Trainee Assessment

Dementia: Support and safe practice

Unit standard | Version | Level | Credits
--- | --- | --- | ---
23920 Describe dementia, support, and safe practice to support people living with dementia in a health or wellbeing setting. | 4 | 4 | 6

Your name: 

Your workplace: 

Your date of birth: 

NSN number (if you know it): 

Declaration
- I was told about and understand the assessment requirements and appeals process.
- I have prepared my answers myself.
- Any evidence I have provided as my own, I produced myself.
- I understand that this assessment may be used for moderation and quality control purposes.
- I understand that when I achieve this unit standard my result will be registered with the New Zealand Qualifications Authority.

I confirm the above declaration:  Yes [ ] No [ ] Date: [ ]
Assessment summary (completed by assessor)

Trainee’s performance summary

<table>
<thead>
<tr>
<th>Assessment tasks</th>
<th>Assessor’s signature</th>
<th>Date achieved</th>
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</thead>
<tbody>
<tr>
<td>Task 1: Describe dementia</td>
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<tr>
<td>Task 2: Co-existing conditions</td>
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<td>Task 3: Support a person living with dementia</td>
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<td>Task 4: Daily living and meaningful activities</td>
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<td>Task 5: Safe practice</td>
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<tr>
<td>Task 6: Enduring Power of Attorney (EPA)</td>
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Unit standard results

I have assessed the trainee and confirm the requirements have been met to demonstrate competency in:

<table>
<thead>
<tr>
<th>Unit standard</th>
<th>Version</th>
<th>Level</th>
<th>Credits</th>
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<tr>
<td>23920 Describe dementia, support, and safe practice to support people living with dementia in a health or wellbeing setting.</td>
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Assessor’s name: [ ]
Assessor’s number: [ ]
Signature: [ ]
Date: [ ]
Trainee information

Before you start

- The assessor/verifier will meet with you and talk about what you need to do.
- Read through the Careerforce workplace learning and assessment guide if you need more information about the assessment process.

As you go

- Answer all questions.
- Follow the instructions for each task.
- If you answer by writing, you may write either electronically or by hand.
- If you answer verbally, your assessor will write your answer(s) or may use a voice recorder.
- Your assessor or verifier will use the checklists in this Trainee Assessment when they observe your work.
- If you need help with this assessment, please contact your assessor.

When you finish

- Make sure you have completed any parts where the assessor/verifier has said you need to do more work.

Appeals

If you wish to appeal against the assessment result or process, talk to your assessor.
If you are still not satisfied, you can appeal to Careerforce by completing the assessment result appeal form. You can find this form online at www.careerforce.org.nz/contact/forms

Feedback

Careerforce regularly reviews our assessment and learning resources. As a user, we would appreciate feedback on how you found it. Feedback can be provided to Careerforce via:
- our online feedback form at www.careerforce.org.nz/contact/resource-assessment-feedback
- email to info@careerforce.org.nz

Definitions

Dementia is a term that covers a group of different illnesses in which there is a progressive and irreversible loss of mental functioning that results in a decline in the person’s ability to think, reason and remember. A feature of dementia is the individual and changing nature of the cognitive, functional, behavioural and psychological effects that occur.
Task 1: Describe dementia

For this task you need to show your understanding of dementia, the normal ageing process, delirium, depression and other types of dementia. You also need to describe the characteristics of the three stages of dementia.

1 Describe the difference between the normal ageing process and the brain of a person living with dementia.

Your description must include each of the following:

- loss of nerve cells.
- plaques and tangles.
- slower reactions and decisions.
- memory changes.

<table>
<thead>
<tr>
<th>Loss of nerve cells</th>
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<tr>
<td>Normal ageing</td>
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<tr>
<td>Dementia</td>
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<tr>
<td>Plaques and tangles</td>
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<tr>
<td>Normal ageing</td>
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<td>Dementia</td>
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<table>
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<th>Slower reactions and decisions</th>
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<tbody>
<tr>
<td>Normal ageing</td>
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<tr>
<td>Dementia</td>
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</tbody>
</table>
2. Describe how delirium is different from dementia.
3 Describe how depression is different from dementia.

4 Describe types of dementia.
Your description must include:
- Alzheimer’s disease
- vascular dementia
- one other type of dementia. Examples may include:
  - Lewy Body dementia.
  - frontal and temporal lobe dementias.
  - other types of dementia.

**Alzheimer’s disease**
Vascular dementia

One other type of dementia
5 Describe the main characteristics of the three stages of dementia.

First stage (early/mild dementia):

Second stage (moderate dementia):

Third stage (advanced/severe dementia):
Task 1: Assessor’s feedback to trainee

When the assessor agrees that you have completed this task successfully, they will sign it off on the assessment summary page at the front of this assessment.
**Task 2: Co-existing conditions**

Research **two** other conditions that may exist together with dementia.

1. **Describe how each condition may impact on the support you provide.**

Co-existing conditions may include:

- hypertension.
- coronary artery disease.
- COPD.
- osteoarthritis.
- stroke.
- diabetes.
- cancer.
- chronic renal problems.
- multiple sclerosis.
- obesity.
- Parkinson’s disease.
- respiratory disease.
- other chronic, terminal or life limiting conditions.

<table>
<thead>
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<th>First co-existing condition:</th>
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<th>Second co-existing condition:</th>
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Task 2: Assessor’s feedback to trainee

When the assessor agrees that you have completed this task successfully, they will sign it off on the assessment summary page at the front of this assessment.
Task 3: Support a person living with dementia

For this task you need to describe how to use a person-centred approach when supporting a person living with dementia. Describe how you could support that person at each stage of dementia and describe the individual’s rights as they relate to restraint and the legal standards relevant to support.

Choose and read one scenario (whichever is relevant to your setting) and answer the questions that follow.

Scenario 1: Home care – Mrs Smith

Mrs Smith had been living alone in her own home since her husband died of a heart attack three years ago. Mr Smith was a shop owner while Mrs Smith was a stay-at-home mum all her life, raising their three girls.

In the last few years Mrs Smith had spent most of her time cooking, baking, cleaning and doing laundry. She was very precise with her cleaning rituals and only picked up her hobbies (sewing and knitting) when everything was in order and immaculate. Mrs Smith had her daily routine of cleaning her home, cooking her meals and washing up afterwards. Then she would knit or attend social activities that her family, whānau or support worker had organised for her.

Mrs Smith’s support worker, Jane, knew Mrs Smith really well. Jane noticed that Mrs Smith wasn’t attending her social activities as regularly as she normally did and had started to become quiet and withdrawn. Jane checks on Mrs Smith after meals and has noticed several times that Mrs Smith had started knitting even though there were dirty dishes in the sink. This was not normal behaviour for Mrs Smith.

Jane referred Mrs Smith to a health practitioner who diagnosed Mrs Smith with early-stage dementia. At this stage, Mrs Smith’s eldest daughter, Emily’s enduring power of attorney was activated. In coordination with the doctor and the assessment team Emily made the decision that Mrs Smith would remain in her own unit for as long as possible with support from Jane and her family and whānau.

Mrs Smith continued to live independently for most of the next two years, with adequate personal hygiene and relatively intact judgement. However, her social participation continued to decline. Jane made notes on Mrs Smith’s progress. As time went on, Mrs Smith also started to have increased difficulty in communicating her needs.

One day Jane assisted Mrs Smith with making lunch. After having lunch Mrs Smith forgot that she had eaten and got really upset with Jane as she thought that Jane didn’t want to help her. At this point Jane tried to calm Mrs Smith by talking quietly and diverting her attention by asking questions about baking. Mrs Smith was still adamant that she wanted to leave to go to her husband’s shop for lunch. As a last resort, Jane had to lock the unit and stay with Mrs Smith to try and calm her and divert her attention by folding the washing.

The matter was referred to Emily and Mrs Smith’s health care team, who decided to move Mrs Smith into the dementia unit of the facility. It took Mrs Smith a while to settle in, as she kept getting confused about where she was. At first it seemed that her condition was deteriorating quickly. As time passed, however, she settled in and began to get used to the new routines.
Scenario 2: Residential care – Mr Jones

Mr Bob Jones, a resident at Golden Acres Rest Home for the last month, had been placed there by the assessment team after his farm house burnt down. He was a fit and healthy bachelor of 83 (“I never needed a doctor in my life”) who had been a sheep and cropping farmer and lived all his life in mid-Canterbury.

Bob had been active in the community. He held office in Federated Farmers, had been president of the local rugby club and had donated a considerable amount of money and time to the local tennis club where he played for years.

Neighbours who visited him since his admission told us that he was a hard worker and a hard player, a very active and independent bloke.

Bob always said that “They’ll have to carry me out of here in a box”, such was his feeling for the farm he had taken over from his parents.

His nephew, John, farmed next door and noticed a decline in decision making about the farm. Bob had been in the habit of going to John’s once a week for a meal with the family. John’s wife noticed a decline in Bob’s personal hygiene and dress and sent John to have a heart-to-heart conversation with him.

When John visited Bob at home he noticed a burnt porridge pot in the sink, lots of dirty dishes and piles of unopened mail on the kitchen table. Bob denied any problems and refused offers of help from John and his wife with farm work or housekeeping.

Bob has not settled at Golden Acres. He is resistant to offers of help with personal care, has been observed urinating in the garden, can be physically and verbally abusive to the young female staff, constantly wants “to ring the stock firm” and can be intrusive towards other residents. He blames John and his wife for his placement in the home and seems to lack insight into his situation.

Bob recently left the building early in the morning and was found down the street shortly afterwards, cold, dazed and inappropriately dressed. The assessment team consulted Bob’s recently appointed welfare guardian and reassessed Bob as needing secure dementia care.

They were able to make a prompt assessment based on the good records staff had kept of Bob’s behaviour and responses to their interventions.
Ensure you answer the following questions based on what you will do in your workplace following your workplace’s policies and procedures.

1 Describe how you would use a person-centred approach to support Mrs Smith or Mr Jones.

2 Identify notable changes in Mrs Smith’s or Mr Jones’ condition and the implications of these changes.

3 Describe the changes in Mrs Smith’s or Mr Jones’ needs.
4 What are the effects of these changes on Mrs Smith’s/Mr Jones’ quality of life?

5 Describe two possible changes at each stage of dementia for Mrs Smith or Mr Jones.

How would you use a person-centred approach to support them through each of these changes?

Possible changes may include:

- medication and its effects.
- relationships.
- communication.
- individuality.
- feelings.
- abilities retained.
- holistic wellbeing.
### Early/mild stage:

First change:

Second change:

### Moderate stage:

First change:

Second change:
### Advanced/severe stage:

First change:

Second change:

#### Task 3: Assessor’s feedback to trainee

When the assessor agrees that you have completed this task successfully, they will sign it off on the assessment summary page at the front of this assessment.
## Task 4: Daily living and meaningful activities

1. Describe how dementia will change a person’s activities of daily living (ADL).

Describe how each of the following effects of dementia will change a person’s ADL:

- cognitive effects.
- functional effects.
- behavioural effects.
- psychological effects.

### Cognitive effects:

**First ADL:**

**Second ADL:**
### Functional effects:

**First ADL:**

**Second ADL:**

### Behavioural effects:

**First ADL:**
<table>
<thead>
<tr>
<th>Second ADL:</th>
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<tr>
<td><strong>Psychological effects:</strong></td>
<td></td>
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<tr>
<td>First ADL:</td>
<td></td>
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<tr>
<td>Second ADL:</td>
<td></td>
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</tbody>
</table>
2 Identify a meaningful activity you use or have used to support a person’s wellbeing living with dementia.

This activity could include:

- connecting with the community.
- spiritual activities.

3 Why is this activity meaningful to the person you support?

4 Describe how this meaningful activity relates back to the individual’s personal plan and your organisation’s policies and procedures.
Task 4: Assessor’s feedback to trainee

When the assessor agrees that you have completed this task successfully, they will sign it off on the assessment summary page at the front of this assessment.
## Task 5: Safe practice

1. Define the following categories of restraint used when supporting a person living with dementia, according to the Health and Disability Services (Restraint Minimisation and Safe Practice) Standards.

   Provide an example of each.

<table>
<thead>
<tr>
<th>Restraint:</th>
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<tbody>
<tr>
<td>Personal:</td>
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<tr>
<td>Example:</td>
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<td>Physical:</td>
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<td>Environmental:</td>
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<td>Seclusion:</td>
<td>Example:</td>
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<tr>
<td>Medication:</td>
<td>Example:</td>
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2. Describe how you could maintain the rights of a person you support during restraint practice in relation to the topics below.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Response</th>
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<tbody>
<tr>
<td>Dignity</td>
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<tr>
<td>Privacy</td>
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<tr>
<td>Support</td>
<td></td>
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<tr>
<td>Communication</td>
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<tr>
<td>Safety</td>
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</tbody>
</table>
3 Give four examples of how your workplace complies with the Health and Disability Services (Restraint Minimisation and Safe Practice) Standards while supporting a person living with dementia.

Examples may include:

- documentation.
- assessment.
- informed consent.
- planning.
- care and monitoring requirements.
- ongoing education.
- reporting and recording.
- evaluation and review.
- approval process.

First example:

Second example:

Third example:

Fourth example:
4 Identify **three** pieces of legislation and/or standards that are relevant to supporting Mrs Smith/Mr Jones (Task 3).

Describe why **each** of these is in place to ensure safe practice.

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<th>First legislation/standard:</th>
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<th>Second legislation/standard:</th>
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<th>Third legislation/standard:</th>
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**Task 5: Assessor’s feedback to trainee**

When the assessor agrees that you have completed this task successfully, they will sign it off on the assessment summary page at the front of this assessment.
Task 6: Enduring Power of Attorney (EPA)
Think about a person living with dementia who may have a personal care and welfare Enduring Power of Attorney (EPA) and answer the following questions.

1. When does an EPA come into effect?
   Who determines that it should come into effect?

2. Describe the process for initiating an EPA.
   Explain how your organisation supports this process.
3  Describe how an EPA relates to the person’s personal plan.

Task 6: Assessor’s feedback to trainee

When the assessor agrees you have completed this task successfully, they will sign it off on the assessment summary page at the front of this assessment.