

Issue date: November 2006

Audit criteria

Dementia

NICE clinical guideline no. 42
(produced jointly with SCIE)



Audit criteria for NICE clinical guideline no. 42

(This guideline has been produced jointly with SCIE)

Title: Dementia: supporting people with dementia and their carers in health and social care

Objective of the audit

The aim of the audit is to assist NHS acute and primary care trusts and social care providers to determine whether the service is implementing, and is in compliance with, the NICE–SCIE clinical guideline on dementia.

Patient group to be included in the audit

The audit should cover both people who have been diagnosed with dementia and those with a suspected diagnosis of dementia.

Sample for the audit

It is suggested that a sample of 100 people presenting with dementia, or suspected dementia, should be included in the audit, over a period of 12 months. However, if organisations are unable to commit to an audit of this scale there is considerable value in undertaking a structured audit of the guidance for a shorter period of time.

Data source for the audit

The audit criteria require data to be collected from a range of sources, including policy documents, patient health records and health and social care plans.

Frequency of the audit

The audit should be repeated periodically depending on the local health and social care audit strategy and the time required to implement any necessary action arising from the first audit. This will allow organisations to monitor progress towards full compliance. However, the frequency of repeat audits needs to be considered alongside other priorities for audit.

Title: Dementia NICE clinical guideline no. 42 (produced jointly with SCIE)

Audit criteria: These are the audit criteria developed by NICE to support the implementation of this guideline. Users can cut and paste these into their own programmes or they can use this template

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guideline	Data source
1	<p>Percentage of people diagnosed with dementia where the health record shows evidence of continuing valid consent from the patient, or that the provisions of the Mental Capacity Act have been followed if the person lacks capacity.</p> <p style="text-align: center;"><i>(Primary health care and social care services)</i></p>	None.	<p>Read Codes E000 senile dementia and E001 presenile dementia should be used to identify patients.</p> <p>The health record should include notes of a discussion about consent with the patient, including how understanding was checked and that the patient continues to consent over time. If appropriate, the record should include notes of a decision-specific test to establish whether the person had the capacity to give valid consent.</p> <p>The patient should be asked to sign the record to note that they understand and give consent.</p> <p>(Standard = 100%)</p>	Patient health records.
2	<p>Percentage of carers who have been offered an assessment of needs as set out in the Carers and Disabled Children Act 2000 and the Carers (Equal Opportunities) Act 2004.</p> <p style="text-align: center;"><i>(Primary health care and social care services)</i></p>	None.	<p>Carers have the right to have an assessment of needs but it is not a requirement, any carer can decline to have an assessment. The offer of assessment and the</p>	Patient health records of people who are known to care for patients with dementia.

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guideline	Data source
			<p>carer's decision to accept or decline should be recorded in the carer's health record.</p> <p>It may also be useful to determine the percentage of those who are offered the assessment who accept and the percentage who decline.</p> <p>(Standard = 100%)</p>	
3	<p>Percentage of carers whose assessment of needs has established experience of psychological distress and negative psychological impact who have been offered psychological therapy, including cognitive behavioural therapy, by a specialist practitioner.</p> <p><i>(Primary health care and social care services)</i></p>	None.	(Standard = 100%)	<p>Documented results of the needs assessment in the carer's health record.</p> <p>Documented referral for psychological therapy in the carer's health record.</p>
4	<p>There are jointly agreed, documented policies and procedures for dementia services, across local health and social care providers.</p> <p><i>(Primary care organisations [PCT/LHB], provider trust and local authority social services)</i></p>	None.	<p>The jointly agreed policies and procedures should include the overall service plan for the locality, developed with input from service users and carers, guidelines for referrers, procedures for assessment of potential service users, policy and procedures for assignment of health and social care workers, policy and procedures for sharing of information between services, procedure for individual review of service users.</p>	<p>Documented policies and procedures for health and social care services, with evidence of availability of documentation for all health and social care workers in the service and implementation of the policies and procedures in practice.</p>

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guideline	Data source
			Policies and procedures should all include review dates.	
5	Percentage of people with a possible diagnosis of dementia referred to memory assessment services. <i>(Primary care practice)</i>	None.	Memory assessment services should be the single point of referral. For people with a suspected diagnosis of dementia. The aim of the memory assessment is to confirm or discount a diagnosis of dementia. The service may be provided by a memory assessment clinic or by community mental health teams. (Standard = 100%)	Patient health records.
6	Percentage of people with dementia who are service users with a documented combined care plan where there is evidence that: <ul style="list-style-type: none"> the care plan has been agreed and, as appropriate, reviewed at an agreed frequency, to take account of any changing needs for the person with dementia or their carers there is a named health and/or social care worker assigned to operate the plan the care plan has been endorsed by the person with dementia and/or their carers. <i>(Primary health care and social care services)</i>	None.	Combined care plans should cover: <ul style="list-style-type: none"> activities of daily life (ADLs) and the current level of ability of the person with dementia advice given about ADLs, including toileting skills environmental modifications to aid independent living physical exercise structured group cognitive 	Results of regular audits of a sample of combined care plans in operation across the local dementia services provided by health and social care agencies.

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guideline	Data source
			<p>stimulation programme</p> <ul style="list-style-type: none"> • pharmacological interventions • assessment and monitoring for depression and/or anxiety. <p>The care plan should be agreed between care providers and with the person with dementia and their carer, as appropriate.</p> <p>(Standard = 100%)</p>	
7	<p>Percentage of people with suspected dementia for whom structural imaging (computed tomography [CT] scanning or magnetic resonance imaging [MRI]) has been undertaken as part of assessment and diagnosis.</p> <p><i>(Primary /acute health care)</i></p>	None.	<p>MRI scanning is the preferred modality to assist with early diagnosis and detect subcortical vascular changes.</p> <p>Specialist advice should be taken when interpreting scans in people with learning disabilities.</p> <p>(Standard = 100%)</p>	<p>Patient health records.</p> <ul style="list-style-type: none"> • Referral for CT/MRI scanning. • Results of scan(s).
8	<p>Percentage of people with dementia who develop non-cognitive symptoms that cause significant distress to the individual or who develop behaviour that challenges, including agitation, for whom their care plan demonstrates that a comprehensive assessment has been undertaken to establish the likely causes and influences that may generate, aggravate and improve the behaviour(s), covering:</p> <ul style="list-style-type: none"> • physical health 	None.	<p>The care plan should demonstrate that consideration has been given to all the dimensions set out in the bullet point list.</p> <p>Frequency of review should be agreed and set for the individual care plan and recorded in the care plan notes.</p>	<p>Results of regular audit of care plans for people with dementia who have developed behaviour that challenges.</p>

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guideline	Data source
	<ul style="list-style-type: none"> • depression • possible undetected pain or discomfort • side effects of medication • individual biography, including beliefs, spiritual and cultural identity • psychosocial factors • physical environmental factors • specific behavioural and functional analysis conducted by trained professionals in conjunction with family carers and care workers. <p>An individual care plan has been developed to help carers and staff to address the behaviour that challenges, and is documented in the notes.</p> <p style="text-align: center;"><i>(Primary health care and social care services)</i></p>		(Standard = 100%)	
9	<p>Dementia-care training is available for all staff working with older people in the health, social care and voluntary sectors, appropriate to their different roles and responsibilities.</p> <p style="text-align: center;"><i>(Primary and acute health care, voluntary care services and social care services)</i></p>	None.	<p>A range of training should be offered from short information courses to in-depth professional training. Subjects covered should include:</p> <ul style="list-style-type: none"> • training in the use of the NICE dementia guideline • the early signs of symptoms of dementia, and its major subtypes • progression/prognosis of dementia and 	<p>Published training programme available to staff through paper or electronic circulation.</p> <p>Audit of training records for a range of staff working with older people to demonstrate attendance at training courses appropriate to their role and responsibilities for care.</p> <p>This may be included in the electronic staff record register of training.</p>

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guideline	Data source
			<p>consequences for the person with dementia their carers, family and their social network</p> <ul style="list-style-type: none"> • applying the principles of patient-centred care • the importance and use of communication skills for working with people with dementia and their carers • assessment and pharmacological treatment of dementia. 	
No. of criterion replaced	Local alternatives to above criteria (to be used where other data addressing the same issue are more readily available)			

Appendix: Using the audit criteria to audit implementation of the guideline

The following paragraphs are provided to assist NHS organisations to audit progress in implementing NICE clinical guidelines. They represent current good practice in audit, but additional guidance can be found in [‘Principles for best practice in clinical audit’](#).

Auditing implementation of the NICE–SCIE guideline

Following dissemination of the guideline to all relevant services and partners, NHS and social care organisations are encouraged to undertake a baseline audit to determine whether practice is in accordance with the guideline. Where practicable, the audit should be repeated on a regular basis to monitor implementation and to enable comparisons of practice and results over time.

Audit rationale and planning

The Healthcare Commission assesses the performance of NHS organisations in meeting core and developmental standards set by the Department of Health (DH) in [‘Standards for Better Health’](#). Implementation of clinical guidelines forms part of developmental standard D2 which states that patients should receive effective treatment and care that conforms to nationally agreed best practice, particularly as defined in NICE guidance. Standard C5(d) states that ‘Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services’. In order to assure themselves of compliance NHS trust boards need to receive regular reports on the implementation of NICE guidance, highlighting areas of non-compliance and risk. The audit of this guideline needs to be planned alongside audits of other NICE guidance, in order to feed into the appropriate reporting cycle.

In Wales, the Healthcare Commission works closely with the Health Inspectorate Wales, who are responsible for the NHS in Wales, and the Care Standards Inspectorate Wales, who are responsible for independent healthcare in Wales.

For social care, the Commission for Social Care Inspection (CSCI) is the single, independent inspectorate for social care in England responsible for the inspection, regulation and review of all social care services into one organisation. It was created by the Health and Social Care (Community Health and Standards) Act 2003 and became fully operational on 1 April 2004.

Audit reporting template

As part of this guideline, NICE has developed recommended audit criteria and have included these within an audit reporting template. It is recognised that some organisations will have their own well-developed systems for reporting audit results within the organisation and for retaining results to allow progress over time to be monitored. Where this is the case, NICE would not wish to

alter current approaches – the reporting template is provided for those organisations that might find it useful.

Calculation of compliance

Where compliance (%) with the guidance should be calculated as a measure, this is calculated as follows:

$$\frac{\text{Number within the population group whose care is consistent with the criterion}}{\text{Number within the population group to whom the measure applies (that is, the total population group less any exceptions)}} \times 100\%$$

As well as reporting the percentage compliance, it will often be useful to report the actual numerator and denominator figures (to give an idea of scale).

Review of audit findings

NICE encourages the local discussion of audit findings and, where there is an identified lack of compliance with the guidance, the development of an action plan. See '[How to put NICE guidance into practice: a guide to implementation for organisations](#)'. Progress against the plan can then be monitored and reported to the organisation's board to show that progress towards desired improvements is being achieved.

Definitions used within the audit criteria and audit reporting template	
Criterion	Measurable element derived from the key priorities for implementation of each piece of guidance. The organisational level to which the criterion applies is shown in parentheses.
Exceptions	If implementation of guidance is not appropriate for a particular subgroup of the population, this is clearly stated. If there are no exceptions, this is also stated.
Definition of terms and/or general guidance	Unambiguous definitions of any terms used in the audit criteria to promote consistency of approach and measurement and reduce the risk of non-comparable findings. This may include general guidance specific to that criterion. These definitions do not include any interpretation (or other clarification) of the NICE guidance. Should there be a need to include any such clarification, this will be inserted as a footnote to the audit template. The desired standard is shown in parentheses.
Data source	Source(s) of data used to gather evidence of implementation.
Compliance	Percentage compliance within the audited sample (see previous section for calculation).
Findings	Usually, this will provide added detail around the basic compliance figure – such as showing variation by age, ethnic group – to ensure that an aggregate compliance figure does not mask difficulties being experienced by particular subgroups of the population.
Comments	This allows free text for comment on audit findings and the local context in which they exist. It can provide the reference to other, more detailed documents including, if necessary, an action plan for improvement.

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Audit report: This is designed to be completed for each audit to record compliance, findings and comments

Number of audit:					
Date audit completed:					
Audit lead/manager:					
Summary of previous audit results: (where applicable)					
To be completed by service during audit					
Criterion no.	Criterion	Data source	Compliance	Findings	Comments
1	Percentage of people diagnosed with dementia where the health record shows evidence of continuing valid consent from the patient, or that the provisions of the Mental Capacity Act have been followed if the person lacks capacity. <i>(Primary health care and social care services)</i>				
2	Percentage of carers who have been offered an assessment of needs as set out in the Carers and Disabled Children Act 2000 and the Carers (Equal Opportunities) Act 2004. <i>(Primary health care and social care services)</i>				
3	Percentage of carers whose assessment of needs has established experience of psychological distress and negative psychological impact who have been offered psychological therapy, including cognitive behavioural therapy, by a specialist practitioner. <i>(Primary health care and social care services)</i>				

Number of audit:					
Date audit completed:					
Audit lead/manager:					
Summary of previous audit results: (where applicable)					
To be completed by service during audit					
Criterion no.	Criterion	Data source	Compliance	Findings	Comments
4	There are jointly agreed, documented policies and procedures for dementia services, across local health and social care providers. <i>(Primary care organisations [PCT/LHB], provider trust and local authority social services)</i>				
5	Percentage of people with a possible diagnosis of dementia referred to memory assessment services. <i>(Primary care practice)</i>				
6	Percentage of people with dementia who are service users with a documented combined care plan where there is evidence that: <ul style="list-style-type: none"> • the care plan has been agreed and, as appropriate, reviewed at an agreed frequency, to take account of any changing needs for the person with dementia or their carers • there is a named health and/or social care worker assigned to operate the plan • the care plan has been endorsed by the person with dementia and/or their carers. <i>(Primary health care and social care services)</i>				

Number of audit:					
Date audit completed:					
Audit lead/manager:					
Summary of previous audit results: (where applicable)					
To be completed by service during audit					
Criterion no.	Criterion	Data source	Compliance	Findings	Comments
7	Percentage of people with suspected dementia for whom structural imaging (computed tomography [CT] scanning or magnetic resonance imaging [MRI]) has been undertaken as part of assessment and diagnosis. <i>(Primary/acute health care)</i>				
8	Percentage of people with dementia who develop non-cognitive symptoms that cause significant distress to the individual or who develop behaviour that challenges, including agitation, for whom their care plan demonstrates that a comprehensive assessment has been undertaken to establish the likely causes and influences that may generate, aggravate and improve the behaviour(s), covering: <ul style="list-style-type: none"> • physical health • depression • possible undetected pain or discomfort • side effects of medication • individual biography, including beliefs, spiritual and cultural identity • psychosocial factors • physical environmental factors 				

Number of audit:					
Date audit completed:					
Audit lead/manager:					
Summary of previous audit results: (where applicable)					
To be completed by service during audit					
Criterion no.	Criterion	Data source	Compliance	Findings	Comments
	<ul style="list-style-type: none"> specific behavioural and functional analysis conducted by trained professionals in conjunction with family carers and care workers. <p>An individual care plan has been developed to help carers and staff to address the behaviour that challenges and is documented in the notes.</p> <p style="text-align: center;"><i>(Primary health care and social care services)</i></p>				
9	<p>Dementia-care training is available for all staff working with older people in the health, social care and voluntary sectors, appropriate to different roles and responsibilities.</p> <p style="text-align: center;"><i>(Primary and acute health care, voluntary care services and social care services)</i></p>				
No. of criterion replaced	Local alternatives to above criteria (to be used where other data addressing the same issue are more readily available)				

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History of audits: This is designed for recording the results of consecutive audits, to demonstrate progress over time

		Compliance			Other findings		
Number of audit:		Initial	2	3	Initial	2	3
Date audit completed:							
Audit lead/manager:							
Criterion no.	Criterion						
1	Percentage of people diagnosed with dementia where the health record shows evidence of continuing valid consent from the patient, or that the provisions of the Mental Capacity Act have been followed if the person lacks capacity. <i>(Primary health care and social care services)</i>						
2	Percentage of carers who have been offered an assessment of needs as set out in the Carers and Disabled Children Act 2000 and the Carers (Equal Opportunities) Act 2004. <i>(Primary health care and social care services)</i>						
3	Percentage of carers whose assessment of needs has established experience of psychological distress and negative psychological impact who have been offered psychological therapy, including cognitive behavioural therapy, by a specialist practitioner. <i>(Primary health care and social care services)</i>						
4	There are jointly agreed, documented policies and procedures for dementia services, across local health and social care providers. <i>(Primary care organisations [PCT/LHB], provider trust and local authority social services)</i>						
5	Percentage of people with a possible diagnosis of dementia referred to memory assessment services. <i>(Primary care practice)</i>						

		Compliance			Other findings		
Number of audit:		Initial	2	3	Initial	2	3
Date audit completed:							
Audit lead/manager:							
Criterion no.	Criterion						
6	<p>Percentage of people with dementia who are service users with a documented combined care plan where there is evidence that:</p> <ul style="list-style-type: none"> the care plan has been agreed and, as appropriate, reviewed at an agreed frequency, to take account of any changing needs for the person with dementia or their carers there is a named health and/or social care worker assigned to operate the plan the care plan has been endorsed by the person with dementia and/or their carers. <p><i>(Primary health care and social care services)</i></p>						
7	<p>Percentage of people with suspected dementia for whom structural imaging (computed tomography [CT] scanning or magnetic resonance imaging [MRI]) has been undertaken as part of assessment and diagnosis.</p> <p><i>(Primary /acute health care)</i></p>						
8	<p>Percentage of people with dementia who develop non-cognitive symptoms that cause significant distress to the individual or who develop behaviour that challenges, including agitation, for whom their care plan demonstrates that a comprehensive assessment has been undertaken to establish the likely causes and influences that may generate, aggravate and improve the behaviour(s), covering:</p> <ul style="list-style-type: none"> physical health depression possible undetected pain or discomfort side effects of medication individual biography, including beliefs, spiritual and cultural identity psychosocial factors physical environmental factors 						

