

A rights-based approach to a dementia strategy

The Mental Welfare Commission (2003 Act)

- Wide safeguarding responsibilities
- Monitoring its operation
- Promoting best practice, including the principles
- Specific duties to visit, investigate, give advice, publish etc
- Other duties around safeguards

And we still have duties under the Adults with Incapacity Act

- General safeguarding role
- Investigating welfare issues
- Duty to visit people subject to welfare powers
- Second opinions for safeguarded treatments but nobody monitors the rest of the treatment provisions

Unannounced visits



Nobody expects the Mental Welfare
Commission!

Remember, I'm still me

**Care Commission/Mental Welfare Commission joint report on the
quality of care for people with dementia living in care homes in
Scotland**

Why we did the joint visits

- 67,000 people with dementia – 40% in care homes and hospitals
- From previous CC inspections and MWC review of individual's care, we had concerns about the quality of dementia care in care homes
- Concerns over medication and other aspects of care for people with dementia

Joint visits in 30 Care Homes for Older People

Our 10 key messages

1. It is important to know the person as an individual, understand their life history, their likes and dislikes and how they like to live in order to provide the right care to meet their needs.
2. Activities and getting out must be an integral part of a person's life in a care home and not an optional extra.
3. Care homes should provide the right environment to ensure that people can enjoy safe, comfortable, dementia friendly surroundings.
4. Care homes should manage people's money properly and use it creatively to improve people's quality of life.
5. A person's healthcare needs should be assessed when they first come into a care home and should then be reviewed at least once a year, by their GP.

6. Care homes should regularly review, together with GPs and pharmacists, how they manage medication.
7. Medication to manage challenging behaviour should be a last, not a first resort. Personal plans should address the causes and outline a range of interventions to be used to manage challenging behaviour.
8. People's freedom should be respected as far as possible. Care homes must look at environments, practices and cultures that could be overly restrictive. Care homes also need to understand the rights of people with dementia and the laws and safeguards that exist to protect them.
9. People should receive medical treatment that is in line with the law. Where people don't have capacity to consent to their own treatment, the law should be used properly to safeguard them.
10. People with dementia should be cared for by staff who have the skills, knowledge and training to provide effective care.

Rights of people with dementia – the PANEL model

- Participation
- Accountability
- Non-discrimination/equality
- Empowerment
- Legality

Participation

- Accessible information and support
- Independence with access to recreation.,
leisure and cultural activities
- Assessing and planning care
- Policy-making

Accountability

People with dementia must enjoy human rights.

Public and private bodies, voluntary organisations and individuals responsible for the care and treatment of people with dementia should be held accountable for the respect, protection and fulfilment of their rights.

Non-discrimination/equality

People with dementia and their carers must be free from discrimination on the basis of age, disability, gender, race, religion, social or other status

Empowerment

- Appropriate levels for care providing support and encouragement
- Right of access to services
- Maximise independence
- Inclusion and participation
- Lifelong learning

Legality

Adherence to the principles and provisions of relevant legislation.

Some of the laws that apply

- Human rights Act 1998
- Adults with Incapacity (Scotland) Act 2000
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adult Support and Protection Act 2007

Strands of the dementia strategy in Scotland

- Treating and managing behaviour (including legal compliance)
- Assessment, diagnosis and the patient pathway
- Improving the general service response
- Rights, dignity and personalisation
- Health improvements, public attitudes and stigma

Contact the MWC (advice, information, raise concerns)

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