

Admiral nurses in dementia care

In November 2010, I left the NHS to join The Orders of St John Care Trust (OSJCT), who operate 72 residential, nursing and dementia facilities across the UK, as the second ever Admiral nurse to work in the UK care home sector. OSJCT, Dementia UK and My Home Life (MHL) developed a new initiative aimed at improving the quality of life for those who are living, dying, visiting and working in care homes through the admiral nurse role.

In supporting the staff and residents at OSJCT, I provide training, assessment and advice to ensure the provision of high-quality dementia care. I'm responsible for implementing and evaluating the MHL framework to enhance residents' quality of life. I have a trust-wide remit to enhance quality by delivering a personal approach to each resident, rather than simply implementing standardised techniques.

Each home is allocated a dementia lead to ensure that all staff follow this mentality and are trained to the highest standard. Dementia leads act as champions for best practice and ensure a person-centred approach for each resident. I meet with them quarterly to discuss new ideas, find out each home's progress and gain feedback into which techniques have been the most effective. Dementia leads are instrumental in maintaining high-quality dementia care throughout OSJCT by implementing care techniques nationally, but tailoring them to each resident.

One initiative we use to get to know residents more intimately is life stories, which helps us to better understand their likes and dislikes. Our homes have been particularly successful with their life story work, and have implemented an 'All about me' document for each resident, to help enrich their daily lives. Each document has a photograph of the resident in the middle, surrounded by clouds that explain what they like to eat, drink, wear, listen to, or watch on television. It also shows what the resident does not like, or is fearful of, as we believe these are as equally important to know in order to tailor a care plan to suit them.

By implementing life story work alongside other initiatives, such as doll therapy and themed rooms and gardens, we have been able to reduce the use of antipsychotic drugs, a key aim for OSJCT. The percentage of residents prescribed psychotics across OSJCT's 72 homes has now fallen from 30% to less than 7%. Jack Parkinson Court in Mablethorpe is one example of a home that has reduced drug usage, through the use of a cinema, tearoom and pub as reminiscence therapy.

Another aspect of my role is to support the relatives of residents. I was asked to help several spouses of residents in one home in Gloucester. Once I started to get to know these relatives it became clear that they were directing their feelings of guilt, loneliness and loss of their loved one, onto staff. By analysing the relative's behaviour, I was able to explain to staff that they may never know what it feels like to experience the difficulties that dementia brings to a loved one. This helped staff to provide practical support and advice to each relative. I now spend more time helping carers understand not only residents on a personal basis, but relatives as well.

Through my work, a greater emphasis has been put on practical and emotional support for carers and residents. In fact, the results have been so positive that the OSJCT has recently introduced a second Admiral Nurse, Tilly Brock, to build on our successes and further improve personalised care in homes across the UK.

Although we have seen some amazing results, changing culture and practice is an ongoing process and one that needs to be embraced by more specialist care providers. By leading the field and highlighting positive benefits of championing dementia care within our homes, we hope that more providers will look to progress practices and implement new ways to improve person-centred care.



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