

DEMENTIA

Your Guide
to CareChoice
Dementia Care

CareChoice 
home from home

Communication Tips

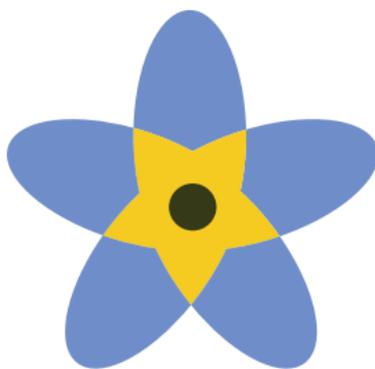
- Reduce background noises and distractions & attract the resident's attention. Slow your pace.
 - Maintain eye contact (sit face to face), use gestures, pictures, and facial expression to convey more meaning.
 - Repeat key words and phrases and give time for comprehension.
 - Look for non-verbal signs to indicate what the resident may be feeling.
 - Keep sentences simple and direct, provide questions with "yes/no" choices for answers – do not use long or complicated sentences. Supply missing words for the resident.
 - Paraphrase what the resident says and ask the resident if this is what was meant.
 - Enter the resident's frame of reference by listening and observing for cues as to where the resident believes he/she is; who he/she is talking to and so on.
 - Validate the resident's emotional state rather than orienting the resident to fact or the "here-and-now" of a situation.
 - Use memory books of life events.
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Dementia

CareChoices' aim is to provide dementia care for residents that is informed by an evidence based and person-centred approach to assessment and care planning.

Dementia is a collective term used to describe the problems that people with various underlying brain disorders or damage can have with their memory, judgement, reasoning, problem-solving skills, language, thinking, communication and social skills. (HIQA 2015)

In CareChoice we use the flower symbol below to highlight to our staff that a resident in our care has a dementia.



Types of Dementia

There are currently 8 types of dementia that can be diagnosed, a mixture of two or more of the active dementias can also be found in the same person, with one or other usually dominating:

- Alzheimers
- Vascular Dementia
- Lewy Body Dementia
- Parkinson's Dementia
- Fronto – temporal Dementia
- Korsakoff's Syndrome
- Creutzfeld – Jacob Dementia
- Down's Syndrome & Dementia

Behavioural and psychological signs and symptoms of dementia, can include a responsive behaviour which may be a response to something negative in a resident's environment. An example of this can be:

- Communication needs (frustration / anxiety / boredom)
- Unmet needs (hungry, toilet need)
- Environmental (noise, too warm / cold etc)
- Underlying medical condition (infection / constipation/ pain)

Should you wish to know any more regarding any of the above please contact the Director of Nursing/ Assistant Director or Nursing to meet with you and discuss.

A meeting can also be facilitated with the resident's GP on your request, with the resident's permission, where deemed applicable.

Care Planning

Care planning starts at the pre-admission stage, so as to determine CareChoice as the right place to meet the resident's needs.

‘Good dementia care involves an assessment of a resident’s strengths and abilities, care planning and provision, strategies for addressing behavioural and psychological symptoms and signs of dementia and communication changes’.
(HIQA 2015)

Aspects of care which are particularly relevant to people with dementia include:

- Communication & Decision-making.
 - Food and fluid consumption.
 - Medication management.
 - Acute changes in behaviour and or mental state.
 - Pain.
 - Falls.
 - Behavioural and psychological signs and symptoms of dementia.
 - Palliative care philosophy and approach to end of life.
 - Social engagement. (HIQA, 2015)
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