National Institute for Health and Clinical Excellence

NICE pilot quality standards for social care:

Consultation on the draft quality standard for Dementia: Supporting people to live well with dementia

Closing date: 5pm – 16 October 2012

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Are you happy to be named as a consultee to the Quality Standard on the NICE website? × Yes ☐ No	
Would your organisation like to express an interest in endorsing this quality standard? × Yes ☐ No For information about endorsing quality standards please visit http://www.nice.org.uk/guidance/qualitystandards/indevelopment	

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PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Please provide comments on the draft quality standard using the forms below, putting each new comment in a new row.

When feeding back, please note the section you are commenting on (for example, section 1 Introduction). If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor). If your comment relates to the standard as a whole then please put 'general'.

In order to guide your comments, please refer to the **general points for consideration** on the NICE website as well as the specific questions detailed within the quality standard.

Please add rows as necessary.

Section	Comments
Draft Statement :1 Concerns about possible dementia.	The vast majority of residents will have an established dementia diagnosis (though this could be by a General Practitioner rather than through a formal Memory service) Care homes could provide information for local communities and act as access points for sign posting if local health providers developed meaningful relationships for health promotion with providers. This could be of particular benefit in rural areas.
Draft Statement 2: Encouraging attendance at memory assessment services	How will local services ensure that they do not disenfranchise care home residents and promote a positive offer? How will access to memory services be supported for existing care home residents who have not been formally diagnosed? How will this monitored? Will in reach memory assessment services be offered to care home residents?
Draft Statement :3: Local advice	This is important for families of residents in existing services who often feel abandoned by services when a decision to enter a care home occurs. How will the service quality be monitored beyond the process of counting the interface between advisor and carer/ person with dementia?

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Draft Statement :4 Choice and control in decision making	This is a key statement and resonates with care delivery within homes How will a consistent approach to monitoring the way in which providers demonstrate how people living with dementia, in particular in end stages have choice and control be captured? Will NICE recommend tools to support assessing the choice for those with dementia who have non verbal ability? What does the process of staff 'ensuring' people are supported to make decisions consistently across homes mean in practice?
Draft Statement :5 Care and support plans	How will this standard be monitored to ensure that personal budgets are offered to residents in care homes?
Draft Statement :6 Reviewing needs	This is consistent with other monitoring through CQC. However needs should be reviewed in homes on a continuous basis and this could confuse current best practice
Draft Statement :7 Palliative and end of life care	This is an important statement but may be of limited relevance to care home providers as the most people will have entered care homes at mid and later stages of their dementia journey.
Draft Statement :8 Supporting participation in activities	This is an important standard for residents of care homes. How will NICE structure the measures to ensure a consistent data collection across services? What methodology will be used? How will enjoyment be measured in particular for residents who are unable to verbally express their wishes?

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Section	Comments
Draft Statement :9 Relationships with the wider community	This is an important standard for residents of care homes. How will NICE structure the measures to ensure a consistent data collection across services? What methodology will be used? How will engagement be measured in particular for residents who are unable to verbally express their wishes? What definitions will be used to support the assessment process and therefore ensure consistent application and measurement?
Draft Statement :10 Physical and mental well-being	In addition to the definitions are specialist services such as, continence, wound management and in its entirety universal health services. How will the NICE standard ensure that assessed need is being met on an individual basis and how will local health services be monitored to demonstrate a fair and consistent approach to care home residents, along with the general population?
Draft Statement :11 Design and adaptation of accommodation	Will best practice and evidence frameworks be recommended to assess the appropriateness of design and adaptation within care homes? How can the standard be applied consistently without guidance/definition?
Draft Statement :12 Planning and evaluating services	We welcome this statement
Draft Statement :13 Advocacy	We welcome this statement and care home residents should have equal and full access to such services in line with those living within the community.

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Section	Comments

Please also consider the general and specific questions relating to this quality standard on the next page:

General questions	Comments
How will this quality standard improve the quality of care provided?	We are delighted to be able to provide a response to this important standard which has resonance with care providers. Our providers are seeking to provide a quality experience to both, improve the lives of people with dementia living in homes, but also to the families who are an important partner in that care. The need to ensure equal and fair access to an often forgotten proportion of the community is essential. We want to remind NICE that it is estimated that 70% of care home residents, living in 24,000 homes, have some form of dementia. The quality standard could support better relationships between commissioners, providers and local health and social services if applied consistently. The sector has long experience of the meeting standards through the regulatory framework to which it is accountable. It is important to be clear what the relationship will be between the NICE standards and the regulatory process to ensure avoidance of duplication. Though overall the statements are reasonable, not all fully apply to the care home population where residents enter this part of their care pathway at mid and end stages as opposed to at diagnosis. The measures set out are open to local interpretation and whilst this can be helpful, vague interpretation locally in real terms means inconsistent application and for larger providers inconsistent processes for their

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General questions	Comments
	dispersed localities.
What important areas of care or services, if any, are not covered by this quality standard?	
How useful are each of the proposed quality statements?	
Which are the most important quality statements and why?	
Are any of the proposed quality statements inappropriate and if so why?	
How measurable are each of the proposed quality statements - how easy will it be to collect data for each statement?	
Are any of the proposed quality measures inappropriate and, if so why, and can you identify suitable alternatives?	
Are there any additional quality measures that should be included?	

Dementia QS specific question	Comments
Can you suggest how we should demonstrate alignment between this quality standard and the published quality standard for dementia (Appendix 2)	

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