

DEVELOPING ESSENTIAL KNOWLEDGE, SKILLS AND ATTITUDES WITHIN CARE HOME PLACEMENTS

Contact Details for Care Home Education Facilitators (CHEF’s) are on the Practice Learning webpage for the School of Nursing and Health Sciences

<https://www.dundee.ac.uk/nursing-health-sciences/study/practice-learning/>

Care Home Learning Pack reviewed 2021

Mental health nursing students will find many learning opportunities in the care home environment. With ample opportunity to learn safe and effective personal care and practise appropriate moving and handling, students will also play a part in creating, reviewing, and discontinuing care plans for residents. Students will meet residents who have been assessed under the Adults with Incapacity Act and learn about the necessity for a section 47 certificate before personal care can be undertaken. Residents can sometimes be subject to community treatment orders under the Mental Health (Care and Treatment) (Scotland) Act 2003/2015. Those older people with functional mental illnesses such as Schizophrenia, Bipolar disorder and depression are just as likely to require assisted living in later life and care home placements represent an opportunity to learn about how these illnesses present as a person becomes older. Students may come across those with early onset dementia, Huntington's disease or Wernicke Korsakoff syndrome. Care homes provide a vital resource to many people who are admitted to mental health areas as their care is 'stepped down' from acute hospital admission and student placements provide excellent experience for future mental health nurses.

Within the clinical placement journey Child health nursing students will have access to many learning experiences within a wide range of settings.  The care home environment is one such setting that offers a wealth of opportunities in developing fundamental knowledge and skills when caring for such a vulnerable population with a range of care needs. Students will be supported to engage in the delivery of safe, effective person-centered care utilising nursing practices to enhance and maintain a person’s daily living activities, advocating for their needs and wishes and communicating in a mode of different ways to be able to connect with and be the voice of the people you are caring for.  Working in this type of care setting, will provide you with a wealth of transferable skills that you can take forward in your future career as Children’s Nurses.

Adult placement students will receive a variety of experiences in the care home

placement, from person centred care planning to palliative care planning. Care homes are

a rich learning resource for communication from residents with varying diagnoses from Dementia to learning disabilities to engaging with relatives , colleagues and the wider multi disciplinary team to name a few. Pre-admission assessments, Social work care reviews, weekly GP visits, safe storage and ordering of medication, fundamental nursing skills and understanding the legal side of Power of Attorney, Adults with Incapacity.

## Introduction to your Work- Based Learning Pack in Care Homes

Please complete this short questionnaire before you start your practice placement in the Care Home.

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| 1. What are your expectations regarding your forthcoming Care Home placement? |
| 2. What do you expect to learn in your Care Home placement? |
| 3. What do you think the nursing role is in Care Homes? |

## Introduction to your Work- Based Learning Pack in Care Homes

**The Organisational Background**

In March 2016, there were 1,175 Care Homes for Older People in Scotland. There were a total of 33,301 older people in Scotland living in Care Homes (Scottish Government 2016).

People entering Care Homes in Scotland have been assessed as requiring 24 hour residential and nursing care and are likely to have highly complex health and social care needs. **This means there is a range of learning opportunities for Nursing Students with staff who have a diverse range of skills.**

The transition of moving from home into 24 hour residential and nursing care can be a distressing and highly emotive time both for residents and their families. **Demonstrating care and compassion is essential in all areas of nursing, but especially so during life-changing transitions.**

Residents are reviewed regularly by Social Services whilst living in Care Homes to ensure their ongoing health and social care needs are being met. Most health care needs should either be met by Care Home staff or accessed as if the person was still living in their own house. This means people continue to receive services as part of the local community. Hospital admission is unusual, but sometimes occurs in cases of medical emergencies or unexpected changes in health needs. Residents may have multiple physical and mental health co-morbidities plus they are in care homes very often until the end of life. Many people have a diagnosis of frailty and a vast range of skills are required to achieve high quality care delivery

As well as the diversity of health and social care needs of people living in Care Homes, the skill mix of Registered Nurses and Social Care Staff with varying qualifications and experience means that the philosophy of care is often different to the NHS.

It is extremely important to acknowledge that people do not enter Care Homes with the expectation of requiring hospital based technological intervention. A Care Home environment should be an extension of the person’s own home. This means as a learner, you must understand the theoretical principles taught in University and apply them to the environment in which you practice. This is why Care Homes are operated, registered and regulated in a completely different way to the NHS.

To find out more about the inspection and regulation of Care Standards in Care Homes please log onto [www.careinspectorate.com](http://www.careinspectorate.com/)

The Care Inspectorate (formerly known as SCSWIS – Social Care Social Work Improvement Scotland and the Care Commission), are responsible to the Scottish

Government for the regulation of, inspection of and supporting improvements in Care Homes and other services.

You should make yourself familiar with the key Health and Social care Standards,

- [My Support, My Life](https://www.gov.scot/Resource/0052/00520693.pdf).

There is also a free online learning resource, ‘Care Home Nursing: Changing Perspectives’ that would be of benefit for you to access. <https://www.futurelearn.com/courses/nursing-care-homes>

Further reading and information available from Scottish Care <https://scottishcare.org/>

SSSC <https://www.sssc.uk.com/>

Scottish Government - <https://www.gov.scot/publications/coronavirus-covid-19-open-with-care---supporting-meaningful-contact-for-care-home-residents-at-and-after-level-0-letter-to-sector/>

# LEARNING OPPORTUNITIES IN CARE HOMES

**PHYSICAL CARE**

If you’re in first year:

|  |  |
| --- | --- |
| Objective | If achieved, PS/PA to sign the following in  the PAD - |
| Access the care home policy and guideline on wearing appropriate PPE and Infection Prevention and Control when assisting at mealtimes.  Example- Find out through taking part in meal times what PPE is  worn and why. Source the care homes policy and procedure. | 2.12 |
| Understand the common medicines and doses used and carry out a research of the use, interactions and side effects.  Example – Week 3 and 4, ask for a list of the common medications and using a BNF note the side effects, contraindications and what the drug is used for. | 4.14, 4.15, 4.16 |
| Understand the principles of delivering a person-centred approach to care in a caring and compassionate way.  Example - Working with a SCO and sourcing the care plans and documentation within the care home complete a small piece of work  on person centred care and the principles | 1.9, 1.14, 3.3, |
| Be able to provide or assist resident in the performance of daily activities maintaining dignity  Example - Working alongside an SCO assist with daily activities on assigned residents. | 1.11-1.14 |

If you’re in second year:

|  |  |
| --- | --- |
| Objective | If achieved, PS/PA to sign the following in  the PAD - |
| Implement nursing care plans appropriately  Example – Before delivering care look at resident’s care plan, follow care plan instructions – then reflect – was it accurate, are any  changes required, is everything in place? Source and read care home policies and procedures | 1.11, 1.18 |

|  |  |
| --- | --- |
| Demonstrate ability to plan, record and deliver safe and effective care Example – With assistance identify a resident who requires their care plans reviewed and under supervision review, update and record.  Think of what else you need to do. | 3.1, 3.2, 3.3, |
| Demonstrate ability to perform wound management under supervision Example – Identify with assistance from PS/PA a resident with a wound, source the care plan, ask to be involved in next dressing change, under supervision observe and if appropriate carry out wound care. Consider how this differed from the hospital setting, do a small piece of work on the difference remembering you Infection  Prevention and Control Policy | 4.7 |
| Apply infection prevention and control policy in relation to wound care management  Example – Access and read the care homes infection control and prevention policy, find out how staff maintain their skills, how their training is delivered. | 2.12 |

If you’re in third year:

|  |  |
| --- | --- |
| Objective | If achieved, PS/PA to sign the following in  the PAD - |
| Demonstrate under supervision correct use of prescription charts, safe administration, accurate recording, safe storage and disposal of medicines (including controlled drugs) to support safe and effective medicine management  Example –Identify the care homes medication administration and documentation and safe disposal procedure and policy. How does this differ from the hospital setting? Discuss your findings and thoughts with your PS/PA  Under supervision carry out drug rounds. | 4.14, 4.15, 4.16, 4.17 |
| Using appropriate knowledge and skill demonstrate the ability to prioritise the needs of patients in your care.  Example – Discuss with your PS/PA prioritising patient care and workload.  Under supervision prioritise the care and workload for your shift. Reflect on how you felt what you were required to do. | 1.8, 3.13 |
| Demonstrate awareness of the most common drugs used in the practice area, their physiological effects, indications for use, the dosages, cautions and contraindications.  Demonstrate knowledge of treating anaphylaxis and adverse reactions, recording and reporting as per local and national policies. | 4.14, 4.15, 4.16, 4.17 |

|  |  |
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| Example – Look at the drugs used, make a list and note the side effects, contraindications and drug use.  Discuss this with your PS/PA  Identify the guidelines and policy for anaphylaxis, looking at the PGD guidelines. Do a small piece of work on your findings, treatment and documentation. Share and discuss with your PS/PA |  |
| Demonstrate the ability to apply local Infection Prevention and Control | 2.12 |
| Policy, and correct disposal of clinical waste. |
| Example – Source the care homes Infection Prevention and Control |
| Policy. Find out how staff access training and updates. |
| Under supervision identify a resident with a catheter and consider the |
| ICP and PPE required for catheterisation and catheter care. Discuss |
| with your PS/PA. |
| If opportunity arises under supervision observe a catheterisation and |
| or carry out catheterisation procedure. Carry out clinical waste in line |
| with the care home policy and procedure. Do a reflective piece on |
| how this differs from the hospital setting and why this is. |

# PSYCHOLOGICAL CARE

If you’re in first year:

|  |  |
| --- | --- |
| Objective | If achieved, PS/PA to sign  the following in the PAD - |
| Demonstrate active listening skills and communicate effectively, both orally and in writing, so that meaning is always clear  Example -When delivering care to a resident observe what you are hearing and seeing, with guidance document and communicate your  findings. | 1.11, 1.13, 1.14 |
| Understand different culture, religion, spiritual beliefs, gender and sexuality and its impact on care.  Example -Find out if any residents have specific culture, religion etc and consider what you may need to source and how you may need  to adapt practice and care. | 1.4, 7.9 |

If you’re in second year:

|  |  |
| --- | --- |
| Objective | If achieved, PS/PAto sign  the following in the PAD - |
| Understand the impact of the decision for an individual to live in a care home  Example – choose one or two residents and do a small piece of work looking at the positive and negative aspects of the decisions the resident and family or carer would have faced when deciding on  long term care. | 2.9, 7.3, 7.8 |
| Interact and assist In partnership with activities coordinator planned activities and outings  Example - Spend time with the activity coordinator to get an understanding of their role. Participate in a variety of activities. | 1.9, 4.1 |
| Apply knowledge of different communication skills to prevent isolation and barriers to effective communication  Example – Think of the different methods of communication and some of the residents you have been involved with – have you used  different methods, reflect on the methods used. Share with your PS/PA. | 1.13 |
| Understand the risk assessment process in maintaining safety within the care home setting  Example – Discuss with your PS/PA the risk assessment process and how it is implemented with the care home setting | 3.4, 4.11, 6.5 |

If you’re in third year:

|  |  |
| --- | --- |
| Objective | If achieved, PS/PA to sign the following in  the PAD - |
| Develop a plan of care which reflects physical, psychosocial and spiritual needs of patients with a chronic condition.  Example – Following discussion with your PS/PA take part in a holistic assessment and planning of care for a resident with  diabetes, stroke, dementia. | 1.14, 3.1, 3.13 |
| Utilise a recognised framework, tools, scales, etc., demonstrate skill in client-centred assessment  Example – With help from your PS/PA identify a resident, look at their care needs and care plans, are they up to date, is it evidence based, accurate, how often are the care plans reviewed do the dates  reflect this. | 3.5, 3.8, 3.15 |
| Demonstrate and apply an understanding of your professional regulatory body.  Example – Always act in a professional manner, follow the NMC Code 2015. Write a small reflective piece on something you have  identified that complied with the code. | 1.3, 1.17, |
| Demonstrate and apply effectively managing safety and prioritising workload.  Example – After discussions with your PS/PA under supervision take charge of the unit for your shifts, coordinating the work load and prioritising care and work delivery. Reflect on the skills you used, how you felt and the managerial aspects of nursing. Finally, how  does this differ from the hospital setting? | 5.3, 5.5, 5.6 |

# SOCIAL CARE

If you’re in first year:

|  |  |
| --- | --- |
| Objective | If achieved, PS/PA to sign the following in  the PAD - |
| Understand the skill mix of the team dynamics and the roles and responsibilities each member has.  Example - Ask your PS/PA if they can show you the staff rota and  take note if the skill mix of the team, work alongside as many of the team as you can. | 1.1, 1.3 |
| Source the homes Infection Prevention and Control Policy, noting the disposal of clinical waste.  Example - With the assistance of your PS/PA or manager source the infection prevention and control policy on clinical waste,  compare this with the hospital setting. | 2.12 |
| Understand the ordering and prescription requests for medication management.  Example - With your PS/PA discuss the ordering of prescriptions, try to organise spending time with the local pharmacist, note the  difference from a hospital setting. | 4.16 |

If you’re in second year:

|  |  |
| --- | --- |
| Objective | If achieved, PS/PA to sign the following in  the PAD - |
| Under supervision participate in medication rounds  Example – Week 3 identify the common medications used, note the side effects, drug use and contraindication. Observe different drug  rounds, under supervision take part in smaller drug rounds. | 4.14, 4.15, 4.16, 4.17 |
| Understand the care inspection team and the grading system Example – Using the internet access the care inspectorate website get an understanding of their inspection system and grading system. It may be possible for you to organise a visit – discuss with your  PS/PA or manager. | 6.4, 6.7 |
| Demonstrate knowledge of patient group directive and how this is applied  Example – Discuss with your PS/PA the Patient Group Directive policy. Complete a small piece of work on this and share with your  PS/PA. | 4.15, 4.16, 4.17 |
| Understand the process used for assessment and decision making in admission to a care home  Example – Discuss with the manager the admission process and procedure and where possible ask to accompany them on an admission assessment. | 3.11, 3.12, 6.5 |

If you’re in third year:

|  |  |
| --- | --- |
| Objectives | If achieved, PS/PA to sign the following in  the PAD - |
| Recognise the importance of purposeful involvement of clients and carers in the delivery of care; demonstrate awareness of the role of advocacy, user and carer groups”  Example – Source the policy and guideline on the role of advocacy. Look at what it means as a professional and how this  differs from the residents or family decision making. | 1.4, 7.9 |
| Collaborate effectively with members of the multidisciplinary team, demonstrating understanding of the roles and contributions of others.  Example – Identify all the multi-disciplinary teams that can potentially be involved in the care of a resident and what their role  is. | 1.5, 1.12, 7.9, 3.16 |

|  |  |
| --- | --- |
| If possible take part in a multidisciplinary team review. E.g. social care, dietician, physio |  |
| Demonstrate and apply knowledge to provide adequate dietary needs  Example – Source the care homes policy and procedure on nutrition and assessment tools used such as the MUST tool. Building on your knowledge take part in reviewing care plans and  documenting care delivery. | 4.6 |

## Platform 1 – Being an accountable professional

## Platform 2 – Promoting Health and Preventing Ill Health

## Platform 3 – Assessing Needs and Planning Care

## Platform 4 – Providing and Evaluating Care

## Platform 5 – Leading and managing nursing care and working in teams

## Platform 6 – Improving Safety and Quality of Care

## Platform 7 – Coordinating Care

# ACTIVITIES

You will be allocated time during placement to complete some/all of these activities by your PS/PA. They can be done in order or as your PS/PA advises in line with your learning objectives and available learning opportunities. At the end of each activity there is space for you to reflect on that week in light of your new learning. Discuss the activities with your PS/PA after you complete each one.

# ACTIVITY ONE:- A TEAM APPROACH TO CARING

1. Identify the managerial and staffing structure within the Care Home environment. Plan time with each staff member to discuss their roles, responsibilities and any challenges they face; include the Care Home Manager, PS/PA/Registered Nurse, Carers, Activity Coordinator, Cook/Chef and any other staff.
2. Following these discussions, produce a short summary denoting the main roles and responsibilities of these staff.
3. Complete a reflection of this week’s learning.

\*Change family names and details within your reflection to preserve confidentiality.

## Helpful Hints (questions to ask):-

* What are your main duties and responsibilities?
* When and how do you decide to involve other health professionals in aspects of residents’ health and well-being?
* What aspects of each role provide learning opportunities for nursing students?
* What do you believe are the most positive aspects of working in a Care Home?
* Do you think there are any challenges in working in Care Homes?
* How do you keep up to date with current practice?
* What do you believe are the differences in your role as compared to NHS hospital-based staff?

## Related NMC Domains:-

## Platform 1 – Being an accountable professional

## Platform 5 – Leading and managing nursing care and working in teams

## Platform 7 – Coordinating Care

# REFLECTION ON PRACTICE

**ACTIVITY TWO:– HEALTH AND SOCIAL CARE STANDARDS**

1. This week familiarise yourself with the [Health and Social care Standards](https://www.gov.scot/Resource/0052/00520693.pdf) (2017).A copy can be found in the Care Home or accessed via the Scottish Government website. Pay particular attention to the five underlying principles of dignity and respect, compassion, being included, responsive care and support, and wellbeing.
2. Look at the care plans and consider how each individual’s care is mapped to the five underlying principles.
3. Complete a reflection of this week’s learning.

\*Change family names and details within your reflection to preserve confidentiality.

## Helpful Hints:-

* Consider each principle and provide specific examples of how the staff team (and yourself) have provided person-centred care i.e. Principle 2.22. Mr S was a professional footballer when younger. He is supported in a person- centred way to maintain his interest in football by being accompanied by care home staff each week to the local football match.
* Look at the care plans for residents. Do they include a personal history/social story/personal history which is reflected in their activities and choices about how they are supported by staff?
* Observe the interaction between staff and visitors. Is privacy provided by families/groups when required?
* Do any residents access NHS services i.e. Speech and Language, Dieticians, Mental Health support?
* What are the links and integration with the local community? Do residents go on outings or holidays?
* Are resident’s individual likes/dislikes regarding food taken into consideration

## Related NMC Domains:-

## Platform 1 – Being an accountable professional

## Platform 3 – Assessing Needs and Planning Care

## Platform 4 – Providing and Evaluating Care

## Platform 7 – Coordinating Care

# REFLECTION ON PRACTICE

**ACTIVITY THREE:- GETTING TO KNOW THE CARE HOME**

1. Consider the key documents upon which best practice is underpinned such as national and local strategies, drivers, guidelines or policies which pertain to care homes. Find out about any current initiatives within the care home.
2. Choose, with your PS/PA’s help, a resident\* or group of residents\* who have particular needs which require consideration of infection control policies. Identify these needs and discuss with your PS/PA how these needs can be met.
3. Complete a record of this week’s learning.

\*Change family names and details within your work to preserve confidentiality.

## Helpful Hints:-

* You will find it useful to have completed the Scottish Infection Prevention and Control Education Pathway
* Consider any situations which may require additional infection control measures or public health reporting, eg. Flu virus or Norovirus
* Consider the level of assistance the resident requires e.g. going to the toilet, eating meals or meeting own hygiene needs

Consider the following points:-

* How is PPE accessed?
* Where is PPE kept?
* How much does PPE cost?
* How do staff decide whether they need to use PPE? Discuss with members of the staff team the overall philosophy of care. How does it differ to an acute hospital setting?
* What are the local arrangements for disposal of hazardous/infectious substances?
* Imagine you are a resident who needs assistance i.e. to use cutlery. How do you think the resident might feel being assisted to eat by someone with an apron and gloves on? Would you wear an apron and gloves if you were carrying out this assistance in your own home; in an acute hospital environment? Would you wear PPE to change a dry dressing or to wash somebody’s face?

## Related NMC Domains:-

## Platform 1 – Being an accountable professional

## Platform 2 – Promoting Health and Preventing Ill Health

## Platform 3 – Assessing Needs and Planning Care

## Platform 5 – Leading and managing nursing care and working in teams

# REFLECTION ON PRACTICE

**ACTIVITY FOUR:– MOVING & HANDLING AND CONTINENCE**

1. This week investigate the application of moving and handling techniques or continence management support. Choose a resident after discussion with your PS/PA, with whom you have supported in terms of either, moving and handling OR meeting continence needs.
2. Focus on the assessment tools in the care home, the clinical skills observed and practised, the equipment/aids used and the involvement of the multi- disciplinary team where applicable. You should include examples of how the moving and handling/continence management differs between an acute hospital and a care home environment.
3. Provide a rationale for observed nursing actions, using web-based and literature-based sources as well as discussions with care staff. Your findings will form the basis for a discussion with your PS/PA at the end of the week.
4. Complete a reflection of this week’s learning.

\*Change family names and details within your report to preserve confidentiality.

## Helpful Hints:-

**You may wish to consider:-**

* Which assessment tools have been used in the resident’s care plan?
* How often are reviews of the care plan carried out?
* How often may the resident’s needs vary?
* Can you think of why the resident’s needs might vary?
* Is the care home purpose built or are there restrictions to the space available?
* Where do continence aids come from?
* What happens if you have too many/too few?
* Is there a Continence Advisory Service?
* Do residents have their own moving and handling equipment?
* How much do hoists and stand-aids cost?
* What training is available and accessed by staff?
* Are there statutory training requirements?

## Related NMC Domains:-

## Platform 3 – Assessing Needs and Planning Care

## Platform 4 – Providing and Evaluating Care

## Platform 6 – Improving Safety and Quality of Care

## Platform 7 – Coordinating Care

# REFLECTION ON PRACTICE

## Resources for completion of weekly activities:

* Residents
* Relatives
* Staff
* Staff Induction Packs
* Nursing Student welcome packs
* Local and National policies and procedures
* Admission procedure
* Assessment tools/ Training materials
* Life histories
* Visiting professionals
* Journals/Books
* Care plans
* Specialist Nurses
* Electronic Resources (see back of pack)
* [Getting To Know Me](https://www.alzscot.org/information_and_resources/information_sheet/3472_getting_to_know_me)

# REFERENCES

NHS National Services Scotland (2016). Care Home census for Adults in Scotland. Available at: [http://www.isdscotland.org/Health-Topics/Health-and-](http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2016-10-25/2016-10-25-CHCensus-Report.pdf) [Social-Community-Care/Publications/2016-10-25/2016-10-25-CHCensus-](http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2016-10-25/2016-10-25-CHCensus-Report.pdf) [Report.pdf](http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2016-10-25/2016-10-25-CHCensus-Report.pdf) Last accessed 17th September 2018.

NHS Education for Scotland. Scottish Infection Prevention and Education Pathway. Available at: [https://www.nes.scot.nhs.uk/education-and-training/by-](https://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/scottish-infection-prevention-and-control-education-pathway.aspx) [theme-initiative/healthcare-associated-infections/scottish-infection-prevention-](https://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/scottish-infection-prevention-and-control-education-pathway.aspx) [and-control-education-pathway.aspx](https://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/scottish-infection-prevention-and-control-education-pathway.aspx) Last accessed 17th September 2018.

Scottish Government (2017) Heath and Social Care Standards. My Support, My Life. Edinburgh. Available at: <https://www.gov.scot/Resource/0052/00520693.pdf> Last accessed 17th September 2018.

# USEFUL RESOURCES

[Alzheimer Scotland](https://www.alzscot.org/?gclid=EAIaIQobChMI0ICmpv_B3QIVi-d3Ch2ZHQR0EAAYAiAAEgJ_ofD_BwE)

[The Code for nurses and midwives (2015)](https://www.nmc.org.uk/standards/code/)

[Getting to Know me – Alzheimer Scotland](https://www.alzscot.org/information_and_resources/information_sheet/3472_getting_to_know_me)

[RCN Care Home Journey.](https://www.rcn.org.uk/clinical-topics/older-people/professional-resources/care-home-journey)

[Care Inspectorate](http://www.careinspectorate.com/)

[Scottish Care](http://www.scottishcare.org/)

Age UK <https://www.ageuk.org.uk/scotland/>

Mental Welfare Commission <https://www.mwcscot.org.uk/>

Sites pertaining to Care Homes are:-

Scottish Social Services Council (SSSC) – [www.sssc.uk.com](http://www.sssc.uk.com/)

Eating Well in Care Homes for Older People (Care Commission 2009) Available from <http://www.holyroodpr.co.uk/images/uploads/documents/18SEPeatingwell.pdf> Last accessed 22nd September 2011-09-22

Remember I’m still me (Care Commission and Mental Welfare Commission for Scotland 2009) Available from <http://www.mwcscot.org.uk/web/FILES/Publications/CC_MWC_joint_report.pdf> Last accessed 22nd September 2011-09-22

Living and Dying Well (Scottish Government 2008) Available from <http://scotland.gov.uk/Resource/Doc/239823/0066155.pdf> Last accessed 22nd September 2011.

Care and Respect Every Time (NMC 2009) Available from [http://www.nmc-](http://www.nmc-uk.org/Documents/Guidance/nmcCareandRespectEveryTime2009.pdf) [uk.org/Documents/Guidance/nmcCareandRespectEveryTime2009.pdf](http://www.nmc-uk.org/Documents/Guidance/nmcCareandRespectEveryTime2009.pdf) Last accessed 22nd September 2011.

National Dementia Strategy 2017-2020 [https://www.gov.scot/publications/scotlands-national-dementia-strategy-2017-](https://www.gov.scot/publications/scotlands-national-dementia-strategy-2017-2020/) [2020/](https://www.gov.scot/publications/scotlands-national-dementia-strategy-2017-2020/)

Searchable databases for literature sources and evidence are:- [http://www.nmap.ac.uk](http://www.nmap.ac.uk/)

[http://www.bubl.ac.uk](http://www.bubl.ac.uk/)

[http://www.bbc.co.uk](http://www.bbc.co.uk/)

[http://www.scotland.gov.uk](http://www.scotland.gov.uk/)

[http://www.statistics.gov.uk](http://www.statistics.gov.uk/)

[www.show.scot.nhs.uk/SIGN](http://www.show.scot.nhs.uk/SIGN)

Local Information Sites are :- [http://www.angus.gov.uk](http://www.angus.gov.uk/)

[http://www.pkc.gov.uk](http://www.pkc.gov.uk/)

[http://dundeecity.gov.uk](http://dundeecity.gov.uk/)

[www.fife.gov.uk](http://www.fife.gov.uk/)

## Review team 2021:

Julie Smith – Practice Learning Lead, University of Dundee

Mandy Ross – Care home facilitator – Fife

Elizabeth Morrison – Clinical Academic Fellow – University of Dundee

William Rae – Clinical Academic Fellow – University of Dundee