH	1 20.0%	4 80.0%	5 100.0%
QEH	4 100.0%	0 .0%	4 100.0%
Total	11 64.7%	6 35.3%	17 100.0%

Table A1.1.14d Other

1.14d	Other		
	Yes	No	Total
NNUH	1 50.0%	1 50.0%	2 100.0%
JPUH	0 .0%	4 100.0%	4 100.0%
Total	1 16.7%	5 83.3%	6 100.0%

Section 2 by Hospital: Experiences of Training .

In this section there were 262 respondents but not all answered each question.

Table A1.2.1 I have adequate knowledge and understanding of the needs of people with dementia and how to assist them

2.1	I have adequate knowledge and understanding of the needs of people with dementia and how to assist them					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
NNUH	19	66	46	10	5	146
	13.0%	45.2%	31.5%	6.8%	3.4%	100.0%
JPUH	8	32	21	2	5	68
	11.8%	47.1%	30.9%	2.9%	7.4%	100.0%
QEH	4	18	16	6	0	44
	9.1%	40.9%	36.4%	13.6%	.0%	100.0%
Total	31	116	83	18	10	258
	12.0%	45.0%	32.2%	7.0%	3.9%	100.0%

Table A1.2.2 I am aware of the different types of dementia, what it is like living with dementia and in what ways people with dementia need supporting

2.2	I am aware of the different types of dementia, what it is like living with dementia and in what ways people with dementia need supporting					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
NNUH	23	54	49	12	6	144
	16.0%	37.5%	34.0%	8.3%	4.2%	100.0%
JPUH	9	28	23	2	6	68
	13.2%	41.2%	33.8%	2.9%	8.8%	100.0%
QEH	5	17	15	6	1	44
	11.4%	38.6%	34.1%	13.6%	2.3%	100.0%
Total	37	99	87	20	13	256
	14.5%	38.7%	34.0%	7.8%	5.1%	100.0%

Table A1.2.3 I am aware of how dementia can affect a person's behaviour

2.3	I am aware of how dementia can affect a person's behaviour					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
NNUH	42	84	11	9	0	146
	28.8%	57.5%	7.5%	6.2%	.0%	100.0%
JPUH	14	47	4	1	2	68
	20.6%	69.1%	5.9%	1.5%	2.9%	100.0%
QEH	10	30	3	1	0	44
	22.7%	68.2%	6.8%	2.3%	.0%	100.0%
Total	66	161	18	11	2	258
	25.6%	62.4%	7.0%	4.3%	.8%	100.0%

Table A1.2.4 I am aware of how dementia can affect a person's communication

2.4	I am aware of how dementia can affect a person's communication					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
NNUH	40	86	11	8	0	145
	27.6%	59.3%	7.6%	5.5%	.0%	100.0%
JPUH	15	43	5	1	2	66
	22.7%	65.2%	7.6%	1.5%	3.0%	100.0%
QEH	11	28	4	1	0	44
	25.0%	63.6%	9.1%	2.3%	.0%	100.0%
Total	66	157	20	10	2	255
	25.9%	61.6%	7.8%	3.9%	.8%	100.0%

Table A1.2.5 I am aware of the difficulties that I may be faced with when interacting with patients who have dementia and been trained/given guidance on how to manage challenges that may arise

2.5	I am aware of the difficulties that I may be faced with when interacting with patients who have dementia and been trained/given guidance on how to manage challenges that may arise					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
NNUH	23	56	47	15	4	145
	15.9%	38.6%	32.4%	10.3%	2.8%	100.0%
JPUH	11	23	28	3	3	68
	16.2%	33.8%	41.2%	4.4%	4.4%	100.0%
QEH	4	17	20	3	0	44
	9.1%	38.6%	45.5%	6.8%	.0%	100.0%
Total	38	96	95	21	7	257
	14.8%	37.4%	37.0%	8.2%	2.7%	100.0%

Table A1.2.6 I am aware of the requirements of the Mental Capacity Act regarding actions taken to deprive a person of liberty

2.6	I am aware of the requirements of the Mental Capacity Act regarding actions taken to deprive a person of liberty					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
NNUH	25	44	53	14	10	146
	17.1%	30.1%	36.3%	9.6%	6.8%	100.0%
JPUH	9	32	16	1	10	68
	13.2%	47.1%	23.5%	1.5%	14.7%	100.0%
QEH	7	18	16	3	0	44
	15.9%	40.9%	36.4%	6.8%	.0%	100.0%
Total	41	94	85	18	20	258
	15.9%	36.4%	32.9%	7.0%	7.8%	100.0%

Table A1.2.7 I have sufficient knowledge to assess patients' capacity to involve them in decision making regarding their care and treatment

2.7	I have sufficient knowledge to assess patients' capacity to involve them in decision making regarding their care and treatment					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
NNUH	13	44	56	15	18	146
	8.9%	30.1%	38.4%	10.3%	12.3%	100.0%
JPUH	8	27	20	2	10	67
	11.9%	40.3%	29.9%	3.0%	14.9%	100.0%
QEH	5	13	15	7	4	44
	11.4%	29.5%	34.1%	15.9%	9.1%	100.0%
Total	26	84	91	24	32	257
	10.1%	32.7%	35.4%	9.3%	12.5%	100.0%

Table A1.2.8 I have sufficient knowledge to assess patients' capacity to involve them in decision making regarding their care and treatment

2.8	I have sufficient knowledge to assess patients' capacity to involve them in decision making regarding their care and treatment					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
NNUH	18	40	58	16	14	146
	12.3%	27.4%	39.7%	11.0%	9.6%	100.0%
JPUH	6	21	26	2	13	68
	8.8%	30.9%	38.2%	2.9%	19.1%	100.0%
QEH	3	10	22	6	2	43
	7.0%	23.3%	51.2%	14.0%	4.7%	100.0%
Total	27	71	106	24	29	257
	10.5%	27.6%	41.2%	9.3%	11.3%	100.0%

Table A1.2.9 I am encouraged and supported by colleagues and management to develop my knowledge and understanding of dementia

2.9	I am encouraged and supported by colleagues and management to develop my knowledge and understanding of dementia					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
NNUH	25	53	42	13	12	145
	17.2%	36.6%	29.0%	9.0%	8.3%	100.0%
JPUH	7	25	19	2	15	68
	10.3%	36.8%	27.9%	2.9%	22.1%	100.0%
QEH	5	20	14	5	0	44
	11.4%	45.5%	31.8%	11.4%	.0%	100.0%
Total	37	98	75	20	27	257
	14.4%	38.1%	29.2%	7.8%	10.5%	100.0%

Table A1.2.10 Further staff training would be beneficial and improve the level of care people with dementia receive

2.10	Further staff training would be beneficial and improve the level of care people with dementia receive					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
NNUH	100	34	5	3	3	145
	69.0%	23.4%	3.4%	2.1%	2.1%	100.0%
JPUH	37	23	3	0	5	68
	54.4%	33.8%	4.4%	.0%	7.4%	100.0%
QEH	31	11	0	1	1	44
	70.5%	25.0%	.0%	2.3%	2.3%	100.0%
Total	168	68	8	4	9	257
	65.4%	26.5%	3.1%	1.6%	3.5%	100.0%

Section 3 by Hospital: Experiences of the Ward

In this section there were 262 respondents but not all answered each question.

Table A1.3.1 Patients on this ward and their carers are able to convey information in a confidential manner

3.1	Patients on this ward and their carers are able to convey information in a confidential manner					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
NNUH	45	73	3	2	20	143
	31.5%	51.0%	2.1%	1.4%	14.0%	100.0%
JPUH	13	30	4	1	19	67
	19.4%	44.8%	6.0%	1.5%	28.4%	100.0%
QEH	9	19	7	3	5	43
	20.9%	44.2%	16.3%	7.0%	11.6%	100.0%
Total	67	122	14	6	44	253
	26.5%	48.2%	5.5%	2.4%	17.4%	100.0%

Table A1.3.2 I have enough time to regularly discuss matters with the patient and /or carer regarding progress of care and treatment

3.2	I have enough time to regularly discuss matters with the patient and /or carer regarding progress of care and treatment					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
NNUH	11	49	43	16	24	143
	7.7%	34.3%	30.1%	11.2%	16.8%	100.0%
JPUH	5	24	13	4	21	67
	7.5%	35.8%	19.4%	6.0%	31.3%	100.0%
QEH	4	17	11	4	7	43
	9.3%	39.5%	25.6%	9.3%	16.3%	100.0%
Total	20	90	67	24	52	253
	7.9%	35.6%	26.5%	9.5%	20.6%	100.0%

Table A1.3.3 There are enough staff on the ward at all times to ensure patients are assisted if required; for instance, there is sufficient time to help patients with personal care, hygiene, moving around the ward and at mealtimes

3.3	There are enough staff on the ward at all times to ensure patients are assisted if required; for instance, there is sufficient time to help patients with personal care, hygiene, moving around the ward and at mealtimes					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
NNUH	6	23	48	43	23	143
	4.2%	16.1%	33.6%	30.1%	16.1%	100.0%
JPUH	2	11	13	16	24	66
	3.0%	16.7%	19.7%	24.2%	36.4%	100.0%
QEH	1	10	17	6	9	43
	2.3%	23.3%	39.5%	14.0%	20.9%	100.0%
Total	9	44	78	65	56	252
	3.6%	17.5%	31.0%	25.8%	22.2%	100.0%

Table A1.3.4 Staffing on the ward is sufficient to provide 1 to 1 nursing when required

| 3.4 | Staffing on the ward is sufficient to provide 1 to 1 nursing when required | | | | | |
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
NNUH	5	12	34	70	21	142
	3.5%	8.5%	23.9%	49.3%	14.8%	100.0%
JPUH	2	5	13	23	24	67
	3.0%	7.5%	19.4%	34.3%	35.8%	100.0%
QEH	1	2	18	13	9	43
	2.3%	4.7%	41.9%	30.2%	20.9%	100.0%
Total	8	19	65	106	54	252
	3.2%	7.5%	25.8%	42.1%	21.4%	100.0%

Table A1.3.5 I have enough time to ensure that patients are comfortable in their environment and support any patients who are unfamiliar and/or disorientated by their environment

| 3.5 | I have enough time to ensure that patients are comfortable in their environment and support any patients who are unfamiliar and/or disorientated by their environment | | | | | |
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
NNUH	11	33	53	31	14	142
	7.7%	23.2%	37.3%	21.8%	9.9%	100.0%
JPUH	2	20	19	5	21	67
	3.0%	29.9%	28.4%	7.5%	31.3%	100.0%
QEH	2	11	18	6	6	43
	4.7%	25.6%	41.9%	14.0%	14.0%	100.0%
Total	15	64	90	42	41	252
	6.0%	25.4%	35.7%	16.7%	16.3%	100.0%

Section 4 by Hospital: Communication and Information Sharing Between Staff

In this section there were 262 respondents but not all answered each question.

Table A1.4.1 I have enough time to ensure that patients are comfortable in their environment and support any patients who are unfamiliar and/or disorientated by their environment

4.1	Is there a system in place on the ward to ensure that all staff who are in contact with the patient are aware of their dementia?			
	Yes	No	I don't know	Total
NNUH	72	33	33	138
	52.2%	23.9%	23.9%	100.0%
JPUH	38	6	20	64
	59.4%	9.4%	31.3%	100.0%
QEH	20	12	11	43
	46.5%	27.9%	25.6%	100.0%
Total	130	51	64	245
	53.1%	20.8%	26.1%	100.0%

Table A1.4.2 Is personal information routinely collected about patients with dementia regarding their usual routines, background and preferences?

4.2	Is personal information routinely collected about patients with dementia regarding their usual routines, background and preferences?			
	Yes	No	I don't know	Total
NNUH	54	47	36	137
	39.4%	34.3%	26.3%	100.0%
JPUH	36	5	22	63
	57.1%	7.9%	34.9%	100.0%
QEH	22	12	9	43
	51.2%	27.9%	20.9%	100.0%
Total	112	64	67	243
	46.1%	26.3%	27.6%	100.0%

Table A1.4.3 Is there a system to ensure this personal information is known by all staff involved in the patient's care, in order to improve the type and level of care they receive?

4.3	Is there a system to ensure this personal information is known by all staff involved in the patient's care, in order to improve the type and level of care they receive?			
	Yes	No	I don't know	Total
NNUH	61	40	37	138
	44.2%	29.0%	26.8%	100.0%
JPUH	35	4	22	61
	57.4%	6.6%	36.1%	100.0%
QEH	19	12	12	43
	44.2%	27.9%	27.9%	100.0%
Total	115	56	71	242
	47.5%	23.1%	29.3%	100.0%

Section 5 by Hospital: Communication and Information Sharing Between Staff and Carers/Patients

In this section there were 262 respondents but not all answered each question .

Table A1.5.1 Are you aware of a system to inform you of the carer's involvement

5.1	Are you aware of a system to inform you of the carer's involvement			
	Yes	No	Don't know	Total
NNUH	64	45	27	136
	47.1%	33.1%	19.9%	100.0%
JPUH	25	16	20	61
	41.0%	26.2%	32.8%	100.0%
QEH	19	15	7	41
	46.3%	36.6%	17.1%	100.0%
Total	108	76	54	238
	45.4%	31.9%	22.7%	100.0%

Table A1.5.2 What information is to be shared with the carer

5.2	What information is to be shared with the carer			
	Yes	No	Don't know	Total
NNUH	58	41	36	135
	43.0%	30.4%	26.7%	100.0%
JPUH	27	12	21	60
	45.0%	20.0%	35.0%	100.0%
QEH	22	12	8	42
	52.4%	28.6%	19.0%	100.0%
Total	107	65	65	237
	45.1%	27.4%	27.4%	100.0%

Table A1.5.3 How the carer can be contacted

5.3	How the carer can be contacted			
	Yes	No	Don't know	Total
NNUH	99	14	22	135
	73.3%	10.4%	16.3%	100.0%
JPUH	41	4	15	60
	68.3%	6.7%	25.0%	100.0%
QEH	35	4	3	42
	83.3%	9.5%	7.1%	100.0%
Total	175	22	40	237
	73.8%	9.3%	16.9%	100.0%

Table A1.5.4 Are patients allocated a named nurse

5.4	Are patients allocated a named nurse			
	Yes	No	Don't know	Total
NNUH	56	57	23	136
	41.2%	41.9%	16.9%	100.0%
JPUH	16	23	21	60
	26.7%	38.3%	35.0%	100.0%
QEH	18	15	9	42
	42.9%	35.7%	21.4%	100.0%
Total	90	95	53	238
	37.8%	39.9%	22.3%	100.0%

Table A1.5.5 Are patients and carers made aware of the complaints procedure

5.5	Are patients and carers made aware of the complaints procedure			
	Yes	No	Don't know	Total
NNUH	83	22	31	136
	61.0%	16.2%	22.8%	100.0%
JPUH	34	3	23	60
	56.7%	5.0%	38.3%	100.0%
QEH	17	8	17	42
	40.5%	19.0%	40.5%	100.0%
Total	134	33	71	238
	56.3%	13.9%	29.8%	100.0%

Section 6 by Hospital : Nutrition

In this section there were 262 respondents but not all answered each question.

Table A1.6.1 Is there a system in place to ensure staff are aware of patients who have difficulties at meal times?

6.1	Is there a system in place to ensure staff are aware of patients who have difficulties at meal times?			
	Yes	No	Don't know	Total
NNUH	117	4	14	135
	86.7%	3.0%	10.4%	100.0%
JPUH	46	1	9	56
	82.1%	1.8%	16.1%	100.0%
QEH	36	1	4	41
	87.8%	2.4%	9.8%	100.0%
Total	199	6	27	232
	85.8%	2.6%	11.6%	100.0%

Table A1.6.2 Can the ward provide meals and snacks to patients at any time?

6.2	Can the ward provide meals and snacks to patients at any time?			
	Yes	No	Don't know	Total
NNUH	114	5	18	137
	83.2%	3.6%	13.1%	100.0%
JPUH	40	3	13	56
	71.4%	5.4%	23.2%	100.0%
QEH	29	4	8	41
	70.7%	9.8%	19.5%	100.0%
Total	183	12	39	234
	78.2%	5.1%	16.7%	100.0%

Table A1.6.3   Are you encouraged to report non consumption of food?

6.3	Are you encouraged to report non consumption of food?			
	Yes	No	Don't know	Total
NNUH	106	12	18	136
	77.9%	8.8%	13.2%	100.0%
JPUH	41	1	14	56
	73.2%	1.8%	25.0%	100.0%
QEH	33	1	7	41
	80.5%	2.4%	17.1%	100.0%
Total	180	14	39	233
	77.3%	6.0%	16.7%	100.0%

Table A1.6 .4   Are patients given food they have chosen or they require to meet their dietary needs?

6.4	Are patients given food they have chosen or they require to meet their dietary needs?			
	Yes	No	Don't know	Total
NNUH	114	7	15	136
	83.8%	5.1%	11.0%	100.0%
JPUH	41	1	14	56
	73.2%	1.8%	25.0%	100.0%
QEH	33	2	6	41
	80.5%	4.9%	14.6%	100.0%
Total	188	10	35	233
	80.7%	4.3%	15.0%	100.0%

Section 7 by Hospital: Access to Support

In this section there were 262 respondents but not all answered each question.

Table A1.7.1 Is there a system in place for you to record and report risks to patients if you believe ward staffing is inadequate

7.1	Is there a system in place for you to record and report risks to patients if you believe ward staffing is inadequate?			
	Yes	No	Don't know	Total
NNUH	92	16	28	136
	67.6%	11.8%	20.6%	100.0%
JPUH	36	2	19	57
	63.2%	3.5%	33.3%	100.0%
QEH	33	1	8	42
	78.6%	2.4%	19.0%	100.0%
Total	161	19	55	235
	68.5%	8.1%	23.4%	100.0%

Table A1.7.2 Do you feel that the system deals with reports in a timely way

7.2	Do you feel that the system deals with reports in a timely way?			
	Yes	No	I don't know	Total
NNUH	39	51	45	135
	28.9%	37.8%	33.3%	100.0%
JPUH	12	14	32	58
	20.7%	24.1%	55.2%	100.0%
QEH	11	17	14	42
	26.2%	40.5%	33.3%	100.0%
Total	62	82	91	235
	26.4%	34.9%	38.7%	100.0%

Table A1.7.3 Is there a dignity lead for you to consult concerning advice and support

7.3	Is there a dignity lead for you to consult concerning advice and support?			
	Yes	No	Don't know	Total
NNUH	49	24	63	136
	36.0%	17.6%	46.3%	100.0%
JPUH	28	4	24	56
	50.0%	7.1%	42.9%	100.0%
QEH	19	11	12	42
	45.2%	26.2%	28.6%	100.0%
Total	96	39	99	234
	41.0%	16.7%	42.3%	100.0%

Table A1.7.4 Do you have access to peer support/reflective practice groups?

7.4	Do you have access to peer support/reflective practice groups?			
	Yes	No	Don't know	Total
NNUH	48	55	33	136
	35.3%	40.4%	24.3%	100.0%
JPUH	26	16	15	57
	45.6%	28.1%	26.3%	100.0%
QEH	20	17	5	42
	47.6%	40.5%	11.9%	100.0%
Total	94	88	53	235
	40.0%	37.4%	22.6%	100.0%

Table A1.7.5 To what extent do you agree or disagree that it is easy to gain access to and input from Liaison Psychiatry

7.5	To what extent do you agree or disagree that it is easy to gain access to and input from Liaison Psychiatry					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or Not Applicable	Total
NNUH	8	40	22	17	49	136
	5.9%	29.4%	16.2%	12.5%	36.0%	100.0%
JPUH	6	8	10	6	30	60
	10.0%	13.3%	16.7%	10.0%	50.0%	100.0%
QEH	3	16	7	4	11	41
	7.3%	39.0%	17.1%	9.8%	26.8%	100.0%
Total	17	64	39	27	90	237
	7.2%	27.0%	16.5%	11.4%	38.0%	100.0%

Table A1.7.6 To what extent do you agree or disagree that it is easy to gain access to and input from Occupational Therapy/Physiotherapy

7.6	To what extent do you agree or disagree that it is easy to gain access to and input from Occupational Therapy/Physiotherapy					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or Not Applicable	Total
NNUH	50	61	4	1	20	136
	36.8%	44.9%	2.9%	.7%	14.7%	100.0%
JPUH	17	25	1	0	17	60
	28.3%	41.7%	1.7%	.0%	28.3%	100.0%
QEH	23	12	1	1	5	42
	54.8%	28.6%	2.4%	2.4%	11.9%	100.0%
Total	90	98	6	2	42	238
	37.8%	41.2%	2.5%	.8%	17.6%	100.0%

Table A1.7.7 To what extent do you agree or disagree that it is easy to gain access to and input from Social Work

7.7	To what extent do you agree or disagree that it is easy to gain access to and input from Social Work					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or Not Applicable	Total
NNUH	14	57	24	8	33	136
	10.3%	41.9%	17.6%	5.9%	24.3%	100.0%
JPUH	7	23	9	2	19	60
	11.7%	38.3%	15.0%	3.3%	31.7%	100.0%
QEH	4	24	3	3	8	42
	9.5%	57.1%	7.1%	7.1%	19.0%	100.0%
Total	25	104	36	13	60	238
	10.5%	43.7%	15.1%	5.5%	25.2%	100.0%

Section 8: Completion of the questionnaire

Figure A1.8.a How long did it take you to complete this questionnaire?
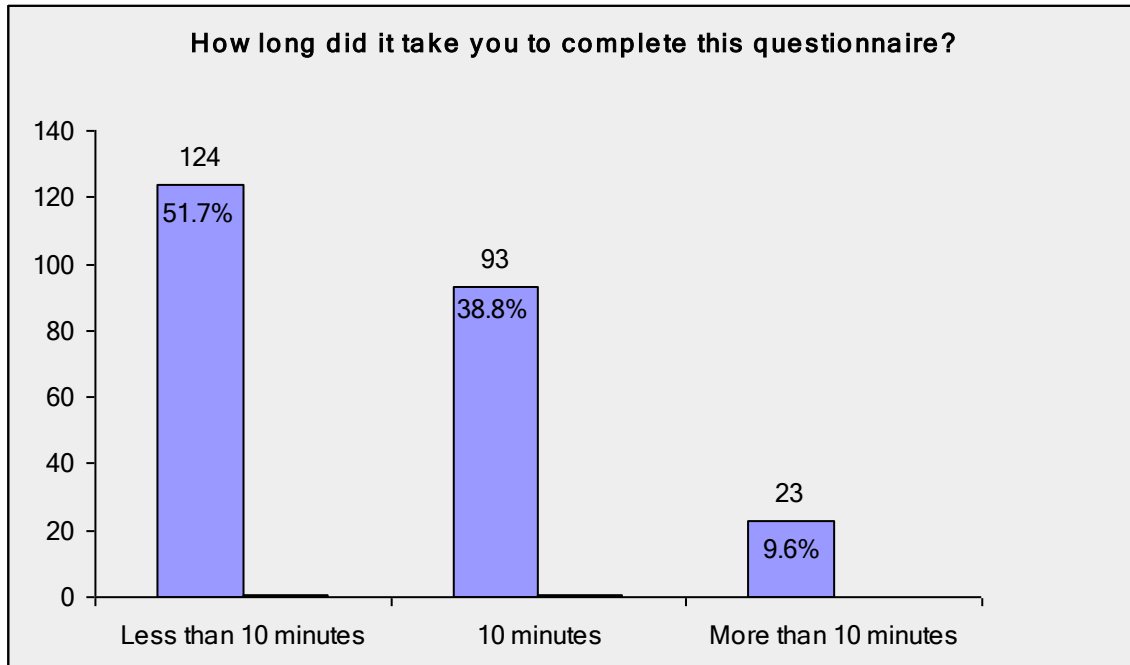
Figure A1.8b How easy or difficult was this questionnaire to complete?
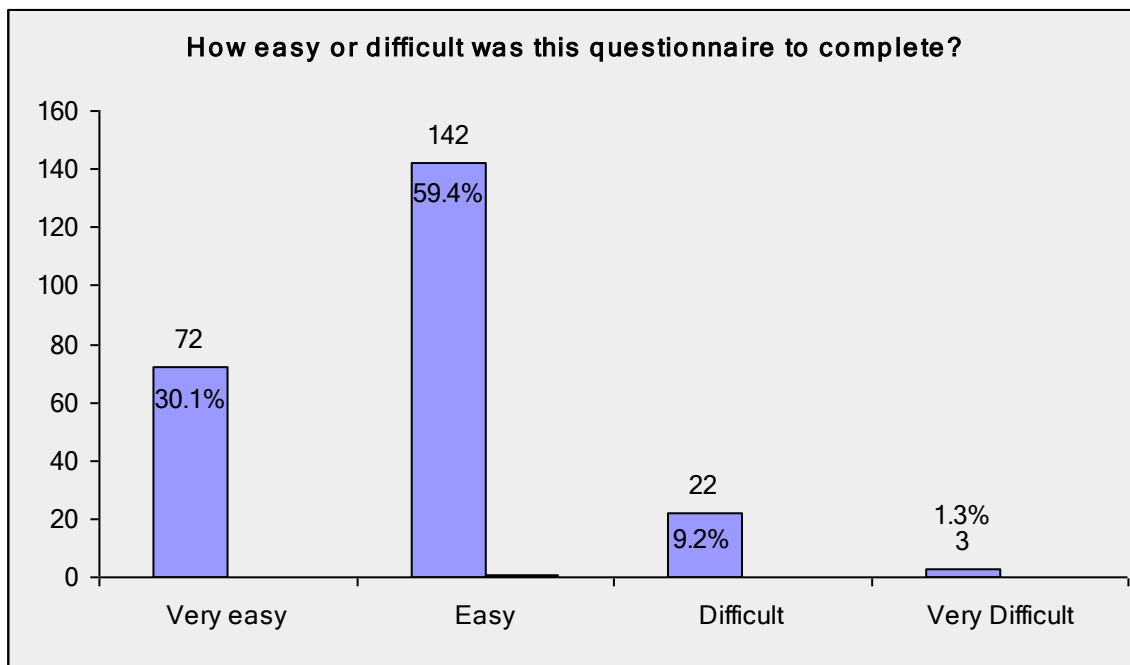
Appendix 2- DEMSTART Tables comparing findings between Bands of staff

Section 1 by Band: Staff Learning and Development relating to the Care of People with Dementia

Please rate the learning and development/training that you have received in the last 18 months in the following areas:

Table A2.1.1 Using principles of Person Centred Care

1.1	Using principles of Person Centred Care			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Band 2	16 35.6%	26 57.8%	3 6.7%	45 100.0%
Band 3 - 4	7 38.9%	9 50.0%	2 11.1%	18 100.0%
Band 5	36 52.2%	33 47.8%	0 .0%	69 100.0%
Band 6	27 49.1%	23 41.8%	5 9.1%	55 100.0%
Band 7	23 60.5%	15 39.5%	0 .0%	38 100.0%
Band 8	4 44.4%	5 55.6%	0 .0%	9 100.0%
Other	9 60.0%	2 13.3%	4 26.7%	15 100.0%
Total	122 49.0%	113 45.4%	14 5.6%	249 100.0%

Table A2.1.2 Dementia Care Training, including awareness training and skills based training

1.2	Dementia Care Training, including awareness training and skills based training			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Band 2	14 29.8%	31 66.0%	2 4.3%	47 100.0%
Band 3 - 4	8 44.4%	9 50.0%	1 5.6%	18 100.0%
Band 5	21 30.0%	49 70.0%	0 .0%	70 100.0%
Band 6	21 38.2%	33 60.0%	1 1.8%	55 100.0%
Band 7	19 50.0%	16 42.1%	3 7.9%	38 100.0%
Band 8	5 55.6%	4 44.4%	0 .0%	9 100.0%
Other	10 66.7%	4 26.7%	1 6.7%	15 100.0%
Total	98 38.9%	146 57.9%	8 3.2%	252 100.0%

Table A2.1.3   Understanding the role of other health professionals e.g. health and social care professionals

1.3	Understanding the role of other health professionals e.g. health and social care professionals			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Band 2	22	21	4	47
	46.8%	44.7%	8.5%	100.0%
Band 3 - 4	11	6	1	18
	61.1%	33.3%	5.6%	100.0%
Band 5	39	30	0	69
	56.5%	43.5%	.0%	100.0%
Band 6	32	21	1	54
	59.3%	38.9%	1.9%	100.0%
Band 7	25	12	1	38
	65.8%	31.6%	2.6%	100.0%
Band 8	8	1	0	9
	88.9%	11.1%	.0%	100.0%
Other	10	4	1	15
	66.7%	26.7%	6.7%	100.0%
Total	147	95	8	250
	58.8%	38.0%	3.2%	100.0%

Table A2.1.4   Introduction to adult protection policy and procedures, including how to report concerns and who to contact

1.4	Introduction to adult protection policy and procedures, including how to report concerns and who to contact			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Band 2	33	13	0	46
	71.7%	28.3%	.0%	100.0%
Band 3 - 4	15	3	0	18
	83.3%	16.7%	.0%	100.0%
Band 5	54	16	0	70
	77.1%	22.9%	.0%	100.0%
Band 6	47	7	1	55
	85.5%	12.7%	1.8%	100.0%
Band 7	37	2	0	39
	94.9%	5.1%	.0%	100.0%
Band 8	9	0	0	9
	100.0%	.0%	.0%	100.0%
Other	13	1	2	16
	81.3%	6.3%	12.5%	100.0%
Total	208	42	3	253
	82.2%	16.6%	1.2%	100.0%

Table A2.1.5   Dealing with challenging/aggressive behaviour, for example de-escalation training

1.5	Dealing with challenging/aggressive behaviour, for example de-escalation training			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Band 2	19	27	0	46
	41.3%	58.7%	.0%	100.0%
Band 3 - 4	7	10	1	18
	38.9%	55.6%	5.6%	100.0%
Band 5	25	45	0	70
	35.7%	64.3%	.0%	100.0%
Band 6	20	29	5	54
	37.0%	53.7%	9.3%	100.0%
Band 7	19	18	2	39
	48.7%	46.2%	5.1%	100.0%
Band 8	6	3	0	9
	66.7%	33.3%	.0%	100.0%
Other	12	3	1	16
	75.0%	18.8%	6.3%	100.0%
Total	108	135	9	252
	42.9%	53.6%	3.6%	100.0%

Table A2.1.6 When and when not to use restraints/sedations and the risks associated, particularly for older patients

1.6	When and when not to use restraints/sedations and the risks associated, particularly for older patients			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Band 2	4	24	19	47
	8.5%	51.1%	40.4%	100.0%
Band 3 - 4	2	6	10	18
	11.1%	33.3%	55.6%	100.0%
Band 5	12	53	4	69
	17.4%	76.8%	5.8%	100.0%
Band 6	9	28	18	55
	16.4%	50.9%	32.7%	100.0%
Band 7	8	21	9	38
	21.1%	55.3%	23.7%	100.0%
Band 8	2	6	1	9
	22.2%	66.7%	11.1%	100.0%
Other	5	1	9	15
	33.3%	6.7%	60.0%	100.0%
Total	42	139	70	251
	16.7%	55.4%	27.9%	100.0%

Table A2.1.7 Communication skills specific for people with dementia, including non-verbal communication

1.7	Communication skills specific for people with dementia, including non-verbal communication			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Band 2	12	31	4	47
	25.5%	66.0%	8.5%	100.0%
Band 3 - 4	9	8	1	18
	50.0%	44.4%	5.6%	100.0%
Band 5	26	43	0	69
	37.7%	62.3%	.0%	100.0%
Band 6	17	37	1	55
	30.9%	67.3%	1.8%	100.0%
Band 7	18	18	2	38
	47.4%	47.4%	5.3%	100.0%
Band 8	6	3	0	9
	66.7%	33.3%	.0%	100.0%
Other	7	6	2	15
	46.7%	40.0%	13.3%	100.0%
Total	95	146	10	251
	37.8%	58.2%	4.0%	100.0%

Table A2.1.8 Palliative care approaches

1.8	Palliative care approaches			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Band 2	10	27	9	46
	21.7%	58.7%	19.6%	100.0%
Band 3 - 4	7	5	6	18
	38.9%	27.8%	33.3%	100.0%
Band 5	26	42	1	69
	37.7%	60.9%	1.4%	100.0%
Band 6	17	27	11	55
	30.9%	49.1%	20.0%	100.0%
Band 7	20	17	2	39
	51.3%	43.6%	5.1%	100.0%
Band 8	4	5	0	9
	44.4%	55.6%	.0%	100.0%
Other	6	3	7	16
	37.5%	18.8%	43.8%	100.0%
Total	90	126	36	252
	35.7%	50.0%	14.3%	100.0%

Table A2.1.9 Recognising pain in people with dementia

1.9	Recognising pain in people with dementia			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Band 2	10	32	5	47
	21.3%	68.1%	10.6%	100.0%
Band 3 - 4	9	5	4	18
	50.0%	27.8%	22.2%	100.0%
Band 5	20	49	0	69
	29.0%	71.0%	.0%	100.0%
Band 6	14	36	4	54
	25.9%	66.7%	7.4%	100.0%
Band 7	11	23	4	38
	28.9%	60.5%	10.5%	100.0%
Band 8	4	5	0	9
	44.4%	55.6%	.0%	100.0%
Other	7	4	4	15
	46.7%	26.7%	26.7%	100.0%
Total	75	154	21	250
	30.0%	61.6%	8.4%	100.0%

Table A2.1.10 Supporting patients who have hearing/visual impairments

1.10	Supporting patients who have hearing/visual impairments			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Band 2	23	21	3	47
	48.9%	44.7%	6.4%	100.0%
Band 3 - 4	11	4	3	18
	61.1%	22.2%	16.7%	100.0%
Band 5	27	42	0	69
	39.1%	60.9%	.0%	100.0%
Band 6	18	35	1	54
	33.3%	64.8%	1.9%	100.0%
Band 7	19	18	1	38
	50.0%	47.4%	2.6%	100.0%
Band 8	6	3	0	9
	66.7%	33.3%	.0%	100.0%
Other	9	5	1	15
	60.0%	33.3%	6.7%	100.0%
Total	113	128	9	250
	45.2%	51.2%	3.6%	100.0%

Table A2.1.11 Involving people with dementia and carers in decisions on care and treatment

1.11	Involving people with dementia and carers in decisions on care and treatment			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Band 2	13	23	11	47
	27.7%	48.9%	23.4%	100.0%
Band 3 - 4	7	6	5	18
	38.9%	33.3%	27.8%	100.0%
Band 5	24	45	0	69
	34.8%	65.2%	.0%	100.0%
Band 6	17	35	3	55
	30.9%	63.6%	5.5%	100.0%
Band 7	15	19	4	38
	39.5%	50.0%	10.5%	100.0%
Band 8	6	3	0	9
	66.7%	33.3%	.0%	100.0%
Other	7	2	6	15
	46.7%	13.3%	40.0%	100.0%
Total	89	133	29	251
	35.5%	53.0%	11.6%	100.0%

Table A2.1.12 Assessing cognitive ability

1.12	Assessing cognitive ability			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Band 2	10	21	14	45
	22.2%	46.7%	31.1%	100.0%
Band 3 - 4	6	6	6	18
	33.3%	33.3%	33.3%	100.0%
Band 5	15	49	4	68
	22.1%	72.1%	5.9%	100.0%
Band 6	11	39	3	53
	20.8%	73.6%	5.7%	100.0%
Band 7	11	22	5	38
	28.9%	57.9%	13.2%	100.0%
Band 8	3	6	0	9
	33.3%	66.7%	.0%	100.0%
Other	6	2	8	16
	37.5%	12.5%	50.0%	100.0%
Total	62	145	40	247
	25.1%	58.7%	16.2%	100.0%

Table A2.1.13 The Mental Capacity Act and how to assess capacity

1.13	The Mental Capacity Act and how to assess capacity			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Band 2	8	26	11	45
	17.8%	57.8%	24.4%	100.0%
Band 3 - 4	9	3	6	18
	50.0%	16.7%	33.3%	100.0%
Band 5	18	48	3	69
	26.1%	69.6%	4.3%	100.0%
Band 6	23	27	4	54
	42.6%	50.0%	7.4%	100.0%
Band 7	22	10	5	37
	59.5%	27.0%	13.5%	100.0%
Band 8	6	3	0	9
	66.7%	33.3%	.0%	100.0%
Other	8	2	5	15
	53.3%	13.3%	33.3%	100.0%
Total	94	119	34	247
	38.1%	48.2%	13.8%	100.0%

THERE IS NO DATA TABLE FOR THE END OF SECTION 1: HAVE YOU EVER BEEN
REFUSED TRAINING
1.14a - d

Section 2 by Band: Experiences of Training

Table A2.2.1 I have adequate knowledge and understanding of the needs of people with dementia and how to assist them

2.1	I have adequate knowledge and understanding of the needs of people with dementia and how to assist them					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Band 2	5	16	17	7	3	48
	10.4%	33.3%	35.4%	14.6%	6.3%	100.0%
Band 3 - 4	4	4	9	1	0	18
	22.2%	22.2%	50.0%	5.6%	.0%	100.0%
Band 5	8	35	17	8	1	69
	11.6%	50.7%	24.6%	11.6%	1.4%	100.0%
Band 6	4	26	19	1	3	53
	7.5%	49.1%	35.8%	1.9%	5.7%	100.0%
Band 7	6	20	12	0	1	39
	15.4%	51.3%	30.8%	.0%	2.6%	100.0%
Band 8	1	5	2	0	0	8
	12.5%	62.5%	25.0%	.0%	.0%	100.0%
Other	3	7	5	0	1	16
	18.8%	43.8%	31.3%	.0%	6.3%	100.0%
Total	31	113	81	17	9	251
	12.4%	45.0%	32.3%	6.8%	3.6%	100.0%

Table A2.2.2 I am aware of the different types of dementia, what it is like living with dementia and in what ways people with dementia need supporting

2.2	I am aware of the different types of dementia, what it is like living with dementia and in what ways people with dementia need supporting					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Band 2	5	13	19	7	3	47
	10.6%	27.7%	40.4%	14.9%	6.4%	100.0%
Band 3 - 4	4	5	6	2	1	18
	22.2%	27.8%	33.3%	11.1%	5.6%	100.0%
Band 5	9	25	22	10	2	68
	13.2%	36.8%	32.4%	14.7%	2.9%	100.0%
Band 6	8	23	21	0	1	53
	15.1%	43.4%	39.6%	.0%	1.9%	100.0%
Band 7	7	19	11	0	2	39
	17.9%	48.7%	28.2%	.0%	5.1%	100.0%
Band 8	1	5	2	0	0	8
	12.5%	62.5%	25.0%	.0%	.0%	100.0%
Other	3	7	4	0	2	16
	18.8%	43.8%	25.0%	.0%	12.5%	100.0%
Total	37	97	85	19	11	249
	14.9%	39.0%	34.1%	7.6%	4.4%	100.0%

Table A2.2.3 I am aware of how dementia can affect a person's behaviour

2.3	I am aware of how dementia can affect a person's behaviour					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Band 2	10	28	5	5	0	48
	20.8%	58.3%	10.4%	10.4%	.0%	100.0%
Band 3 - 4	6	8	3	1	0	18
	33.3%	44.4%	16.7%	5.6%	.0%	100.0%
Band 5	19	45	0	5	0	69
	27.5%	65.2%	.0%	7.2%	.0%	100.0%
Band 6	13	33	7	0	0	53
	24.5%	62.3%	13.2%	.0%	.0%	100.0%
Band 7	10	27	2	0	0	39
	25.6%	69.2%	5.1%	.0%	.0%	100.0%
Band 8	1	7	0	0	0	8
	12.5%	87.5%	.0%	.0%	.0%	100.0%
Other	4	11	0	0	1	16
	25.0%	68.8%	.0%	.0%	6.3%	100.0%
Total	63	159	17	11	1	251
	25.1%	63.3%	6.8%	4.4%	.4%	100.0%

Table A2.2.4 I am aware of how dementia can affect a person's communication

2.4	I am aware of how dementia can affect a person's communication					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Band 2	10	27	6	5	0	48
	20.8%	56.3%	12.5%	10.4%	.0%	100.0%
Band 3 - 4	5	11	1	1	0	18
	27.8%	61.1%	5.6%	5.6%	.0%	100.0%
Band 5	18	45	1	4	0	68
	26.5%	66.2%	1.5%	5.9%	.0%	100.0%
Band 6	14	32	6	0	0	52
	26.9%	61.5%	11.5%	.0%	.0%	100.0%
Band 7	11	23	5	0	0	39
	28.2%	59.0%	12.8%	.0%	.0%	100.0%
Band 8	1	7	0	0	0	8
	12.5%	87.5%	.0%	.0%	.0%	100.0%
Other	4	11	0	0	1	16
	25.0%	68.8%	.0%	.0%	6.3%	100.0%
Total	63	156	19	10	1	249
	25.3%	62.7%	7.6%	4.0%	.4%	100.0%

Table A2.2.5 I am aware of the difficulties that I may be faced with when interacting with patients who have dementia and been trained/given guidance on how to manage challenges that may arise

2.5	I am aware of the difficulties that I may be faced with when interacting with patients who have dementia and been trained/given guidance on how to manage challenges that may arise					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Band 2	5	16	20	4	3	48
	10.4%	33.3%	41.7%	8.3%	6.3%	100.0%
Band 3 - 4	5	4	7	1	1	18
	27.8%	22.2%	38.9%	5.6%	5.6%	100.0%
Band 5	10	22	27	9	0	68
	14.7%	32.4%	39.7%	13.2%	.0%	100.0%
Band 6	6	25	16	5	1	53
	11.3%	47.2%	30.2%	9.4%	1.9%	100.0%
Band 7	7	18	14	0	0	39
	17.9%	46.2%	35.9%	.0%	.0%	100.0%
Band 8	1	4	3	0	0	8
	12.5%	50.0%	37.5%	.0%	.0%	100.0%
Other	3	5	7	0	1	16
	18.8%	31.3%	43.8%	.0%	6.3%	100.0%
Total	37	94	94	19	6	250
	14.8%	37.6%	37.6%	7.6%	2.4%	100.0%

Table A2.2.6 I am aware of the requirements of the Mental Capacity Act regarding actions taken to deprive a person of liberty

2.6	I am aware of the requirements of the Mental Capacity Act regarding actions taken to deprive a person of liberty					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Band 2	5	11	20	6	6	48
	10.4%	22.9%	41.7%	12.5%	12.5%	100.0%
Band 3 - 4	4	7	6	1	0	18
	22.2%	38.9%	33.3%	5.6%	.0%	100.0%
Band 5	9	22	27	7	4	69
	13.0%	31.9%	39.1%	10.1%	5.8%	100.0%
Band 6	9	19	20	2	3	53
	17.0%	35.8%	37.7%	3.8%	5.7%	100.0%
Band 7	8	21	8	1	1	39
	20.5%	53.8%	20.5%	2.6%	2.6%	100.0%
Band 8	2	5	1	0	0	8
	25.0%	62.5%	12.5%	.0%	.0%	100.0%
Other	4	7	2	0	3	16
	25.0%	43.8%	12.5%	.0%	18.8%	100.0%
Total	41	92	84	17	17	251
	16.3%	36.7%	33.5%	6.8%	6.8%	100.0%

Table A2.2.7 I have sufficient knowledge to assess patients' capacity to involve them in decision making regarding their care and treatment

2.7	I have sufficient knowledge to assess patients' capacity to involve them in decision making regarding their care and treatment					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Band 2	3	14	18	4	9	48
	6.3%	29.2%	37.5%	8.3%	18.8%	100.0%
Band 3 - 4	1	4	6	1	5	17
	5.9%	23.5%	35.3%	5.9%	29.4%	100.0%
Band 5	4	20	31	10	4	69
	5.8%	29.0%	44.9%	14.5%	5.8%	100.0%
Band 6	6	16	22	6	3	53
	11.3%	30.2%	41.5%	11.3%	5.7%	100.0%
Band 7	7	17	10	1	4	39
	17.9%	43.6%	25.6%	2.6%	10.3%	100.0%
Band 8	1	5	2	0	0	8
	12.5%	62.5%	25.0%	.0%	.0%	100.0%
Other	3	7	1	0	5	16
	18.8%	43.8%	6.3%	.0%	31.3%	100.0%
Total	25	83	90	22	30	250
	10.0%	33.2%	36.0%	8.8%	12.0%	100.0%

Table A2.2.8   I have sufficient knowledge and understanding of dementia to discuss difficulties that may be ahead of carers, discuss options and inform them of support that is available to them

2.8	I have sufficient knowledge and understanding of dementia to discuss difficulties that may be ahead of carers, discuss options and inform them of support that is available to them					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Band 2	4	9	20	6	9	48
	8.3%	18.8%	41.7%	12.5%	18.8%	100.0%
Band 3 - 4	1	4	8	2	3	18
	5.6%	22.2%	44.4%	11.1%	16.7%	100.0%
Band 5	4	21	31	11	2	69
	5.8%	30.4%	44.9%	15.9%	2.9%	100.0%
Band 6	5	15	27	3	3	53
	9.4%	28.3%	50.9%	5.7%	5.7%	100.0%
Band 7	7	13	13	1	4	38
	18.4%	34.2%	34.2%	2.6%	10.5%	100.0%
Band 8	1	4	2	1	0	8
	12.5%	50.0%	25.0%	12.5%	.0%	100.0%
Other	4	4	3	0	5	16
	25.0%	25.0%	18.8%	.0%	31.3%	100.0%
Total	26	70	104	24	26	250
	10.4%	28.0%	41.6%	9.6%	10.4%	100.0%

Table A2.2.9   I am encouraged and supported by colleagues and management to develop my knowledge and understanding of dementia

2..9	I am encouraged and supported by colleagues and management to develop my knowledge and understanding of dementia					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Band 2	8	17	12	6	5	48
	16.7%	35.4%	25.0%	12.5%	10.4%	100.0%
Band 3 - 4	3	6	3	2	4	18
	16.7%	33.3%	16.7%	11.1%	22.2%	100.0%
Band 5	7	23	27	9	2	68
	10.3%	33.8%	39.7%	13.2%	2.9%	100.0%
Band 6	4	19	22	3	5	53
	7.5%	35.8%	41.5%	5.7%	9.4%	100.0%
Band 7	9	20	7	0	3	39
	23.1%	51.3%	17.9%	.0%	7.7%	100.0%
Band 8	2	6	0	0	0	8
	25.0%	75.0%	.0%	.0%	.0%	100.0%
Other	4	4	2	0	6	16
	25.0%	25.0%	12.5%	.0%	37.5%	100.0%
Total	37	95	73	20	25	250
	14.8%	38.0%	29.2%	8.0%	10.0%	100.0%

Table A2.2.10   Further staff training would be beneficial and improve the level of care people with dementia receive

2.10	Further staff training would be beneficial and improve the level of care people with dementia receive					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Band 2	33	9	0	3	3	48
	68.8%	18.8%	.0%	6.3%	6.3%	100.0%
Band 3 - 4	12	4	1	0	1	18
	66.7%	22.2%	5.6%	.0%	5.6%	100.0%
Band 5	49	17	2	1	0	69
	71.0%	24.6%	2.9%	1.4%	.0%	100.0%
Band 6	36	13	2	0	1	52
	69.2%	25.0%	3.8%	.0%	1.9%	100.0%
Band 7	25	12	1	0	1	39
	64.1%	30.8%	2.6%	.0%	2.6%	100.0%
Band 8	5	3	0	0	0	8
	62.5%	37.5%	.0%	.0%	.0%	100.0%
Other	5	7	2	0	2	16
	31.3%	43.8%	12.5%	.0%	12.5%	100.0%
Total	165	65	8	4	8	250
	66.0%	26.0%	3.2%	1.6%	3.2%	100.0%

Section 3 by Role: Experiences of the Ward

Table A2.3   Patients on this ward and their carers are able to convey information in a confidential manner

3.1	Patients on this ward and their carers are able to convey information in a confidential manner					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Band 2	14	20	4	2	6	46
	30.4%	43.5%	8.7%	4.3%	13.0%	100.0%
Band 3 - 4	8	5	1	1	3	18
	44.4%	27.8%	5.6%	5.6%	16.7%	100.0%
Band 5	22	37	4	2	3	68
	32.4%	54.4%	5.9%	2.9%	4.4%	100.0%
Band 6	7	31	1	0	13	52
	13.5%	59.6%	1.9%	.0%	25.0%	100.0%
Band 7	9	18	0	1	11	39
	23.1%	46.2%	.0%	2.6%	28.2%	100.0%
Band 8	2	3	3	0	0	8
	25.0%	37.5%	37.5%	.0%	.0%	100.0%
Other	2	6	1	0	6	15
	13.3%	40.0%	6.7%	.0%	40.0%	100.0%
Total	64	120	14	6	42	246
	26.0%	48.8%	5.7%	2.4%	17.1%	100.0%

Table A2.3.3 I have enough time to regularly discuss matters with the patient and /or carer regarding progress of care and treatment

3.2	I have enough time to regularly discuss matters with the patient and /or carer regarding progress of care and treatment					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Band 2	3	12	9	6	16	46
	6.5%	26.1%	19.6%	13.0%	34.8%	100.0%
Band 3 - 4	1	4	4	2	7	18
	5.6%	22.2%	22.2%	11.1%	38.9%	100.0%
Band 5	6	25	25	10	2	68
	8.8%	36.8%	36.8%	14.7%	2.9%	100.0%
Band 6	0	23	16	4	9	52
	.0%	44.2%	30.8%	7.7%	17.3%	100.0%
Band 7	5	19	8	1	6	39
	12.8%	48.7%	20.5%	2.6%	15.4%	100.0%
Band 8	2	3	2	0	1	8
	25.0%	37.5%	25.0%	.0%	12.5%	100.0%
Other	1	3	1	1	9	15
	6.7%	20.0%	6.7%	6.7%	60.0%	100.0%
Total	18	89	65	24	50	246
	7.3%	36.2%	26.4%	9.8%	20.3%	100.0%

Table A2.3.3   There are enough staff on the ward at all times to ensure patients are assisted if required; for instance, there is sufficient time to help patients with personal care, hygiene, moving around the ward and at mealtimes

| 3.3 | There are enough staff on the ward at all times to ensure patients are assisted if required; for instance, there is sufficient time to help patients with personal care, hygiene, moving around the ward and at mealtimes | | | | | |
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Band 2	4	9	17	10	6	46
	8.7%	19.6%	37.0%	21.7%	13.0%	100.0%
Band 3 - 4	0	3	3	8	4	18
	.0%	16.7%	16.7%	44.4%	22.2%	100.0%
Band 5	4	13	26	22	3	68
	5.9%	19.1%	38.2%	32.4%	4.4%	100.0%
Band 6	0	7	14	13	18	52
	.0%	13.5%	26.9%	25.0%	34.6%	100.0%
Band 7	0	8	10	8	12	38
	.0%	21.1%	26.3%	21.1%	31.6%	100.0%
Band 8	1	2	4	1	0	8
	12.5%	25.0%	50.0%	12.5%	.0%	100.0%
Other	0	2	2	2	9	15
	.0%	13.3%	13.3%	13.3%	60.0%	100.0%
Total	9	44	76	64	52	245
	3.7%	18.0%	31.0%	26.1%	21.2%	100.0%

Table A2.3.4   Staffing on the ward is sufficient to provide 1 to 1 nursing when required

| 3.4 | Staffing on the ward is sufficient to provide 1 to 1 nursing when required | | | | | |
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Band 2	4	2	20	14	6	46
	8.7%	4.3%	43.5%	30.4%	13.0%	100.0%
Band 3 - 4	0	0	3	10	5	18
	.0%	.0%	16.7%	55.6%	27.8%	100.0%
Band 5	3	5	17	40	2	67
	4.5%	7.5%	25.4%	59.7%	3.0%	100.0%
Band 6	1	4	9	22	16	52
	1.9%	7.7%	17.3%	42.3%	30.8%	100.0%
Band 7	0	4	12	12	11	39
	.0%	10.3%	30.8%	30.8%	28.2%	100.0%
Band 8	0	1	2	4	1	8
	.0%	12.5%	25.0%	50.0%	12.5%	100.0%
Other	0	2	2	3	8	15
	.0%	13.3%	13.3%	20.0%	53.3%	100.0%
Total	8	18	65	105	49	245
	3.3%	7.3%	26.5%	42.9%	20.0%	100.0%

Table A2.3.5   I have enough time to ensure that patients are comfortable in their environment and support any patients who are unfamiliar and/or disorientated by their environment

3.5	I have enough time to ensure that patients are comfortable in their environment and support any patients who are unfamiliar and/or disorientated by their environment					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Band 2	4	9	17	10	6	46
	8.7%	19.6%	37.0%	21.7%	13.0%	100.0%
Band 3 - 4	0	5	2	6	4	17
	.0%	29.4%	11.8%	35.3%	23.5%	100.0%
Band 5	5	17	27	16	3	68
	7.4%	25.0%	39.7%	23.5%	4.4%	100.0%
Band 6	4	12	20	6	10	52
	7.7%	23.1%	38.5%	11.5%	19.2%	100.0%
Band 7	1	13	16	2	7	39
	2.6%	33.3%	41.0%	5.1%	17.9%	100.0%
Band 8	0	4	3	0	1	8
	.0%	50.0%	37.5%	.0%	12.5%	100.0%
Other	1	3	3	1	7	15
	6.7%	20.0%	20.0%	6.7%	46.7%	100.0%
Total	15	63	88	41	38	245
	6.1%	25.7%	35.9%	16.7%	15.5%	100.0%

Section 4 by Band: Communication and Information Sharing Between Staff

Table A2.4.1   Is there a system in place on the ward to ensure that all staff who are in contact with the patient are aware of their dementia?

4.1	Is there a system in place on the ward to ensure that all staff who are in contact with the patient are aware of their dementia?			
	Yes	No	I don't know	Total
Band 2	29	9	7	45
	64.4%	20.0%	15.6%	100.0%
Band 3 - 4	7	4	7	18
	38.9%	22.2%	38.9%	100.0%
Band 5	39	14	13	66
	59.1%	21.2%	19.7%	100.0%
Band 6	21	10	19	50
	42.0%	20.0%	38.0%	100.0%
Band 7	21	9	8	38
	55.3%	23.7%	21.1%	100.0%
Band 8	4	4	0	8
	50.0%	50.0%	.0%	100.0%
Other	6	1	6	13
	46.2%	7.7%	46.2%	100.0%
Total	127	51	60	238
	53.4%	21.4%	25.2%	100.0%

Table A2.4.2   Is personal information routinely collected about patients with dementia regarding their usual routines, background and preferences?

4.2	Is personal information routinely collected about patients with dementia regarding their usual routines, background and preferences?			
	Yes	No	I don't know	Total
Band 2	20	11	14	45
	44.4%	24.4%	31.1%	100.0%
Band 3 - 4	6	2	9	17
	35.3%	11.8%	52.9%	100.0%
Band 5	31	26	9	66
	47.0%	39.4%	13.6%	100.0%
Band 6	24	11	14	49
	49.0%	22.4%	28.6%	100.0%
Band 7	17	11	10	38
	44.7%	28.9%	26.3%	100.0%
Band 8	8	0	0	8
	100.0%	.0%	.0%	100.0%
Other	4	2	7	13
	30.8%	15.4%	53.8%	100.0%
Total	110	63	63	236
	46.6%	26.7%	26.7%	100.0%

Table A2.4.3   Is there a system to ensure this personal information is known by all staff involved in the patient's care, in order to improve the type and level of care they receive?

4.3	Is there a system to ensure this personal information is known by all staff involved in the patient's care, in order to improve the type and level of care they receive?			
	Yes	No	I don't know	Total
Band 2	21	10	14	45
	46.7%	22.2%	31.1%	100.0%
Band 3 - 4	8	3	7	18
	44.4%	16.7%	38.9%	100.0%
Band 5	35	21	9	65
	53.8%	32.3%	13.8%	100.0%
Band 6	21	11	16	48
	43.8%	22.9%	33.3%	100.0%
Band 7	18	7	13	38
	47.4%	18.4%	34.2%	100.0%
Band 8	6	2	0	8
	75.0%	25.0%	.0%	100.0%
Other	3	2	8	13
	23.1%	15.4%	61.5%	100.0%
Total	112	56	67	235
	47.7%	23.8%	28.5%	100.0%

Section 5 by Band: Communication and Information Sharing Between Staff and Carers/Patients

Table A2.5.1   Are you aware of a system to inform you of the carer's involvement

5.1	Are you aware of a system to inform you of the carer's involvement			
	Yes	No	Don't know	Total
Band 2	15	14	14	43
	34.9%	32.6%	32.6%	100.0%
Band 3 - 4	10	4	4	18
	55.6%	22.2%	22.2%	100.0%
Band 5	31	24	9	64
	48.4%	37.5%	14.1%	100.0%
Band 6	20	19	10	49
	40.8%	38.8%	20.4%	100.0%
Band 7	19	10	8	37
	51.4%	27.0%	21.6%	100.0%
Band 8	8	0	0	8
	100.0%	.0%	.0%	100.0%
Other	2	4	7	13
	15.4%	30.8%	53.8%	100.0%
Total	105	75	52	232
	45.3%	32.3%	22.4%	100.0%

Table A2.5.2   What information is to be shared with the carer

5.2	What information is to be shared with the carer			
	Yes	No	Don't know	Total
Band 2	17	12	15	44
	38.6%	27.3%	34.1%	100.0%
Band 3 - 4	9	3	6	18
	50.0%	16.7%	33.3%	100.0%
Band 5	28	22	13	63
	44.4%	34.9%	20.6%	100.0%
Band 6	21	13	14	48
	43.8%	27.1%	29.2%	100.0%
Band 7	20	10	7	37
	54.1%	27.0%	18.9%	100.0%
Band 8	8	0	0	8
	100.0%	.0%	.0%	100.0%
Other	2	4	7	13
	15.4%	30.8%	53.8%	100.0%
Total	105	64	62	231
	45.5%	27.7%	26.8%	100.0%

Table A2.5.3   How the carer can be contacted

5.3	How the carer can be contacted			
	Yes	No	Don't know	Total
Band 2	29 65.9%	4 9.1%	11 25.0%	44 100.0%
Band 3 - 4	12 66.7%	2 11.1%	4 22.2%	18 100.0%
Band 5	53 84.1%	6 9.5%	4 6.3%	63 100.0%
Band 6	33 68.8%	6 12.5%	9 18.8%	48 100.0%
Band 7	30 81.1%	1 2.7%	6 16.2%	37 100.0%
Band 8	8 100.0%	0 .0%	0 .0%	8 100.0%
Other	6 46.2%	2 15.4%	5 38.5%	13 100.0%
Total	171 74.0%	21 9.1%	39 16.9%	231 100.0%

Table A2.5.4   Are patients allocated a named nurse

5.4	Are patients allocated a named nurse			
	Yes	No	Don't know	Total
Band 2	19 43.2%	16 36.4%	9 20.5%	44 100.0%
Band 3 - 4	9 50.0%	2 11.1%	7 38.9%	18 100.0%
Band 5	23 35.9%	34 53.1%	7 10.9%	64 100.0%
Band 6	17 35.4%	17 35.4%	14 29.2%	48 100.0%
Band 7	12 32.4%	17 45.9%	8 21.6%	37 100.0%
Band 8	3 37.5%	5 62.5%	0 .0%	8 100.0%
Other	6 46.2%	2 15.4%	5 38.5%	13 100.0%
Total	89 38.4%	93 40.1%	50 21.6%	232 100.0%

Table A2.5.5   Are patients and carers made aware of the complaints procedure

5.5	Are patients and carers made aware of the complaints procedure			
	Yes	No	Don't know	Total
Band 2	19	8	17	44
	43.2%	18.2%	38.6%	100.0%
Band 3 - 4	10	1	7	18
	55.6%	5.6%	38.9%	100.0%
Band 5	40	16	8	64
	62.5%	25.0%	12.5%	100.0%
Band 6	27	4	17	48
	56.3%	8.3%	35.4%	100.0%
Band 7	24	2	11	37
	64.9%	5.4%	29.7%	100.0%
Band 8	6	1	1	8
	75.0%	12.5%	12.5%	100.0%
Other	6	1	6	13
	46.2%	7.7%	46.2%	100.0%
Total	132	33	67	232
	56.9%	14.2%	28.9%	100.0%

Section 6 by Band: Nutrition

Table A2.6.1   Is there a system in place to ensure staff are aware of patients who have difficulties at meal times?

6.1	Is there a system in place to ensure staff are aware of patients who have difficulties at meal times?			
	Yes	No	Don't know	Total
Band 2	40	1	3	44
	90.9%	2.3%	6.8%	100.0%
Band 3 - 4	15	0	2	17
	88.2%	.0%	11.8%	100.0%
Band 5	59	3	0	62
	95.2%	4.8%	.0%	100.0%
Band 6	36	2	10	48
	75.0%	4.2%	20.8%	100.0%
Band 7	29	0	7	36
	80.6%	.0%	19.4%	100.0%
Band 8	8	0	0	8
	100.0%	.0%	.0%	100.0%
Other	10	0	3	13
	76.9%	.0%	23.1%	100.0%
Total	197	6	25	228
	86.4%	2.6%	11.0%	100.0%

Table A2.6.2   Can the ward provide meals and snacks to patients at any time?

6.2	Can the ward provide meals and snacks to patients at any time?			
	Yes	No	Don't know	Total
Band 2	39	2	3	44
	88.6%	4.5%	6.8%	100.0%
Band 3 - 4	11	2	4	17
	64.7%	11.8%	23.5%	100.0%
Band 5	55	3	5	63
	87.3%	4.8%	7.9%	100.0%
Band 6	35	2	11	48
	72.9%	4.2%	22.9%	100.0%
Band 7	26	1	10	37
	70.3%	2.7%	27.0%	100.0%
Band 8	8	0	0	8
	100.0%	.0%	.0%	100.0%
Other	7	2	4	13
	53.8%	15.4%	30.8%	100.0%
Total	181	12	37	230
	78.7%	5.2%	16.1%	100.0%

Table A2.6.3   Are you encouraged to report non consumption of food?

6.3	Are you encouraged to report non consumption of food?			
	Yes	No	Don't know	Total
Band 2	38	2	4	44
	86.4%	4.5%	9.1%	100.0%
Band 3 - 4	13	0	4	17
	76.5%	.0%	23.5%	100.0%
Band 5	54	5	4	63
	85.7%	7.9%	6.3%	100.0%
Band 6	32	3	12	47
	68.1%	6.4%	25.5%	100.0%
Band 7	26	2	9	37
	70.3%	5.4%	24.3%	100.0%
Band 8	8	0	0	8
	100.0%	.0%	.0%	100.0%
Other	7	2	4	13
	53.8%	15.4%	30.8%	100.0%
Total	178	14	37	229
	77.7%	6.1%	16.2%	100.0%

Table A2.6.4   Are patients given food they have chosen or they require to meet their dietary needs?

6.4	Are patients given food they have chosen or they require to meet their dietary needs?			
	Yes	No	Don't know	Total
Band 2	40	2	2	44
	90.9%	4.5%	4.5%	100.0%
Band 3 - 4	15	0	2	17
	88.2%	.0%	11.8%	100.0%
Band 5	55	5	3	63
	87.3%	7.9%	4.8%	100.0%
Band 6	35	1	11	47
	74.5%	2.1%	23.4%	100.0%
Band 7	28	1	8	37
	75.7%	2.7%	21.6%	100.0%
Band 8	7	0	1	8
	87.5%	.0%	12.5%	100.0%
Other	6	1	6	13
	46.2%	7.7%	46.2%	100.0%
Total	186	10	33	229
	81.2%	4.4%	14.4%	100.0%

Section 7 by Band: Access to Support

**Table A2.7.1   Is there a system in place for you to record and report risks to patients
if you believe ward staffing is inadequate?**

7.1	Is there a system in place for you to record and report risks to patients if you believe ward staffing is inadequate?			
	Yes	No	Don't know	Total
Band 2	29 65.9%	5 11.4%	10 22.7%	44 100.0%
Band 3 - 4	9 50.0%	1 5.6%	8 44.4%	18 100.0%
Band 5	44 68.8%	10 15.6%	10 15.6%	64 100.0%
Band 6	33 68.8%	2 4.2%	13 27.1%	48 100.0%
Band 7	29 78.4%	0 .0%	8 21.6%	37 100.0%
Band 8	7 87.5%	1 12.5%	0 .0%	8 100.0%
Other	7 63.6%	0 .0%	4 36.4%	11 100.0%
Total	158 68.7%	19 8.3%	53 23.0%	230 100.0%

Table A2.7.2   Do you feel that the system deals with reports in a timely way?

7.2	Do you feel that the system deals with reports in a timely way?			
	Yes	No	Don't know	Total
Band 2	10 22.7%	16 36.4%	18 40.9%	44 100.0%
Band 3 - 4	6 33.3%	5 27.8%	7 38.9%	18 100.0%
Band 5	17 26.6%	27 42.2%	20 31.3%	64 100.0%
Band 6	8 16.3%	23 46.9%	18 36.7%	49 100.0%
Band 7	14 38.9%	7 19.4%	15 41.7%	36 100.0%
Band 8	5 62.5%	3 37.5%	0 .0%	8 100.0%
Other	1 9.1%	1 9.1%	9 81.8%	11 100.0%
Total	61 26.5%	82 35.7%	87 37.8%	230 100.0%

Table A2.7.3 Is there a dignity lead for you to consult concerning advice and support?

7.3	Is there a dignity lead for you to consult concerning advice and support?			
	Yes	No	Don't know	Total
Band 2	16 37.2%	6 14.0%	21 48.8%	43 100.0%
Band 3 - 4	5 27.8%	3 16.7%	10 55.6%	18 100.0%
Band 5	24 37.5%	16 25.0%	24 37.5%	64 100.0%
Band 6	17 35.4%	9 18.8%	22 45.8%	48 100.0%
Band 7	24 64.9%	2 5.4%	11 29.7%	37 100.0%
41.9%8	7 87.5%	1 12.5%	0 .0%	8 100.0%
Other	3 27.3%	2 18.2%	6 54.5%	11 100.0%
Total	96 41.9%	39 17.0%	94 41.0%	229 100.0%

Table A2.7.4 Do you have access to peer support/reflective practice groups?

7.4	Do you have access to peer support/reflective practice groups?			
	Yes	No	Don't know	Total
Band 2	11 25.0%	14 31.8%	19 43.2%	44 100.0%
Band 3 - 4	6 33.3%	5 27.8%	7 38.9%	18 100.0%
Band 5	19 30.2%	34 54.0%	10 15.9%	63 100.0%
Band 6	24 49.0%	18 36.7%	7 14.3%	49 100.0%
Band 7	22 59.5%	9 24.3%	6 16.2%	37 100.0%
Band 8	4 50.0%	4 50.0%	0 .0%	8 100.0%
Other	5 45.5%	4 36.4%	2 18.2%	11 100.0%
Total	91 39.6%	88 38.3%	51 22.2%	230 100.0%

Table A2.7.5 To what extent do you agree or disagree that it is easy to gain access to and input from Liaison Psychiatry

7.5	To what extent do you agree or disagree that it is easy to gain access to and input from Liaison Psychiatry					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or Not Applicable	Total
Band 2	3	8	2	3	27	43
	7.0%	18.6%	4.7%	7.0%	62.8%	100.0%
Band 3 - 4	2	1	3	0	11	17
	11.8%	5.9%	17.6%	.0%	64.7%	100.0%
Band 5	2	22	15	11	14	64
	3.1%	34.4%	23.4%	17.2%	21.9%	100.0%
Band 6	5	17	5	4	19	50
	10.0%	34.0%	10.0%	8.0%	38.0%	100.0%
Band 7	2	12	10	4	9	37
	5.4%	32.4%	27.0%	10.8%	24.3%	100.0%
Band 8	2	1	3	2	0	8
	25.0%	12.5%	37.5%	25.0%	.0%	100.0%
Other	1	2	1	3	6	13
	7.7%	15.4%	7.7%	23.1%	46.2%	100.0%
Total	17	63	39	27	86	232
	7.3%	27.2%	16.8%	11.6%	37.1%	100.0%

Table A2.7.6 To what extent do you agree or disagree that it is easy to gain access to and input from Occupational Therapy/Physiotherapy

7.6	To what extent do you agree or disagree that it is easy to gain access to and input from Occupational Therapy/Physiotherapy					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or Not Applicable	Total
Band 2	16	15	0	0	13	44
	36.4%	34.1%	.0%	.0%	29.5%	100.0%
Band 3 - 4	6	6	2	0	3	17
	35.3%	35.3%	11.8%	.0%	17.6%	100.0%
Band 5	27	30	4	2	1	64
	42.2%	46.9%	6.3%	3.1%	1.6%	100.0%
Band 6	19	21	0	0	10	50
	38.0%	42.0%	.0%	.0%	20.0%	100.0%
Band 7	14	16	0	0	7	37
	37.8%	43.2%	.0%	.0%	18.9%	100.0%
Band 8	3	5	0	0	0	8
	37.5%	62.5%	.0%	.0%	.0%	100.0%
Other	4	4	0	0	5	13
	30.8%	30.8%	.0%	.0%	38.5%	100.0%
Total	89	97	6	2	39	233
	38.2%	41.6%	2.6%	.9%	16.7%	100.0%

Table A2.7.7   To what extent do you agree or disagree that it is easy to gain access to and input from Social Work

7.7	To what extent do you agree or disagree that it is easy to gain access to and input from Social Work					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or Not Applicable	Total
Band 2	5	12	4	2	21	44
	11.4%	27.3%	9.1%	4.5%	47.7%	100.0%
Band 3 - 4	2	6	2	2	5	17
	11.8%	35.3%	11.8%	11.8%	29.4%	100.0%
Band 5	9	34	13	4	4	64
	14.1%	53.1%	20.3%	6.3%	6.3%	100.0%
Band 6	6	23	5	1	15	50
	12.0%	46.0%	10.0%	2.0%	30.0%	100.0%
Band 7	2	19	7	3	6	37
	5.4%	51.4%	18.9%	8.1%	16.2%	100.0%
Band 8	0	8	0	0	0	8
	.0%	100.0%	.0%	.0%	.0%	100.0%
Other	1	1	4	1	6	13
	7.7%	7.7%	30.8%	7.7%	46.2%	100.0%
Total	25	103	35	13	57	233
	10.7%	44.2%	15.0%	5.6%	24.5%	100.0%

SECTION 8 ADDITIONAL INFORMATION:
There is no data for Section 8 which includes Additional information, how long did the questionnaire take and how easy was the questionnaire

Appendix 3- DEMSTART Tables comparing finding between staff with different roles

Section 1 by Role: Staff Learning and Development relating to the Care of People with Dementia

293 people responded.

Please rate the learning and development/training that you have received in the last 18 months in the following areas:

Table A3.1.1   Using principles of Person Centred Care

1.1	Using principles of Person Centred Care			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Registered Nurse	76 53.9%	64 45.4%	1 .7%	141 100.0%
AHP	20 46.5%	20 46.5%	3 7.0%	43 100.0%
Clinical support assistant	16 36.4%	26 59.1%	2 4.5%	44 100.0%
Ancillary and others	12 42.9%	6 21.4%	10 35.7%	28 100.0%
Total	124 48.4%	116 45.3%	16 6.3%	256 100.0%

Table A3.1.2   Dementia Care Training, including awareness training and skills based training

1.2	Dementia Care Training, including awareness training and skills based training			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Registered Nurse	48 33.6%	92 64.3%	3 2.1%	143 100.0%
AHP	20 46.5%	20 46.5%	3 7.0%	43 100.0%
Clinical support assistant	15 33.3%	29 64.4%	1 2.2%	45 100.0%
Ancillary and others	17 60.7%	8 28.6%	3 10.7%	28 100.0%
Total	100 38.6%	149 57.5%	10 3.9%	259 100%

Table A3.1.3   Understanding the role of other health professionals e.g. health and social care professionals

1.3	Understanding the role of other health professionals e.g. health and social care professionals			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Registered Nurse	86 61.0%	54 38.3%	1 .7%	141 100.0%
AHP	26 60.5%	15 34.9%	2 4.7%	43 100.0%
Clinical support assistant	22 48.9%	22 48.9%	1 2.2%	45 100.0%
Ancillary and others	14 50.0%	9 32.1%	5 17.9%	28 100.0%
Total	148 57.6%	100 38.9%	9 3.5%	257 100.0%

Table A3.1.4   Introduction to adult protection policy and procedures, including how to report concerns and who to contact

1.4	Introduction to adult protection policy and procedures, including how to report concerns and who to contact			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Registered Nurse	124 86.1%	20 13.9%	0 .0%	144 100.0%
AHP	36 83.7%	7 16.3%	0 .0%	43 100.0%
Clinical support assistant	31 70.5%	13 29.5%	0 .0%	44 100.0%
Ancillary and others	23 79.3%	3 10.3%	3 10.3%	29 100.0%
Total	214 82.3%	43 16.5%	3 1.2%	260 100.0%

Table A3.1.5   Dealing with challenging/aggressive behaviour, for example de-escalation training

1.5	Dealing with challenging/aggressive behaviour, for example de-escalation training			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Registered Nurse	59 41.3%	80 55.9%	4 2.8%	143 100.0%
AHP	21 48.8%	18 41.9%	4 9.3%	43 100.0%
Clinical support assistant	11 25.0%	33 75.0%	0 .0%	44 100.0%
Ancillary and others	19 65.5%	8 27.6%	2 6.9%	29 100.0%
Total	110 42.5%	139 53.7%	10 3.9%	259 100.0%

Table A3.1.6   When and when not to use restraints/sedations and the risks associated, particularly for older patients

| 1.6 | When and when not to use restraints/sedations and the risks associated, particularly for older patients | | | |
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Registered Nurse	30	98	14	142
	21.1%	69.0%	9.9%	100.0%
AHP	4	17	22	43
	9.3%	39.5%	51.2%	100.0%
Clinical support assistant	3	26	16	45
	6.7%	57.8%	35.6%	100.0%
Ancillary and others	5	2	21	28
	17.9%	7.1%	75.0%	100.0%
Total	42	143	73	258
	16.3%	55.4%	28.3%	100.0%

Table A3.1.7   Communication skills specific for people with dementia, including non-verbal communication

| 1.7 | Communication skills specific for people with dementia, including non-verbal communication | | | |
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Registered Nurse	57	81	4	142
	40.1%	57.0%	2.8%	100.0%
AHP	17	24	2	43
	39.5%	55.8%	4.7%	100.0%
Clinical support assistant	12	31	2	45
	26.7%	68.9%	4.4%	100.0%
Ancillary and others	12	13	3	28
	42.9%	46.4%	10.7%	100.0%
Total	98	149	11	258
	38.0%	57.8%	4.3%	100.0%

Table A3.1.8   Palliative care approaches

| 1.8 | Palliative care approaches | | | |
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Registered Nurse	60	73	10	143
	42.0%	51.0%	7.0%	100.0%
AHP	9	24	10	43
	20.9%	55.8%	23.3%	100.0%
Clinical support assistant	11	28	5	44
	25.0%	63.6%	11.4%	100.0%
Ancillary and others	10	5	14	29
	34.5%	17.2%	48.3%	100.0%
Total	90	130	39	259
	34.7%	50.2%	15.1%	100.0%

Table A3.1.9   Recognising pain in people with dementia

1.9	Recognising pain in people with dementia			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Registered Nurse	44 31.2%	93 66.0%	4 2.8%	141 100.0%
AHP	11 25.6%	25 58.1%	7 16.3%	43 100.0%
Clinical support assistant	11 24.4%	32 71.1%	2 4.4%	45 100.0%
Ancillary and others	11 39.3%	7 25.0%	10 35.7%	28 100.0%
Total	77 30.0%	157 61.1%	23 8.9%	257 100.0%

Table A3.1.10   Supporting patients who have hearing/visual impairments

1.10	Supporting patients who have hearing/visual impairments			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Registered Nurse	60 42.6%	80 56.7%	1 .7%	141 100.0%
AHP	19 44.2%	22 51.2%	2 4.7%	43 100.0%
Clinical support assistant	26 57.8%	17 37.8%	2 4.4%	45 100.0%
Ancillary and others	11 39.3%	12 42.9%	5 17.9%	28 100.0%
Total	116 45.1%	131 51.0%	10 3.9%	257 100.0%

Table A3.1.11   Involving people with dementia and carers in decisions on care and treatment

1.11	Involving people with dementia and carers in decisions on care and treatment			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Registered Nurse	53 37.3%	83 58.5%	6 4.2%	142 100.0%
AHP	18 41.9%	22 51.2%	3 7.0%	43 100.0%
Clinical support assistant	13 28.9%	24 53.3%	8 17.8%	45 100.0%
Ancillary and others	9 32.1%	6 21.4%	13 46.4%	28 100.0%
Total	93 36.0%	135 52.3%	30 11.6%	258 100.0%

Table A3.1.12   Assessing cognitive ability

1.12	Assessing cognitive ability			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Registered Nurse	32 23.0%	98 70.5%	9 6.5%	139 100.0%
AHP	11 25.6%	22 51.2%	10 23.3%	43 100.0%
Clinical support assistant	10 23.3%	23 53.5%	10 23.3%	43 100.0%
Ancillary and others	9 31.0%	6 20.7%	14 48.3%	29 100.0%
Total	62 24.4%	149 58.7%	43 16.9%	254 100.0%

Table A3.1.13   The Mental Capacity Act and how to assess capacity

1.13	The Mental Capacity Act and how to assess capacity			
	Sufficient	Insufficient or not provided	Not applicable to my role	Total
Registered Nurse	58 41.4%	74 52.9%	8 5.7%	140 100.0%
AHP	16 37.2%	19 44.2%	8 18.6%	43 100.0%
Clinical support assistant	9 20.9%	23 53.5%	11 25.6%	43 100.0%
Ancillary and others	13 46.4%	5 17.9%	10 35.7%	28 100.0%
Total	96 37.8%	121 47.6%	37 14.6%	254 100.0%

Table A3.1.14   Have you ever been refused training specifically related to the care of people with dementia?

1.14	Have you ever been refused training specifically related to the care of people with dementia?		
	Yes	No	Total
Registered Nurse	8 5.6%	135 94.4%	143 100.0%
AHP	2 4.7%	41 95.3%	43 100.0%
Clinical support assistant	2 4.3%	44 95.7%	46 100.0%
Ancillary and others	1 3.6%	27 96.4%	28 100.0%
Total	13 5.0%	247 95.0%	260 100.0%

If yes, was this due to:

Table A3.1.14a   Lack of staff cover

1.14a	Lack of staff cover		
	Yes	No	Total
Registered Nurse	7 63.6%	4 36.4%	11 100.0%
AHP	1 100.0%	0 .0%	1 100.0%
Clinical support assistant	4 80.0%	1 20.0%	5 100.0%
Ancillary and others	1 50.0%	1 50.0%	2 100.0%
Total	13 68.4%	6 31.6%	19 100.0%

Table A3.1.14b   Training considered inappropriate

1.14b	Training considered inappropriate		
	Yes	No	Total
Registered Nurse	0 .0%	7 100.0%	7 100.0%
Clinical support assistant	1 50.0%	1 50.0%	2 100.0%
Ancillary and others	1 100.0%	0 .0%	1 100.0%
Total	2 20.0%	8 80.0%	10 100.0%

Table A3.1.14c   Funding

1.14c	Funding		
	Yes	No	Total
Registered Nurse	5 55.6%	4 44.4%	9 100.0%
AHP	3 100.0%	0 .0%	3 100.0%
Clinical support assistant	3 75.0%	1 25.0%	4 100.0%
Ancillary and others	0 .0%	1 100.0%	1 100.0%
Total	11 64.7%	6 35.3%	17 100.0%

THERE WAS NO DATA TABLE FOR **"OTHER"** reasons for having been refused funding

Section 2 by Role: Experiences of Training.

Table A3.2.1 I have adequate knowledge and understanding of the needs of people with dementia and how to assist them

2.1	I have adequate knowledge and understanding of the needs of people with dementia and how to assist them					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Registered Nurse	12	72	42	10	5	141
	8.5%	51.1%	29.8%	7.1%	3.5%	100.0%
AHP	9	19	11	1	2	42
	21.4%	45.2%	26.2%	2.4%	4.8%	100.0%
Clinical support assistant	5	15	18	7	1	46
	10.9%	32.6%	39.1%	15.2%	2.2%	100.0%
Ancillary and others	5	10	12	0	2	29
	17.2%	34.5%	41.4%	.0%	6.9%	100.0%
Total	31	116	83	18	10	258
	12.0%	45.0%	32.2%	7.0%	3.9%	100.0%

Table A3.2.2 I am aware of the different types of dementia, what it is like living with dementia and in what ways people with dementia need supporting

2.2	I am aware of the different types of dementia, what it is like living with dementia and in what ways people with dementia need supporting					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Registered Nurse	18	54	52	11	5	140
	12.9%	38.6%	37.1%	7.9%	3.6%	100.0%
AHP	10	20	8	1	3	42
	23.8%	47.6%	19.0%	2.4%	7.1%	100.0%
Clinical support assistant	4	14	17	8	2	45
	8.9%	31.1%	37.8%	17.8%	4.4%	100.0%
Ancillary and others	5	11	10	0	3	29
	17.2%	37.9%	34.5%	.0%	10.3%	100.0%
Total	37	99	87	20	13	256
	14.5%	38.7%	34.0%	7.8%	5.1%	100.0%

Table A3.2.3 I am aware of how dementia can affect a person's behaviour

2.3	I am aware of how dementia can affect a person's behaviour					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Registered Nurse	33	95	7	6	0	141
	23.4%	67.4%	5.0%	4.3%	.0%	100.0%
AHP	15	23	3	0	1	42
	35.7%	54.8%	7.1%	.0%	2.4%	100.0%
Clinical support assistant	10	26	5	5	0	46
	21.7%	56.5%	10.9%	10.9%	.0%	100.0%
Ancillary and others	8	17	3	0	1	29
	27.6%	58.6%	10.3%	.0%	3.4%	100.0%
Total	66	161	18	11	2	258
	25.6%	62.4%	7.0%	4.3%	.8%	100.0%

Table A3.2.4   I am aware of how dementia can affect a person's communication

2.4	I am aware of how dementia can affect a person's communication					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Registered Nurse	33	93	9	5	0	140
	23.6%	66.4%	6.4%	3.6%	.0%	100.0%
AHP	16	19	4	0	1	40
	40.0%	47.5%	10.0%	.0%	2.5%	100.0%
Clinical support assistant	9	27	5	5	0	46
	19.6%	58.7%	10.9%	10.9%	.0%	100.0%
Ancillary and others	8	18	2	0	1	29
	27.6%	62.1%	6.9%	.0%	3.4%	100.0%
Total	66	157	20	10	2	255
	25.9%	61.6%	7.8%	3.9%	.8%	100.0%

Table A3.2.5   I am aware of the difficulties that I may be faced with when interacting with patients who have dementia and been trained/given guidance on how to manage challenges that may arise

2.5	I am aware of the difficulties that I may be faced with when interacting with patients who have dementia and been trained/given guidance on how to manage challenges that may arise					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Registered Nurse	20	53	52	14	1	140
	14.3%	37.9%	37.1%	10.0%	.7%	100.0%
AHP	8	19	12	2	1	42
	19.0%	45.2%	28.6%	4.8%	2.4%	100.0%
Clinical support assistant	4	16	19	5	2	46
	8.7%	34.8%	41.3%	10.9%	4.3%	100.0%
Ancillary and others	6	8	12	0	3	29
	20.7%	27.6%	41.4%	.0%	10.3%	100.0%
Total	38	96	95	21	7	257
	14.8%	37.4%	37.0%	8.2%	2.7%	100.0%

Table A3.2.6   I am aware of the requirements of the Mental Capacity Act regarding actions taken to deprive a person of liberty

2.6	I am aware of the requirements of the Mental Capacity Act regarding actions taken to deprive a person of liberty					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Registered Nurse	20	57	46	10	8	141
	14.2%	40.4%	32.6%	7.1%	5.7%	100.0%
AHP	9	15	13	2	3	42
	21.4%	35.7%	31.0%	4.8%	7.1%	100.0%
Clinical support assistant	4	13	19	6	4	46
	8.7%	28.3%	41.3%	13.0%	8.7%	100.0%
Ancillary and others	8	9	7	0	5	29
	27.6%	31.0%	24.1%	.0%	17.2%	100.0%
Total	41	94	85	18	20	258
	15.9%	36.4%	32.9%	7.0%	7.8%	100.0%

Table A3.2.7   I have sufficient knowledge to assess patients' capacity to involve them in decision making regarding their care and treatment

2.7	I have sufficient knowledge to assess patients' capacity to involve them in decision making regarding their care and treatment					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Registered Nurse	14	48	57	15	7	141
	9.9%	34.0%	40.4%	10.6%	5.0%	100.0%
AHP	5	13	11	5	8	42
	11.9%	31.0%	26.2%	11.9%	19.0%	100.0%
Clinical support assistant	2	14	18	4	8	46
	4.3%	30.4%	39.1%	8.7%	17.4%	100.0%
Ancillary and others	5	9	5	0	9	28
	17.9%	32.1%	17.9%	.0%	32.1%	100.0%
Total	26	84	91	24	32	257
	10.1%	32.7%	35.4%	9.3%	12.5%	100.0%

Table A3.2.8   I have sufficient knowledge and understanding of dementia to discuss difficulties that may be ahead of carers, discuss options and inform them of support that is available to them

2.8	I have sufficient knowledge and understanding of dementia to discuss difficulties that may be ahead of carers, discuss options and inform them of support that is available to them					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Registered Nurse	14	40	65	14	7	140
	10.0%	28.6%	46.4%	10.0%	5.0%	100.0%
AHP	5	17	11	2	7	42
	11.9%	40.5%	26.2%	4.8%	16.7%	100.0%
Clinical support assistant	2	9	22	7	6	46
	4.3%	19.6%	47.8%	15.2%	13.0%	100.0%
Ancillary and others	6	5	8	1	9	29
	20.7%	17.2%	27.6%	3.4%	31.0%	100.0%
Total	27	71	106	24	29	257
	10.5%	27.6%	41.2%	9.3%	11.3%	100.0%

Table A3.2.9   I am encouraged and supported by colleagues and management to develop my knowledge and understanding of dementia

2.9	I am encouraged and supported by colleagues and management to develop my knowledge and understanding of dementia					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Registered Nurse	15	50	51	13	11	140
	10.7%	35.7%	36.4%	9.3%	7.9%	100.0%
AHP	8	22	8	0	4	42
	19.0%	52.4%	19.0%	.0%	9.5%	100.0%
Clinical support assistant	7	16	13	7	3	46
	15.2%	34.8%	28.3%	15.2%	6.5%	100.0%
Ancillary and others	7	10	3	0	9	29
	24.1%	34.5%	10.3%	.0%	31.0%	100.0%
Total	37	98	75	20	27	257
	14.4%	38.1%	29.2%	7.8%	10.5%	100.0%

Table A3.2.10 Further staff training would be beneficial and improve the level of care people with dementia receive

2.10	Further staff training would be beneficial and improve the level of care people with dementia receive					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Registered Nurse	92	42	5	1	1	141
	65.2%	29.8%	3.5%	.7%	.7%	100.0%
AHP	27	11	1	0	3	42
	64.3%	26.2%	2.4%	.0%	7.1%	100.0%
Clinical support assistant	36	6	0	3	1	46
	78.3%	13.0%	.0%	6.5%	2.2%	100.0%
Ancillary and others	13	9	2	0	4	28
	46.4%	32.1%	7.1%	.0%	14.3%	100.0%
Total	168	68	8	4	9	257
	65.4%	26.5%	3.1%	1.6%	3.5%	100.0%

Section 3 by Role: Experiences of the Ward

Table A3.3.1   Patients on this ward and their carers are able to convey information in a confidential manner

3.1	Patients on this ward and their carers are able to convey information in a confidential manner					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Registered Nurse	37	71	4	3	22	137
	27.0%	51.8%	2.9%	2.2%	16.1%	100.0%
AHP	8	19	6	0	9	42
	19.0%	45.2%	14.3%	.0%	21.4%	100.0%
Clinical support assistant	18	19	3	3	3	46
	39.1%	41.3%	6.5%	6.5%	6.5%	100.0%
Ancillary and others	4	13	1	0	10	28
	14.3%	46.4%	3.6%	.0%	35.7%	100.0%
Total	67	122	14	6	44	253
	26.5%	48.2%	5.5%	2.4%	17.4%	100.0%

Table A3.3.2   I have enough time to regularly discuss matters with the patient and /or carer regarding progress of care and treatment

3.2	I have enough time to regularly discuss matters with the patient and /or carer regarding progress of care and treatment					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Registered Nurse	11	51	45	15	15	137
	8.0%	37.2%	32.8%	10.9%	10.9%	100.0%
AHP	5	20	8	1	8	42
	11.9%	47.6%	19.0%	2.4%	19.0%	100.0%
Clinical support assistant	3	12	12	7	12	46
	6.5%	26.1%	26.1%	15.2%	26.1%	100.0%
Ancillary and others	1	7	2	1	17	28
	3.6%	25.0%	7.1%	3.6%	60.7%	100.0%
Total	20	90	67	24	52	253
	7.9%	35.6%	26.5%	9.5%	20.6%	100.0%

Table A3.3.3   There are enough staff on the ward at all times to ensure patients are assisted if required; for instance, there is sufficient time to help patients with personal care, hygiene, moving around the ward and at mealtimes

3.3	There are enough staff on the ward at all times to ensure patients are assisted if required; for instance, there is sufficient time to help patients with personal care, hygiene, moving around the ward and at mealtimes					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Registered Nurse	5	28	47	34	22	136
	3.7%	20.6%	34.6%	25.0%	16.2%	100.0%
AHP	0	4	9	13	16	42
	.0%	9.5%	21.4%	31.0%	38.1%	100.0%
Clinical support assistant	4	9	17	12	4	46
	8.7%	19.6%	37.0%	26.1%	8.7%	100.0%
Ancillary and others	0	3	5	6	14	28
	.0%	10.7%	17.9%	21.4%	50.0%	100.0%
Total	9	44	78	65	56	252
	3.6%	17.5%	31.0%	25.8%	22.2%	100.0%

Table A3.3.4   Staffing on the ward is sufficient to provide 1 to 1 nursing when required

3.4	Staffing on the ward is sufficient to provide 1 to 1 nursing when required					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Registered Nurse	4 2.9%	12 8.8%	34 25.0%	65 47.8%	21 15.4%	136 100.0%
AHP	0 .0%	2 4.8%	8 19.0%	16 38.1%	16 38.1%	42 100.0%
Clinical support assistant	4 8.7%	2 4.3%	19 41.3%	17 37.0%	4 8.7%	46 100.0%
Ancillary and others	0 .0%	3 10.7%	4 14.3%	8 28.6%	13 46.4%	28 100.0%
Total	8 3.2%	19 7.5%	65 25.8%	106 42.1%	54 21.4%	252 100.0%

Table A3.3.5   I have enough time to ensure that patients are comfortable in their environment and support any patients who are unfamiliar and/or disorientated by their environment

3.5	I have enough time to ensure that patients are comfortable in their environment and support any patients who are unfamiliar and/or disorientated by their environment					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know or Not Applicable	Total
Registered Nurse	9 6.6%	39 28.5%	51 37.2%	22 16.1%	16 11.7%	137 100.0%
AHP	0 .0%	8 19.0%	18 42.9%	4 9.5%	12 28.6%	42 100.0%
Clinical support assistant	4 8.9%	9 20.0%	15 33.3%	14 31.1%	3 6.7%	45 100.0%
Ancillary and others	2 7.1%	8 28.6%	6 21.4%	2 7.1%	10 35.7%	28 100.0%
Total	15 6.0%	64 25.4%	90 35.7%	42 16.7%	41 16.3%	252 100.0%

Section 4 by Role: Communication and Information Sharing Between Staff

Table A3.4.1   Is there a system in place on the ward to ensure that all staff who are in contact with the patient are aware of their dementia?

4.1	Is there a system in place on the ward to ensure that all staff who are in contact with the patient are aware of their dementia?			
	Yes	No	I don't know	Total
Registered Nurse	77	28	28	133
	57.9%	21.1%	21.1%	100.0%
AHP	16	11	15	42
	38.1%	26.2%	35.7%	100.0%
Clinical support assistant	28	9	8	45
	62.2%	20.0%	17.8%	100.0%
Ancillary and others	9	3	13	25
	36.0%	12.0%	52.0%	100.0%
Total	130	51	64	245
	53.1%	20.8%	26.1%	100.0%

Table A3.4.2   Is personal information routinely collected about patients with dementia regarding their usual routines, background and preferences?

4.2	Is personal information routinely collected about patients with dementia regarding their usual routines, background and preferences?			
	Yes	No	I don't know	Total
Registered Nurse	67	42	24	133
	50.4%	31.6%	18.0%	100.0%
AHP	21	8	13	42
	50.0%	19.0%	31.0%	100.0%
Clinical support assistant	17	10	17	44
	38.6%	22.7%	38.6%	100.0%
Ancillary and others	7	4	13	24
	29.2%	16.7%	54.2%	100.0%
Total	112	64	67	243
	46.1%	26.3%	27.6%	100.0%

Table A3.4.3   Is there a system to ensure this personal information is known by all staff involved in the patient's care, in order to improve the type and level of care they receive?

4.3	Is there a system to ensure this personal information is known by all staff involved in the patient's care, in order to improve the type and level of care they receive?			
	Yes	No	I don't know	Total
Registered Nurse	72	34	25	131
	55.0%	26.0%	19.1%	100.0%
AHP	17	9	16	42
	40.5%	21.4%	38.1%	100.0%
Clinical support assistant	20	10	15	45
	44.4%	22.2%	33.3%	100.0%
Ancillary and others	6	3	15	24
	25.0%	12.5%	62.5%	100.0%
Total	115	56	71	242
	47.5%	23.1%	29.3%	100.0%

Section 5 by Role: Communication and Information Sharing Between Staff and Carers/Patients

Table A3.5.1   Are you aware of a system to inform you of the carer's involvement

5.1	Are you aware of a system to inform you of the carer's involvement			
	Yes	No	Don't know	Total
Registered Nurse	66 50.4%	46 35.1%	19 14.5%	131 100.0%
AHP	19 47.5%	11 27.5%	10 25.0%	40 100.0%
Clinical support assistant	17 39.5%	12 27.9%	14 32.6%	43 100.0%
Ancillary and others	6 25.0%	7 29.2%	11 45.8%	24 100.0%
Total	108 45.4%	76 31.9%	54 22.7%	238 100.0%

Table A3.5.2   What information is to be shared with the carer

5.2	What information is to be shared with the carer			
	Yes	No	Don't know	Total
Registered Nurse	65 50.0%	39 30.0%	26 20.0%	130 100.0%
AHP	18 45.0%	11 27.5%	11 27.5%	40 100.0%
Clinical support assistant	18 40.9%	10 22.7%	16 36.4%	44 100.0%
Ancillary and others	6 26.1%	5 21.7%	12 52.2%	23 100.0%
Total	107 45.1%	65 27.4%	65 27.4%	237 100.0%

Table A3.5.3   How the carer can be contacted

5.3	How the carer can be contacted			
	Yes	No	Don't know	Total
Registered Nurse	102 78.5%	12 9.2%	16 12.3%	130 100.0%
AHP	32 80.0%	3 7.5%	5 12.5%	40 100.0%
Clinical support assistant	28 63.6%	5 11.4%	11 25.0%	44 100.0%
Ancillary and others	13 56.5%	2 8.7%	8 34.8%	23 100.0%
Total	175 73.8%	22 9.3%	40 16.9%	237 100.0%

Table A3.5.4   Are patients allocated a named nurse

5.4	Are patients allocated a named nurse			
	Yes	No	Don't know	Total
Registered Nurse	45 34.4%	65 49.6%	21 16.0%	131 100.0%
AHP	13 32.5%	14 35.0%	13 32.5%	40 100.0%
Clinical support assistant	21 47.7%	13 29.5%	10 22.7%	44 100.0%
Ancillary and others	11 47.8%	3 13.0%	9 39.1%	23 100.0%
Total	90 37.8%	95 39.9%	53 22.3%	238 100.0%

Table A3.5.5   Are patients and carers made aware of the complaints procedure

5.5	Are patients and carers made aware of the complaints procedure			
	Yes	No	Don't know	Total
Registered Nurse	89 69.0%	21 16.3%	19 14.7%	129 100.0%
AHP	14 35.0%	2 5.0%	24 60.0%	40 100.0%
Clinical support assistant	20 45.5%	9 20.5%	15 34.1%	44 100.0%
Ancillary and others	11 44.0%	1 4.0%	13 52.0%	25 100.0%
Total	134 56.3%	33 13.9%	71 29.8%	238 100.0%

Section 6 by role: Nutrition

Table A3.6.1   Is there a system in place to ensure staff are aware of patients who have difficulties at meal times?

6.1	Is there a system in place to ensure staff are aware of patients who have difficulties at meal times?			
	Yes	No	Don't know	Total
Registered Nurse	113	4	10	127
	89.0%	3.1%	7.9%	100.0%
AHP	27	0	11	38
	71.1%	.0%	28.9%	100.0%
Clinical support assistant	40	1	2	43
	93.0%	2.3%	4.7%	100.0%
Ancillary and others	19	1	4	24
	79.2%	4.2%	16.7%	100.0%
Total	199	6	27	232
	85.8%	2.6%	11.6%	100.0%

Table A3.6.2   Can the ward provide meals and snacks to patients at any time?

6.2	Can the ward provide meals and snacks to patients at any time?			
	Yes	No	Don't know	Total
Registered Nurse	108	5	16	129
	83.7%	3.9%	12.4%	100.0%
AHP	23	1	14	38
	60.5%	2.6%	36.8%	100.0%
Clinical support assistant	37	3	3	43
	86.0%	7.0%	7.0%	100.0%
Ancillary and others	15	3	6	24
	62.5%	12.5%	25.0%	100.0%
Total	183	12	39	234
	78.2%	5.1%	16.7%	100.0%

Table A3.6.3   Are you encouraged to report non consumption of food?

6.3	Are you encouraged to report non consumption of food?			
	Yes	No	Don't know	Total
Registered Nurse	109	5	14	128
	85.2%	3.9%	10.9%	100.0%
AHP	19	4	15	38
	50.0%	10.5%	39.5%	100.0%
Clinical support assistant	39	2	2	43
	90.7%	4.7%	4.7%	100.0%
Ancillary and others	13	3	8	24
	54.2%	12.5%	33.3%	100.0%
Total	180	14	39	233
	77.3%	6.0%	16.7%	100.0%

Table A3.6.4   Are patients given food they have chosen or they require to meet their dietary needs?

6.4	Are patients given food they have chosen or they require to meet their dietary needs?			
	Yes	No	Don't know	Total
Registered Nurse	106	7	15	128
	82.8%	5.5%	11.7%	100.0%
AHP	26	0	12	38
	68.4%	.0%	31.6%	100.0%
Clinical support assistant	41	1	1	43
	95.3%	2.3%	2.3%	100.0%
Ancillary and others	15	2	7	24
	62.5%	8.3%	29.2%	100.0%
Total	188	10	35	233
	80.7%	4.3%	15.0%	100.0%

Section 7 by Role: Access to Support

Table A3.7.1   Is there a system in place for you to record and report risks to patients if you believe ward staffing is inadequate?

7.1	Is there a system in place for you to record and report risks to patients if you believe ward staffing is inadequate?			
	Yes	No	Don't know	Total
Registered Nurse	100	12	18	130
	76.9%	9.2%	13.8%	100.0%
AHP	18	2	19	39
	46.2%	5.1%	48.7%	100.0%
Clinical support assistant	30	5	9	44
	68.2%	11.4%	20.5%	100.0%
Ancillary and others	13	0	9	22
	59.1%	.0%	40.9%	100.0%
Total	161	19	55	235
	68.5%	8.1%	23.4%	100.0%

Table A3.7.2   Do you feel that the system deals with reports in a timely way?

7.2	Do you feel that the system deals with reports in a timely way?			
	Yes	No	Don't know	Total
Registered Nurse	39	59	32	130
	30.0%	45.4%	24.6%	100.0%
AHP	8	2	29	39
	20.5%	5.1%	74.4%	100.0%
Clinical support assistant	12	17	15	44
	27.3%	38.6%	34.1%	100.0%
Ancillary and others	3	4	15	22
	13.6%	18.2%	68.2%	100.0%
Total	62	82	91	235
	26.4%	34.9%	38.7%	100.0%

Table A3.7.3   Is there a dignity lead for you to consult concerning advice and support?

7.3	Is there a dignity lead for you to consult concerning advice and support?			
	Yes	No	Don't know	Total
Registered Nurse	64	24	43	131
	48.9%	18.3%	32.8%	100.0%
AHP	10	3	26	39
	25.6%	7.7%	66.7%	100.0%
Clinical support assistant	16	9	18	43
	37.2%	20.9%	41.9%	100.0%
Ancillary and others	6	3	12	21
	28.6%	14.3%	57.1%	100.0%
Total	96	39	99	234
	41.0%	16.7%	42.3%	100.0%

Table A3.7.4   Do you have access to peer support/reflective practice groups?

7.4	Do you have access to peer support/reflective practice groups?			
	Yes	No	Don't know	Total
Registered Nurse	46 35.4%	66 50.8%	18 13.8%	130 100.0%
AHP	27 69.2%	3 7.7%	9 23.1%	39 100.0%
Clinical support assistant	10 22.7%	13 29.5%	21 47.7%	44 100.0%
Ancillary and others	11 50.0%	6 27.3%	5 22.7%	22 100.0%
Total	94 40.0%	88 37.4%	53 22.6%	235 100.0%

Table A3.7.5   To what extent do you agree or disagree that it is easy to gain access to and input from Liaison Psychiatry

7.5	To what extent do you agree or disagree that it is easy to gain access to and input from Liaison Psychiatry					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or Not Applicable	Total
Registered Nurse	8 6.1%	42 32.1%	30 22.9%	19 14.5%	32 24.4%	131 100.0%
AHP	5 12.8%	13 33.3%	3 7.7%	2 5.1%	16 41.0%	39 100.0%
Clinical support assistant	1 2.4%	6 14.3%	4 9.5%	3 7.1%	28 66.7%	42 100.0%
Ancillary and others	3 12.0%	3 12.0%	2 8.0%	3 12.0%	14 56.0%	25 100.0%
Total	17 7.2%	64 27.0%	39 16.5%	27 11.4%	90 38.0%	237 100.0%

Table A3.7.6   To what extent do you agree or disagree that it is easy to gain access to and input from Occupational Therapy/Physiotherapy

7.6	To what extent do you agree or disagree that it is easy to gain access to and input from Occupational Therapy/Physiotherapy					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or Not Applicable	Total
Registered Nurse	48 36.6%	67 51.1%	4 3.1%	2 1.5%	10 7.6%	131 100.0%
AHP	24 61.5%	6 15.4%	0 .0%	0 .0%	9 23.1%	39 100.0%
Clinical support assistant	11 25.6%	18 41.9%	2 4.7%	0 .0%	12 27.9%	43 100.0%
Ancillary and others	7 28.0%	7 28.0%	0 .0%	0 .0%	11 44.0%	25 100.0%
Total	90 37.8%	98 41.2%	6 2.5%	2 .8%	42 17.6%	238 100.0%

Table A3.7.7   To what extent do you agree or disagree that it is easy to gain access to and input from Social Work

7.7	To what extent do you agree or disagree that it is easy to gain access to and input from Social Work					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or Not Applicable	Total
Registered Nurse	16	68	24	6	17	131
	12.2%	51.9%	18.3%	4.6%	13.0%	100.0%
AHP	4	17	5	3	10	39
	10.3%	43.6%	12.8%	7.7%	25.6%	100.0%
Clinical support assistant	4	14	3	3	19	43
	9.3%	32.6%	7.0%	7.0%	44.2%	100.0%
Ancillary and others	1	5	4	1	14	25
	4.0%	20.0%	16.0%	4.0%	56.0%	100.0%
Total	25	104	36	13	60	238
	10.5%	43.7%	15.1%	5.5%	25.2%	100.0%

SECTION 8 ADDITIONAL INFORMATION:
There is no data for Section 8 which includes Additional information, how long did the questionnaire take and how easy was the questionnaire

Appendix 4 - DEMSTART Qualitative responses to open questions

Qualitative Responses to DEMSTART Audit Survey

Section 1 - Qualitative Responses: Is there any learning, development or training NOT listed above that you feel you need to support you to care for people with dementia?

- The transmission of skills to the relatives/carers, to improve ways of coping with the person with dementia

- Managing difficulties with maintaining adequate nutrition and hydration, including swallowing difficulties.
  Delirium - symptoms and management

- I think if we are constantly dealing with patients suffering with dementia that a one off session is not enough, refresher sessions will also be necessary Also training would need to be aimed for staff in an acute setting. One session for all types of care setting is not appropriate.

- Question re involving people with dementia and carers in decisions on care and treatment – NOT treatment > not applicable to my role

- Time to implement skills from the training

- Personally I would like to have more input regarding the pharmacological treatments used in managing dementia and the potential benefits and side effects of such management.

- I have recently completed the Level 3 dementia studies module at UEA

- How to progress people with cognitive deficits

- DOLLS awareness and processes
- Dementia care specific to stroke patients

- Training was received externally for 5-6 people within hospital through the SWIFT project as a drive to create Dementia Champions within the trust. There was no cost to the hospital aside from releasing the candidates for training during working hours.

- There should be a category that states training available or insufficient dates but have not attended. You have not covered this scenario so I have not answered these responses

- Reminiscence activities

- No Recognised or dementia specific training provided and so this would be advantageous to have in the future, however Training has bee provided regarding protecting vulnerable adults and has been valuable.

- It would be interesting to hear about the care pathways used within the community setting and currently used medication specifically for dementia.

- How to access mental health services & to improve on joint working

- Caring for people with dementia is not part of my regular role: I would access further training if I felt that it was becoming a prominent area of care for my practice

- What is available for the carers living with dementia sufferers?

- As we do deal with various levels of dementia a full training programme would be ideal

- There has been no training on strategies for improving the environment for patient with Dementia including methods for encouraging them to eat and drink more. I have done my own research around this matter and devised a pathway and resource for Dietitians to use.

- How much I actually need in a shortage mainly OPD speciality where study leave/funding/and tick box training demands seem in imbalance? Many of our patients do have impaired ability or subtle defects which they are not keen to explore/discuss with their dermatologist and the PCT does not wish me to deal with any issue they are not referred with. We do a lot of consents for skin surgery and though we take time to explain to patients and relatives, act in their best interests often wonder how much is fully understood?

- it is difficult in relation to the options given - there is no section for prior knowledge, similarly dependent on role the training needs to be different e.g. the OT's will have a greater role to play in cognition

Section 1 - Qualitative Responses: Have you ever been refused training specifically related to the care of people with dementia? Other reasons and comments why

- Not offered to me

- No training offered

- No training offered

- Never been offered

- I have only just started on this ward

- Relatively new to post. Nothing covered in induction.

- Never came up

- Funding is an issue at the moment. Select courses (not-specifically dementia) have been approved occasionally in the past.

- None offered

- I was refused training based on funding. I later had to fill in an incident report because I had gotten hit. I stated that there should be de-escalation training available to staff who would like it, and then was reprimanded by my line manager for not asking more often for it because funding changes throughout the year. I felt she was more concerned that she had gotten in trouble for the incident report and less concerned for my safety.

- N/A

- Training regarding dementia specifically has not been offered.

- NOT APPLICABLE

- Not applicable to my role

SECTION 8   Have you got anything else you would like to add about your dementia care training needs?

- All my skills and knowledge came from prior to working here. Although there is plenty of experience many of the staff do not have sufficient training, myself included

- The training now being given should have taken place before we have been put in a demanding stressful position of having to learn by trial and error on how to nurse patients with dementia/alzheimers. Trial and error is not a way to nurse any patient

- It exists but it is more down to the great amount of staff who are rather uninterested in their own PDP (and therefore never book/attend training).

- The majority of staff within an acute hospital setting need some form of training in relation to dementia care as people with dementia form a significant percentage of all hospital admissions. The type of training will depend on the person's role. Nursing, therapy and care staff require knowledge and skills to provide suitable assessment and care for the patient and support for carers. Junior medical staff need to understand the management of delirium, mental capacity assessments and support in recognising when patients are approaching the end of the dementia pathway. Managers need to understand that people with dementia have specific needs and how these can affect admission and discharge rates and resource requirements.

- I find it really important for me to have much more training in what concerns to dementia care because in my ward I have a high number of patients with dementia and I feel that sometimes I'm not able to give proper care to these people and it's not fair.

- There needs to be more dementia training for ward staff and greater input from specialist nurses

- All we have had is a quick questionnaire to complete on the computer

- I think healthcare assistants require more training for when nursing patients suffering from dementia. It would be more beneficial to us to learn the different types of dementia and how to cope in certain situations so no harm comes to the patients or ourselves.

- I think that it is not only dementia patients needs but also nurses

- we can not deal with dementia patients properly because of inadequate staffing

- Comment on Section 4: Never get a handover when we go on shift staff nurse always too busy.

   I work nights. there is not always enough staff to cope with wandering patients (dementia) especially when they are aggressive you are unable to give proper care

- More training, more staff

- Everybody needs training

- We need more!

  Plus lots more staff and bank staff, especially those doing special ling need more training especially regarding communications, PMA

- Dementia care training I feel should be included as part of mandatory training. This is because of the area in which I work 75% - 80% are over 70 years old and 50% of these patients often have a form of dementia
- It appears that there are conflicting drivers within the parameters of the trust due to outside influences which can advise staff in a way that is not consistent therefore access to training needs to be ....(comment not finished)

- On my ward contact with people with dementia is intermittent; therefore it is a challenge to keep up to date with current thinking.

  A checklist or a care guidance A4 sheet or a care pathway (akin to Liverpool Care Pathway) would be invaluable

- Not all these questions are relevant to my place of work.

  My knowledge of dementia is mainly due to personal circumstances and length of nursing career

- Working in an acute area where patients are only with us for a short period some aspects of care mentioned are not applicable. For example we rarely feed patients in recovery. The problem we have with dementia patients is knowing how the patient normally is so that we can appropriately assess them during the immediate post-operative period.

- I have only done basic dementia awareness skills training a year ago. I have had no other opportunities within the hospital to apply to courses etc. I feel i have learnt the most from my senior colleagues whom i work with on a daily basis with regards to dementia.

- Individuals with Dementia can be in any area of the hospital from Rehab to acute surgical/ medical wards.This is dependent on individual need and bed availability. Staff need to prioritise there work loads and I feel the needs of patients with Dementia in Acute areas are deemed low priority thus cannot be met adequately. The environment is not conducive and there simply is not enough staff to give optimum care. This is not satisfactory for patients, their family, carers and friends and the frustration also has a negative impact on the nursing staff who feel frustrated by the situation.

- Recently completed dementia studies module at level 3. (passed)

  Have attended advance communication studies, DOL and Mental capacity assessment.

- Just to make the point that training needs are so different when you get beyond basic awareness of the condition. My experience is that different staff groups have slightly different needs depending on their role and location of work. eg Not all hospital work is in-patient based. Very difficult decisions have to be made in out-pt clinics and very quickly regarding consent to treatment.

  In my specialist role it is important that I have training in all the areas previously mentioned in this survey. However I do have refresher needs and in some cases need more advanced training eg in Mental Capacity Act.

- I would like to have more in depth training in this area, as it would aid my understanding of people and their carers living with dementia.

- Being a non-medical member of staff who is regularly on the wards, my responses to the questions reflects gaps in training and knowledge which may not be the case for health care professionals based full time on wards. I may not have access to knowledge or experience which would be standardly available for clinicians.

  I would like to receive information and training on advanced communication skills with people with advanced dementia, because as it stands it is hard for me to know how best to offer spiritual care to people in this situation.

- Severely lacking in updates

- I have only gained my knowledge through caring for my two grandparents who have passed away having had dementia/alzheimer's both in there homes and subsequently in the different hospitals and care homes when they were admitted from time to time with wide variations in their care.

- Healthcare assistants on the nurse bank are not offered training. I would definitely welcome some dementia training as my father also has this disease.

- Standard training for specific dementia care is not given for therapists in the rehab dept - this is something that is being worked on to improve within rehab and possibly throughout the hospital.

- We are actively looking for opportunities to increase our knowledge base

- In an outpatient setting where our assessment session can range from 20 - 50mins it can be difficult to recognise mild dementia and therefore assess accurately the

advice/treatment plan for any rehabilitation required. Often I have to ask the patient as part of a general medical history if they have any short term memory difficulties, particularly if there appear to be difficulties but nothing has been mentioned by patient and/or partner/escort.

Also with existing, long term patients where cognitive changes can be seen it is difficult to raise the topic if they are not aware themselves.

- i would like to know more about dementia as we get patients regularly with dementia

- A lot of Admin Staff have telephone and face to face contact with Dementia Patients and family/carers and I think this is often forgotten when training is being arranged. We probably don't need the depth of training required by Clinicians/Ward Staff but we also have less experience to help use recognise dementia and know who to deal with this.

- I have been provided with the training but due to factors such as work pressures and poor staffing, providing them with the care that I believe they require is very difficult and in many cases not possible. When I worked on the wards we have to rely heavily on family.

- I feel that it should be mandatory training for every health care worker involved with direct patient care.

- This is very ward orientated- what about other departments that patients travel to?

- We have received excellent training from mental health Trust as a lead

- Leads at the JPUH have instigated training - although its come to a standstill! We have a good system to highlight patient needs. We require funding to continue our training and continue the good work

- I have the opportunity to attend a study day workshop in November 'end of life care patients with dementia'.

- I strongly belief that my learning needs would best be met by having a Specialist Nurse in Dementia care. The practical expert support and advice for both staff and carers at ward level would result in better outcomes for the patients.

- I've had very little medical training in dementia considering that I look after many patients with dementia and have rather picked it up over time.

This questionnaire is rather nurse-oriented, not sure how that will affect interpretation

- All staff in clinical contact with patients should have a brief talk/presentation in their induction to cover key aspects of dementia, e.g. types, care, communication.

- The questions were not relevant as I am not part of a ward.

- A lot of this survey did not apply to me as I do not work on a ward and I am not clinical staff, but I have attended a dementia awareness course and I also have personal experience of dementia in a family member.

- Unfortunately, as I do not work on a ward some of this survey was not applicable to my training needs. I do however, feel that I have training needs as many of the studies that I am involved with involves assessing capacity and even recruiting patients with impaired cognition into studies. I feel I would benefit from additional training which would enhance my communication skills with this particular patient group.

- The recognition of the individuality of the patient, non-judgemental decision making in practice, greater understanding of the different types of dementia, there is a need for general nurse colleagues to learn how to deal appropriately with dementia patients.

- I would like to see training not just for hospital staff but for all care workers who visit peoples homes, and those working in residential homes plus people who do meals on wheels. There is a dreadful lack of knowledge, from my own experience of this as these workers do not seem to understand anything to do with dementia and how to respect and how to react or respond to the patient. A little understanding would be invaluable. It would also help if anyone who has a partner suffering from this could also be given the opportunity for training. The video was excellent!

- The time taking to provide extra training will remove front-line staff from wards and clinics so will potentially cause harm. Please be realistic and remember that in an NHS with finite resources there is an opportunity cost for everything. I recommend you pilot any changes you recommend to avoid worsening care.

- We often deal with patients who may be mentally compromised perhaps because of dementia but also because of other reasons affecting mental capacity such as head injuries, hypoxic brain damage and sedation related confusion etc and that many of the problems associated with dementia can apply to many other patients in the Unit who do not have dementia (as such). More specific dementia related training would be valuable and would almost certainly help with the management of other patients as well, particularly with regard to the law: supporting of relatives (particularly once they leave us to go to the ward, where they may not be such a high ratio of staff to patients as we have on the unit. At times of poor staffing, perhaps due to sickness, which can happen at any time, it can be extremely challenging to care for a patient who is confused or demented when you are trying to keep them safe with life-sustaining treatments/tubes/lines etc in place. The use of restraint in such patients is always controversial and a balance between safety and the desire NOT to resedate when weaning from sedation is crucial to their recovery and progress. Any training in this area would be welcomed.

- I feel it would be beneficial for all nursing staff (regardless of specialality) to complete dementia training as those with dementia can have other complex needs and require support and understanding from any department within the health care setting. Patients pay for a national health service - therefore we should be trained adequately to assess and meet their needs.

- Would like more training on how to deal with dementia in care homes & the home environment.

- This is a very difficult subject and in an emergency area, I feel I lack time to attend holistically to this group of patients

- Dementia Awareness training is being made mandatory to all staff in our department

- It needs to be given in more detail during nurse training

- I think the ward lacks dementia training and knowledge

- i would need some have never received any training

- I would love to know as much as I can but most need to know about communication, assessment and types of dementia

- I am still waiting to go on the Dementia Awareness course

- their needs to be more training available and more help when you need it,

- For staff to be made more aware of the training available and making the dementia care training mandatory for all staff

- It will be helpful we have training about dementia care.

- I think we need more training days on how to deal with a patient who has dementia and has challenging behaviour and how we are meant to deal with it/or the situation if the patient becomes aggressive or inappropriate

- Other staff on ward getting training caterers, doctors, OT/PT, social workers

- I went to an awareness seminar for Dementia. I found it very informative. Time with the patient is essential to understand hobbies, likes/dislikes. Unfortunately that is in short supply for the already busy nurses
AN EXCELLENT SEMINAR!!

- We have 20 side rooms on the ward which means patients with dementia are isolated and unsupervised. Because of this we rarely take this patient group because we find it difficult to meet their nursing needs given our staffing levels and geographical layout.

  This respondent also comments Section 7: that the system SOMETIMES deals with reports in a timely way

- We have none. Patients are just put on our ward and we are expected to know all their needs with low staffing levels.

  Note: this respondent also commented re Section 5 that patients and carers are made aware of the complaints procedure only if a complaint is made
- I would like further training on dementia to understand it more

- Reading through the questions I strongly agree my level of understanding patients with dementia is very very limited. Some training would be very beneficial to myself in dealing with patients with dementia especially effective communication.

- There is insufficient staffing on the ward to meet the needs of patients with dementia. However, this is a trust and financial issue not a management issue (on ward). Time constraints are also a concern as lack of time to sit and comfort (reassure) patients.

- A lot of training is aimed at nurses/ occ physios who are in greater contact with this group of patients. However radiographers need to gain cooperation in order to image successfully and therefore need to be offered training in some areas, to communicate and understand their dementia patients who have often just been through unfamiliar circumstances and in pain which makes them more agitated than normal.

- Difficult to quickly establish rapport with patients visiting for imaging.

  If patients attending for more involved procedure could send staff from radiology to discuss with patient / carer prior to appointment time to identify potential problems and solutions.

- As one of the dementia trainers for the trust, I had put into place a plan to train staff across the trust . First cohert had been completed but the funding for the post stopped , i have returned to my previous post . I am still asked by departments for training but there is not the opportunity to continue. it is frustrating to have got a programme together and the need to train dementia awareness is vital but can no longer continue due to lack of money

- Being new to the trust access to training has been intense on trust policies and procedures. Still trying to access learning and training needs.

- Dementia care needs to be mandatory on this ward

- Special ling of PT's is difficult to obtain

- I am aware of the dementia training and need to book a session. This was highlighted again at my PDP

- We see patients for a very small amount of time and it could be pivotal to their treatment. During this time it can be difficult to balance the need to 'get a good picture' and care for the patient (part of which is obtaining the needed medical information). We feel that we fail the patient if we abandon the examination due to their inability to co-operate but we are anxious about forcing people into examinations that they don't want.

- This is not a very good survey if it is going out to all staff it has to be appropriate to all staff it is not. Some of the questions are asking about two issues but one can make only on response. I would suggest you rethink it!

- I would like to have access to further in-depth dementia training

- It's a Good thing that i received ~Dementia training in my last job as i have had NO dementia training in this job. It should be mandatory for all staff

- Advanced communication techniques and guidance of how to deal with dementia patients with disorientation would be greatly beneficial to healthcare assistants as well as staff nurses. These techniques were taught during my pre-reg training but as a former bank HCA prior to completing my training, the HCA basis training did not include any modules concentrating on dementia and this would have helped me whilst delivering personal care and dealing with challenging behaviour whilst maintaining g the patient's dignity at all times.

- Our ward layout is not suitable for dementia patients especially as nursed with non dementia patients, e.g. noisy and disturbed behaviour, interfering with other patients property, lack of observation in side rooms, lack of time to sit and talk plus no social activities.

- Having had training in Mental Capacity I am sure we don't contravene the legislation but I don't feel confident about some of the decisions we make to abandon or even suggest to carers that screening may not be appropriate.

- **Comment on the need for extra staff in Section 3** - staffing on the ward is sufficient to provide 1-1 nursing when required

- **COMMENT ON SECTION 4:** is there a system on the ward to ensure that all staff who are in contact with the patient are aware of their dementia? Response is "no" but adds comment "at handover"

- **Section 6 Nutrition** - Comment on "Can the ward provide meals and snacks to patients who have difficulties at meal times?" In theory but difficult to arrange and find out what hot food is available.

- **Section 5:** comment that patients and carers are made aware of the complaints procedure - only if needed

- **Section 7:** Comment on Access to support. Is there a system in place for you to record and report risks to patients if you believe ward staffing is inadequate? Not often used as too busy!

- **Section 7: Comment on Access to support.** Liaison psychiatry is only Monday to Friday 9 - 5.

Appendix 5 – DEMSTART Questionnaire

DEMSTART (DEMentia skills **ST**aff **A**udit fo**R T**raining needs**)**

Researchers at the University of East Anglia have been asked by NHS Norfolk partners to seek your views about your training and development needs to care for people with dementia.

Firstly, we would like to know how much 'dementia care' training you have received over the past 12 months and whether there are any support systems in your hospital to help you care for people with dementia.

Secondly, how satisfied are you with the training you have received and the hospital support systems in place to help you care for people with dementia.

Thirdly, do you have any further training and development needs to enhance your skills to care for people with dementia.

This questionnaire will take between 10 and 15 minutes to complete.

By completing this survey you will give us information to make recommendations to the Trust about the training and support needed by the hospital workforce to care for people with dementia.

All responses will be treated as confidential

Please complete this questionnaire by Monday 14th November

Please turnover to start completing the questionnaire

About your role:			
Which ward or area do you work in?			
What is your job title? Please tick one box only			
Registered Nurse (General)	◯	Speech Therapist	◯
Registered Nurse (Mental)	◯	Physiotherapist	◯
Healthcare assistant/Clinical Support Worker/Assistant Practitioner	◯	Occupational Therapist	◯
Rehabilitation Assistant	◯	Other	◯
Dietician	◯	Maintenance	◯
Porter	◯	Security	◯
Cleaner	◯	Caterer	◯
If your role is not detailed above, please describe			
What band are you?			
Band 2 ◯		Band 5 ◯	
Band 3 ◯		Band 6 ◯	
Band 4 ◯		Band 7 ◯	
		Band 8 ◯	
What is your specialty for any of the above (if you have a specialty)			

Section 1: Staff Learning and Development Relating to the Care of People with Dementia			
Please rate the learning and development/training that you have received in the last 18 months in the following areas:			
	Sufficient	Insufficient or not provided	Not applicable to my role
1a Using principle of Person centred care	◯	◯	◯
1b Dementia Care Training, including awareness training and skills based training	◯	◯	◯
1c Understanding the role of other health professionals: e.g. health and social care professionals	◯	◯	◯
1d Introduction to adult protection policy and procedures, including how to report concerns and who to contact	◯	◯	◯
1e Dealing with challenging/aggressive behaviour, for example de-escalation training	◯	◯	◯
1f When and when not to use restraints/sedations and the risks associated, particularly for older patients	◯	◯	◯
1g Communication skills specific for people with dementia, including non-verbal communication	◯	◯	◯
1h Palliative care approaches	◯	◯	◯
1i Recognising pain in people with dementia	◯	◯	◯
1j Supporting patients who have hearing/visual impairments	◯	◯	◯
1k Involving people with dementia and carers in decisions on care and treatment	◯	◯	◯
1l Assessing cognitive ability	◯	◯	◯
1m The Mental Capacity Act and how to assess capacity	◯	◯	◯
2 Is there any learning or development NOT listed above that you feel you need to support you to care for people with dementia?			

Please turnover to continue

		Yes	No	
3	Have you ever been refused training specifically related to the care of people with dementia?	○	○	
If yes, was this due to:				
3a	Lack of staff cover	○	○	
3b	Training considered inappropriate	○	○	
3c	Funding	○	○	
3d	Other	○	○	
If other, please specify?				

Section 2:	**Experiences of Training**					
Please read through the following statements and select the response option that reflects your own thoughts the best:						
		Strongly agree	Agree	Disagree	Strongly disagree	Don't know or N/A
4a	I have adequate knowledge and understanding of the needs of people with dementia and how to assist them	○	○	○	○	○
4b	I am aware of the different types of dementia, what it is like living with dementia and in what ways people with dementia need supporting	○	○	○	○	○
4c	I am aware of how dementia can affect a person's behaviour	○	○	○	○	○
4d	I am aware of how dementia can affect a person's communication	○	○	○	○	○
4e	I am aware of the difficulties that I may be faced with when interacting with patients who have dementia, and been trained/given guidance on how to manage challenges that may arise	○	○	○	○	○
4f	I am aware of the requirements of the Mental Capacity Act regarding actions taken to deprive a person of liberty	○	○	○	○	○
4g	I have sufficient knowledge to assess patients' capacity to involve them in decision making regarding their care and treatment	○	○	○	○	○
4h	I have sufficient knowledge and understanding of dementia to discuss difficulties that may be ahead of carers, discuss options and inform them of support that is available to them	○	○	○	○	○
4i	I am encouraged and supported by colleagues and management to develop my knowledge and understanding of dementia	○	○	○	○	○
4j	Further staff training would be beneficial, and improve the level of care people with dementia receive	○	○	○	○	○

Section 3:   Experiences of the Ward

Please read through the following statements and select the response option that reflects your own thoughts the best:

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know or N/A
5a Patients on this ward and their carers are able to convey information in a confidential manner	○	○	○	○	○
5b I have enough time to regularly discuss matters with the patient and/or carer regarding progress of care and treatment	○	○	○	○	○
5c There are enough staff on the ward at all times to ensure patients are assisted if required; for instance, there is sufficient time to help patients with personal care, hygiene, moving around the ward and at mealtimes	○	○	○	○	○
5d Staffing on the ward is sufficient to provide 1-1 nursing when required	○	○	○	○	○
5e I have enough time to ensure that patients are comfortable in their environment and support any patients who are unfamiliar and/or disorientated by their environment	○	○	○	○	○

Section 4:   Communication and Information Sharing Between Staff

6   Is there a system in place on the ward to ensure that all staff who are in contact with the patient are aware of their dementia?

Yes ○	No ○	I don't know ○

7   Is personal information routinely collected about patients with dementia, regarding their usual routines, background and preferences?

Yes ○	No ○	I don't know ○

8   Is there a system to ensure this personal information is known by all staff involved in the patient's care, in order to improve the type and level of care they receive?

Yes ○	No ○	I don't know ○

Please turnover to complete Sections 5 – 8

Section 5:	Communication and Information Sharing Between Staff and Carers/Patients

		Yes	No	Don't Know
9	Is there a system in place to ensure that all staff are aware of:			
9a	The carer's involvement	○	○	○
9b	What information is to be shared with the carer	○	○	○
9c	How the carer can be contacted	○	○	○
10	Are patients allocated a named nurse	○	○	○
11	Are patients and carers made aware of the complaints procedure	○	○	○

Section 6:	Nutrition

	Yes	No	Don't Know
12 Is there a system in place to ensure staff are aware of patients who have difficulties at meal times?	○	○	○
13 Can the ward provide meals and snacks to patients at anytime?	○	○	○
14 Are you encouraged to report non consumption of food?	○	○	○
15 Are patients given food they have chosen/met their dietary needs	○	○	○

Section 7:	Access to support

	Yes	No	Don't Know
16 Is there a system in place for you to record and report risks to patients if you believe ward staffing is inadequate?	○	○	○
16a Do you feel that the system deals with reports in a timely way?	○	○	○
17 Is there a dignity lead for you to consult concerning advice and support?	○	○	○
18 Do you have access to peer support/reflective practice groups?	○	○	○

To what extent do you agree or disagree that it is easy to gain access to and input from					
	Strongly agree	Agree	Disagree	Strongly disagree	Don't know or N/A
19a Liaison Psychiatry	○	○	○	○	○
19b Occupational Therapy/Physiotherapy	○	○	○	○	○
19c Social Work	○	○	○	○	○

Section 8:	**Additional information**

20   Have you got anything else you would like to add about your dementia care training needs?

	Less than 10 mins	10 mins	More than 10 mins
21 How long did it take you to complete this questionnaire?	◯	◯	◯

22 How easy or difficult was it to complete this questionnaire			
Very easy ◯	Easy ◯	Difficult ◯	Very Difficult ◯

23   If you had difficulties completing this questionnaire, please can you state why and what you found most difficult?

Thank you very much for completing this questionnaire.