

Therapeutic care



Frank

The people who help me know what to do to help me when I
feel ill or struggle with things

Identifying and managing my needs does not feel
overwhelming and when there is complexity I need to feel
confident that there is support

I need to feel confident that there is support to manage my
needs & hear my concerns

I am in control of all the care I receive especially at the end of
my life and I am confident my end of life wishes will be
respected

I will die free from fear and pain

Therapeutic care			
Pathway Area/ Statement	Tier 1: Awareness/Foundation	Tier 2: Intermediate/Practitioner	Tier 3: Advanced/Specialist
	Dementia awareness raising in terms of knowledge skills attitudes for all those working in health and care	Knowledge skills and attitudes for roles that have regular contact with people living with dementia	Enhancing knowledge, skills & attitudes for key staff (experts) working with people living with dementia designed to support them to play leadership roles
Physical Healthcare	<p>Knowledge and understanding of:</p> <ul style="list-style-type: none"> • how behaviours unusual for the person, maybe as a result of dementia • how to make people feel safe and secure in an environment; • the importance and significance of essential care to maintain fluid intake and nutrition to avoid harm e.g. falls, infections, continence management and skin care to avoid tissue damage • the importance and significance of exercise to sustain fitness, balance and mobility 	<p>Knowledge and understanding of:</p> <ul style="list-style-type: none"> • how skills to help an individual with dementia are required and applied in care settings <p>Ability to:</p> <ul style="list-style-type: none"> • assess specific healthcare risk of people with dementia including sensory needs • plan to meet identified needs in an appropriate way • recognizing symptoms of ill health e.g. pain that may be expressed differently by people with dementia 	<p>Ability to :</p> <ul style="list-style-type: none"> • provide specialist supervision and consultation to individuals and teams on how best to support and manage someone with complex health needs • keep own practice up to date • ensure that new research, policy and practice is disseminated across teams and support offered to enable required changes to practice
	<p>Ability to:</p> <ul style="list-style-type: none"> • to provide essential care and offer support with eating, swallowing, hydration, falls, continence, skin care and avoidance of pressure damage • promote physical health to maintain mobility and independence using their biography 		

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National Occupational Standards (NOS)	Tier 1,2 and 3: SCDHSC0223 CHS5.2012 OP F5 SCDHSC0216 SCDHSC0218 SCDHSC0213 SCDHSC0214 SCDHSC0219 SCDHSC0215 SCDHSC0224 Tier 2 and 3: CHS4.2012 CHS92 CHS235 CHS164 Tier 3: GEN117		
Palliative/ End of Life care	<p>Knowledge and understanding of:</p> <ul style="list-style-type: none"> services to support the family and carers <p>Ability to:</p> <ul style="list-style-type: none"> enable people to retain independence support family and carers and help to manage their expectations 	<p>Knowledge and understanding of:</p> <ul style="list-style-type: none"> the variety of pain scales and how these can be adapted to meet the communication needs of the person with dementia appropriate and current End Of Life care pathway guidance maintaining a person-centred flexible pathway including relevant decisions (eg About Me doc) e.g. living wills/advanced decisions ethical dilemmas, understanding best interests <p>Ability to:</p> <ul style="list-style-type: none"> adapt and change the pathway and services to meet the changing needs of the individual use appropriate care pathway guidance use information recorded early in the pathway to ensure that nothing is missed 	<p>Support the management of, and provide specialist advice</p> <p>Ability to :</p> <ul style="list-style-type: none"> provide specialist advice and consultation to those providing and managing a person with dementia's end of life care pathway facilitate discussions with all involved to help manage and resolve any ethical dilemmas such as best interest decisions
National Occupational Standards (NOS)	Tier 1 and 2, and 3: SCDHSC0385 Tier 2 and Tier 3: CHS164		

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Cognitive stimulation, Evidence-based Talking Therapies	<p>Knowledge and understanding of:</p> <ul style="list-style-type: none"> • mild cognitive impairment • the behavioural and psychological symptoms of dementia • how having consistent staff is ideal for building relationships • the benefits of cognitive stimulation and meaningful activity • the range of meaningful and purposeful activities available to meet the spectrum and level of need, memory games and group activities, reminiscence on IPods/MP3 players, magic touch screen, I Pad/tablets, painting, string, texture, music, dementia cafes, peer facilitators/leaders • the value of peer support e.g. dementia cafe <p>Ability to:</p> <ul style="list-style-type: none"> • build rapport and trust • use a range of communication tools to maintain language skills • work with individuals in groups or an a one to one basis. • provide planned meaningful activity and cognitive stimulation 	<p>Knowledge and understanding of:</p> <ul style="list-style-type: none"> • plan & provide meaningful cognitive stimulation appropriate to the person with dementia <p>Ability to:</p> <ul style="list-style-type: none"> • work with individuals in groups or on a one to one basis. • plan and provide meaningful activity and cognitive stimulation 	<p>Knowledge and understanding of:</p> <ul style="list-style-type: none"> • the role of a counselor and the skills required <p>Ability to:</p> <ul style="list-style-type: none"> • undertake cognitive behavioural therapy in the home setting, discussing coping strategies • provide counseling • design specific individual psychological interventions
National Occupational	Tier 1, 2 and 3: SCDHSC0025		

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Standards (NOS)	Tier 2 and 3: PT06 PT01 PT07 PT11 CHS47 CHS225 LSILADD01 LSILADD04 Tier 3: CHS70		
Developing coping mechanisms/ resilience	<p>Knowledge and understanding of:</p> <ul style="list-style-type: none"> • how to focus on what people's abilities are and enabling individuals to continue favourite activities • understand ways of working that reduce distress and agitation in the individual. <p>Ability to:</p> <ul style="list-style-type: none"> • respect and maintain the dignity of the individual at all times • use life story information to inform the approach. 	<p>Ability to:</p> <ul style="list-style-type: none"> • explore with the individual: their current understanding of their condition, and their priorities • signpost/navigate and facilitate informal care e.g. community support and peer support. • devise and implement strategies of working that reduce distress and agitation in individuals 	<p>Knowledge and understanding of:</p> <ul style="list-style-type: none"> • whole organisation/integrated approaches that may be used for the promotion of person-centred care to reduce distress. <p>Ability to:</p> <ul style="list-style-type: none"> • lead and advise on the prevention and management of distressed behaviours by the use of the biopsychosocial model • support and facilitate whole organisation, integrated approaches for the promotion of biopsychosocial approaches to reduce distress.
National Occupational Standards	Tier 2 and 3: GEN134 SCDHSC0382		
Medications Optimisation including Dementia Friendly Prescribing	<p>Ability to:</p> <ul style="list-style-type: none"> • administer medication to ensure symptom control. 	<p>Knowledge and understanding of:</p> <ul style="list-style-type: none"> • medicines concordance • the risks and side effects of medication and possible impact on life style and physical health including risks of anti-psychotics • the impact of depression 	<p>Ability to:</p> <ul style="list-style-type: none"> • manage medication for the condition alongside medication for other conditions • carry out a poly-pharmacy assessment, identifying physical health care issues, e.g. dental

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		<ul style="list-style-type: none"> • pain management and assessment to ensure level of medication is appropriate • how pharmacists can review medication in care homes • the contribution of non- medical prescribers, e.g. podiatry • how equipment can be used to assist with administration, e.g. provision of dispensers, electronic reminders to take drugs • how anticipatory medication can be made available to control symptoms, particularly at end of life. 	<p>problems as a result of some medications</p> <ul style="list-style-type: none"> • medications optimisation, arrange/carry out regular medication reviews and interaction, this may involve pharmacists, GPs, registrars, nurse matrons, continence teams, advocacy service, district nurses, other prescribers • review previous medication when prescribing new medications • recognise depression • particularly at end of life, arrange medication to ensure symptom control
National Occupational Standards (NOS)	Tier 1 and 2, and 3: CHS2 CHS3 GEN135 Tier 3: PHARM04 CHS237 CHS74 PHARM29 PHARM30		