



Dementia policy	GEN005
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1. Introduction

- 1.1 Due to the UK's ageing population dementia is now the [country's biggest killer](#). People with dementia face a range of challenges, these may include memory loss or difficulty communicating, mobility and navigation issues and other associated problems. Across every part of the housing and built environment sector, organisations can make a valuable contribution to supporting people with dementia to continue to live well in their own homes.

The [Dementia Friendly Housing Guide's](#) main objective is -

"To see an increased number of people with dementia being able to live longer in their own homes when it is in their interests to do so, with a greater focus on independent living."

- 1.2 Where residents are experiencing difficulties in respect of dementia or other complex needs, Thame & District Housing Association (TDHA) aims to support them as appropriate to their situation, either directly or through referral to other specialist agencies.
- 1.3 The Association treats people with dementia with dignity and respect, involving them in decisions about their support. We do though recognise that as dementia progresses people need to move into supported accommodation better able to cater for their needs.

2. Objectives

- 2.1 The objective of this policy is to ensure that Thame & District Housing Association adopts a fair, informed and transparent approach in the way it deals with dementia and related conditions.

3. Scope

- 3.1 This policy explains how the Association will support staff to manage the challenges that may be presented by people with dementia, mental health issues and/or challenging behaviour and other complex needs as well as to identify how staff will support these residents.

4. Definitions

- 4.1 Dementia is progressive, this means signs and symptoms may be relatively mild at first, but they get worse with time. The most common forms of dementia in older people are Alzheimer's and Vascular Dementia.

- 1.3 Dementia may also be the result of illnesses such as Huntington's Disease, Parkinson's Disease, brain tumours, or alcohol and drug abuse.

5. Dementia & Complex Needs Characteristics

- 5.1 Dementia affects everyone differently; it can however be helpful to think of dementia progressing in 'three stages.' These are sometimes called mild, moderate and severe, because this describes how much the symptoms affect a person. These stages can be used to understand how dementia is likely to change over time and to help people prepare for the future.

Early / mild	Middle / moderate	Late / severe
Marked memory disorder.	Behavioural change.	Wandering.
Subtle loss of activities of daily living.	Language problems.	Aggression.
Mood changes and depression.	Communication problems.	Incontinence.
	Psychiatric problems.	Loss of communication.
	Personality changes.	Risk to the individual.
	Loss of capacity.	Death.

6. Features suggestive of a rapid decline

- Severe aphasia
- Early [extrapyramidal signs](#)
- Early myoclonus
- Concomitant vascular disease
- Young onset dementia
- Caregiver distress
- Older age
- Early psychosis
- Non-Alzheimer's dementias

7. Slowing down decline

- 7.1 Evidence shows that there are things a person with dementia can do to keep their abilities for longer, for example, it can be helpful to:
- Maintain a positive outlook
 - Accept support from friends, family and professionals

- Eat and sleep well
 - Not smoke or drink too much alcohol
 - Take part in [physical, mental and social activity](#).
- 7.2 It is also important for a person with dementia to try to keep healthy to prevent new or existing health problems from developing or getting worse. This includes managing any existing health conditions, regular health check-ups, particularly for their eyes and ears and asking their GP about jabs – for [seasonal flu](#) and pneumococcal infection (that can lead to bronchitis or pneumonia).

8. Our commitments

- 8.1 The Association is committed to ensuring that its properties remain suitable for residents as their needs change over time. In particular, with regard to dementia, the Association is guided by recommendations of bodies such as the Alzheimer's Society and other bodies that specialise in this field. The Facilities Team is provided with information on ways in which life can be made easier for those with dementia, such as, for example, not using mixer taps, glass-panelled kitchen cupboard doors, and good lighting.
- 8.2 Before a person's condition deteriorates to such an extent that they cannot safely live independently staff will liaise with the person and their relatives to ensure they remain safe and well supported.
- 8.3 All TDHA employees receive dementia awareness training to enable them to identify signs of dementia and/or mental health problems, and to help them to support residents who are experiencing these difficulties. This training ensures that employees are aware of the signs of dementia and/or mental health conditions and all staff are involved in the development and have a full understanding of this policy.
- 8.4 Where employees suspect a person is suffering from dementia or any other kind of complex need, they ensure that the appropriate procedures are followed in conjunction with the appropriate support agencies.
- 8.5 Where a resident is displaying characteristics that give cause for concern, employees undertake a review of the person's support plan to ensure that appropriate measures are being taken to support the person.
- 8.6 When employees are concerned that a person is at risk due to their condition, they should highlight this and refer them to other appropriate agencies for further advice as a matter of urgency. This is normally done by communicating the concern to the person's family who will then seek

specialist advice. The Chief Executive is always informed and oversees any such incidents.

- 8.9 Where employees are concerned as to the safety of other residents or employees because of a person experiencing dementia or other complex needs, they report this to their line manager or the Chief Executive as a matter of urgency.
- 8.10 Wherever possible employees support residents to maintain their independence through the use of additional equipment and services and will refer the service user to the appropriate agency to access these services.

9. When we refer to specialist services

- Need for additional help.
- Reporting persistent and progressively declining memory problems.
- Carer distress/stress.
- Uncertainty about diagnosis.
- Request for second opinion.
- Lack of response to non-dementia treatments for depression, anxiety, obsessional-compulsive disorder, etc.
- Need to involve multiple agencies for specialist Assessment/Intervention.
- Safeguarding concerns resulting from changes in residents' behaviour (TDHA have a separate safeguarding policy).

10. Equality, Diversity & Inclusion

- 10.1 Thame & District Housing Association is committed to promoting equality of opportunity and eliminating discrimination.
- 10.2 Research shows that people [over 55 and women](#) are the most impacted by dementia. In some languages, there is not a word for dementia and the [subject is often taboo](#). This fear and stigma can mean that people are less likely to seek support if they are at higher risk or develop symptoms.
- 10.3 Dementia can though impact anyone and has a dramatic impact on their lives. This policy helps to ensure TDHA play an active role in supporting people with dementia through trained and empathetic employees, regular conversations with residents, providing dementia-friendly homes and encouraging a range of positive activities for residents.