

NW ADASS Care Home Quality Webinar

‘Understanding Delirium in Care Homes’ - Summary #6

Introduction

NW ADASS, with the Care Quality Commission and in consultation with providers of care and support have developed a series of webinars which will run throughout 2021. They are deliberately designed to provide short, interactive and thematic opportunities for as wide an audience as possible. Key experts have provided inputs and these are supported by the slide sets from the session and a summary of the session with links to further reading and research.

Why This Topic

For individuals and their families, delirium can be extremely distressing. For people experiencing delirium, there is an increased risk of hospital admission and readmission. In care homes, up to 36% of residents experience delirium. There is an increased risk of falls, malnutrition and dehydration and can ultimately be life threatening. As a result of experiencing delirium people are more likely to develop dementia or the speeding up of the progress of dementia. Delirium is a common but under recognised issue and in 30% of cases, it could be preventable. There is a significant need to raise awareness of what to look for and how to prevent it.

Key Speakers

This webinar was chaired by Hazel Summers, Care and Health Improvement Advisor Local Government Association (LGA)

The key presenters were:

- Helen Pratt, Project Manager, Dementia United, Greater Manchester Health and Social Care Partnership. Helen.pratt5@nhs.net
 - Caroline Harvey, Trafford Community Enhanced Care Service. Caroline.harvey1@nhs.net
 - Annie Coppel, Associate Director, Field Team (North), National Institute for Health and Social Care Excellence (NICE). Annie.coppel@nice.org.uk
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Summary

The presenters provided background information in relation to the current arrangements and highlighted a range of developments that are designed to support Care home staff and managers to prevent, detect, assess and treat delirium in care homes. Presenters referred to a range of useful tools, resources and further reading and these can be found at the end of this summary.

Helen Pratt, Project Manager, Dementia United

Caroline Harvey, Trafford Community Enhanced Care Service

Helen and Caroline provided a context to the work in Greater Manchester including the key focus areas (one of which is delirium) and the range of enablers.

“The GM programme aims to make our region the best place to live if affected by dementia”.

Research during the pandemic highlighted that 34% of residents experienced a new confusion (Graham, N.S.N; Junghams, C and Downes, R et al).

They confirmed the key features of delirium –

- It can develop over hours or days
- It is a change from the baseline or usual functioning of the individual
- A disturbance in attention or cognition
- A change in function and behaviour

It can be categorised as *hyperactive* (restless, agitated) or *hypoactive* (drowsy, low in mood) and can fluctuate between both over the course of a day or days.

They outlined the risk factors as :

- Being over 65 years of age
- Having sight or hearing loss
- Having a diagnosis of (or symptoms of) dementia
- Having had prior episodes
- Having a severe physical illness
- Following surgery e.g. for a fracture.

This is in line with the National Institute for Health and Clinical Excellence (NICE) quality standard QS63 statement 1. “Adults newly admitted to long-term care who are at risk of delirium are assessed for recent changes in behaviour, including cognition, perception, physical function and social behaviour.”

A key action is to identify *all* residents who are at risk.

They summarised ways in which delirium can be prevented. She added that up to a third of cases could be prevented. Once those residents who are at risk have been identified, put in place a person centred

supportive prevention plan : This is in line with NICE QS63 Statement 2 “Adults newly admitted to hospital or long-term care who are at risk of delirium receive a range of tailored interventions to prevent delirium.”

The prevention plan to have considered;

- Staff education is key.
- Information should be made available to the individual and their families
- Encourage eating little and often
- Residents should drink plenty to promote hydration
- Glasses and hearing aids should be worn and regular examinations organised to ensure that prescriptions are up to date.
- Encourage proportionate exercise
- Promote health sleeping patterns.
- Ensure regular toileting to avoid constipation.
- Monitor and control pain
- Encourage activities that helps to keep the resident’s mind active e.g. familiar or new activities that are engaging and motivating.
- Use reassurance if the environment is unfamiliar
- Encourage familiar pictures and objects.
- Write things down and use clocks and newspapers to promote orientation of time and place.
- Undertake regular medication reviews and monitor side effects.

Helen and Caroline introduced the Single Question in Delirium (SQiD) approach –

“Is the person more confused (or sleepy/drowsy) than before and over the last few days ?”

If you suspect delirium, take action. There can be similarities between the features of delirium, dementia and depression and these are summarised in the slide deck circulated.

The SQiD can be used in daily monitoring in order to establish a baseline (or create a baseline with someone who knows the person. The baseline could be established when a person is admitted by undertaking a ‘this is me’ for people living with dementia. Consider using the SQiD during handovers between staff.

They outlined the 4AT screening tool for delirium. This can be completed by any health professional and doesn’t need training to complete. Nurses in nursing homes could be completing the tool.

- Alertness
- Abbreviated mental test (of age, date, place etc)
- Attention (e.g. months, days, backwards)
- Acute change (i.e. from baseline)

They also described the RESTORE2, physical deterioration and de-escalation tool for care homes. It is designed to support staff to :

- Recognise when a person may be deteriorating or at risk of deteriorating.
- Act according to the person's care plan to help protect, support and manage them
- Obtain a complete set of observations to inform the need for escalation to or involvement of others
- Develop a history of escalation interventions for health professionals to support decision making using the SBARD communication tool.

They advised looking at Triggers; Investigations, Management; Engagement and Time.

Triggers and Causes of Delirium

- Pain
- Infection
- Nutrition
- Constipation
- Hydration/dehydration
- Medication
- Environment

Repeat the PINCHME process and address the underlying cause as there can be more than one.

People experiencing delirium may be hallucinating and this needs careful support and management. They may have developed paranoid ideation. The person may be distressed or agitated. Medication may be a consideration but as a last resort, for example where someone is a significant risk to themselves or others. This is in line NICE quality standard QS63 statement 3 :

“Adults with Delirium in long term care who are distressed or are a risk to themselves or others are not prescribed antipsychotic medication unless de-escalation techniques are ineffective or inappropriate”

Environmental factors are regarded as especially critical. Consider carefully available safe and comfortable environments and the people and place assets within the care setting. Try to avoid moving the person from room to room to enable them to become settled and orientated. Adopt activities that the person is interested in and can be immersed in. Offer reassurance to the individual and their family and friends. If appropriate share the delirium leaflet (the longer version has a person centred care plan included).

NICE Quality Standard QS63 statement 4 states :

“Adults with delirium in long term care and their family members and carers are given information that explains the condition and describes other people's experiences of delirium”

Annie Coppel, Associate Director, Field Team, National Institute for Health and Social Care Excellence (NICE)

NICE guidance provides evidence based information outlining what interventions are effective and also cost effective. The quality standards support improvement in high priority areas of care. Measures that underpin the quality statement includes structure, process and outcomes. A range of implementation support tools help users to utilise the guidelines and quality standards.

Annie highlighted the availability of the guidance, notably, CG103 which were developed in 2010 and updated in 2019. She confirmed the Quality Standard for delirium (QS63) as described by Karen and Caroline, particularly statements 1-4. There is an additional one for hospital settings. She described the availability of a 4 page 'quick guide' which has accompanying support notes. There is separate guidance and quality standard for dementia (NG97 and QS 184). The guidance has been updated and includes a focus on staff training and education and person centred practice. There is also a separate quick guide to dementia which includes a guide to assessment and an assessment tool and include illustrations and simple to use checklists. The quick guides are downloadable and easily accessible.

Resources and Further Reading

- [Dementia United | GMHSC \(dementia-united.org.uk\)](https://www.dementia-united.org.uk)
- [SARS-CoV-2 infection, clinical features and outcome of COVID-19 in United Kingdom nursing homes - ScienceDirect](#)
- [Greater-Manchester-delirium-Leaflet-long-version.pdf \(dementia-united.org.uk\)](#) [Greater-Manchester-delirium-Leaflet-long-version.pdf \(dementia-united.org.uk\)](#)
- [Translated delirium resources - Dementia United \(dementia-united.org.uk\)](#)
- [Care Home Training Resources \(wessexahsn.org.uk\)](https://www.wessexahsn.org.uk)
- [dementia united a guide to completing the 4AT you tube - Bing video](#)
- [Delirium Awareness Video \(#icanpreventdelirium\) | Creative Connection - Bing video](#)
- [Delirium E learning Guide - Bing video](#)
- [Practical approaches to minimising restraint - Bing video](#)
- [SBARD training - Course Introduction and Patient Deterioration video | Clinical Observations Level 2 \(VTQ\) \(proclinicalobservations.co.uk\)](#)
- [Overview | Delirium: prevention, diagnosis and management | Guidance | NICE](#)
- [Overview | Delirium in adults | Quality standards | NICE](#)
- [Recognising and preventing delirium | Quick guides to social care topics | Social care | NICE Communities | About | NICE](#)
- [Overview | Dementia: assessment, management and support for people living with dementia and their carers | Guidance | NICE](#)
- [Overview | Dementia | Quality standards | NICE](#)
- [Dementia-quick-guide.pdf \(nice.org.uk\)](https://www.nice.org.uk)
