



UNIVERSITY OF  
**PLYMOUTH**  
Faculty of Health



# Dental Dementia Friendly Guide

A guide to enhance your practice  
and patient experience

---

OK... how can we improve our service  
to help you?...



# Contents

---

<b>Forward</b>	<b>3</b>
<b>Introduction</b>	<b>4</b>
<b>Dementia Friendly Communities</b>	<b>6</b>
<b>Dementia and Dentistry</b>	<b>7</b>
<b>Case Studies</b>	<b>13</b>
<b>Black, Asian and Minority Ethnic Communities</b>	<b>20</b>
<b>Facts and Figures</b>	<b>22</b>
<b>Conclusion</b>	<b>24</b>
<b>FAQ</b>	<b>25</b>
<b>What now? – Some Top Tips</b>	<b>26</b>
<b>Acknowledgements</b>	<b>28</b>

# Forward



---

Dear Dental Team,

I hope most of you won't mind me saying this. But I think you'll agree that a trip to the dentist is not everyone's idea of a fun day out.

Perhaps it's something to do with being pinned to a chair knowing that your masked face will be just inches away, as you get to work with a drill, or even a rather large needle the start of what could be anything from at least half an hour of mild discomfort to occasional stabbing pain. Even knowing that years of training coupled with modern dental technology, means that you really are doing your professional best to preserve our canines and molars from decay and our reputation from severe halitosis, does little to calm the nerves of those who dread the dentists mantra "open wide".

I'm glad to say that I suffer none of the above, and actually look forward to my regular check-ups and chats with my own dentist Philip. But I have huge sympathy for those who do have a genuine dental phobia. Especially those who live with dementia. A disease that gradually eats away at the brain, robbing so many patients of their memory and understanding of the world around them.

For them, a visit to the dentist can be filled with untold terrors. And they may need way more than the training and communication skills you have at your disposal that will generally calm the fears of most children and adults, to make the patient living with dementia feel comfortable and safe.

That's why we have prepared this guide. To help steer you through what could be a minefield of potential problems and pitfalls. To take you inside the mind of a patient living with dementia and see the world of dentistry through THEIR eyes. To cover the areas that may never have come up in your training, but which will be more and more helpful in a world where every year thousands more individuals fall prey to this dreadful disease. Many of whom will become, or already are, your patients.

We want those who develop dementia to be able to live well with the disease. And that means enjoying the comfort and good health that comes with healthy teeth and gums like the rest of society.

So thank you for reading this "guide", and thank you for helping to ensure the dignity, and dental health of every person living with dementia.

**Angela Rippon CBE**

Co-chair the Prime Minister's Champion group on Dementia.

# Introduction

---

Dementia, is a significant health and social care challenge faced by our society. This challenge cannot be ignored. It can only be tackled through new approaches and understanding that draw on all parts of health, social care and the wider aspects of community life. All those who work in the field of dentistry are likely to be affected by dementia either in the patients we treat, as ourselves or as carers for loved ones. To ensure people living with dementia receive the dental care they require this Dementia Friendly Guide provides a valuable insight into providing compassionate dental care plus the special considerations needed to help people living with dementia to access dental services.

**Sara Hurley, Chief Dental Officer England**

The Dental Dementia Friendly Guide was commissioned by the Prime Minister's Dementia Challenge Group in January 2021, to enable dental teams to understand and respond positively to the needs of a person living with dementia and their families when they visit their dental surgery.

Prior to and during the current COVID-19 pandemic, data from the Alzheimer's Society suggests the needs of people living with dementia and their families were not "being met". Coupled with this, many people living with dementia have had their confidence shaken to the core by the effects of the lockdown.

The unprecedented public health restrictions took people living with dementia and their families away from their friends, face to face GP visits, dentists, health care, volunteering roles, day care, respite care and importantly, their known community environments. We also know that many are nervous about a return to normality. This will undoubtedly impact negatively on people living with dementia, their families, friends and the communities they live in.

Highlighted previously to the pandemic was the effect of a dental appointment for a person living with dementia and their families. Due to the person living with dementia's understanding and perception of their world, a visit to the dentist could be a frightening and confusing experience in what might be a challenging environment.

This simple, practical, easy to read Dental Dementia Friendly Guide suggests a way forward to support your understanding as a dental team as to what could help make that experience a pleasurable visit for all involved.



**Chris Tredwin**



**Ian Sherriff**



**Abby Nelder**



**Claire Puckey**

This Dental Dementia Friendly Guide has been produced by Professor Chris Tredwin Professor of Restorative Dentistry and a GDC Registered Specialist in Endodontics, Periodontics, Prosthodontics and Restorative Dentistry, Ian Sherriff B.E.M. MA. DMS. CQSW. Dip CII Academic Partnership Lead for Dementia Faculty of Health: Medicine, Dentistry & Human Sciences University of Plymouth, Abby Nelder Community Engagement Programme Officer Peninsula Dental Social Enterprise CIC and Claire Puckey BSc Hons (Psychology and Social Biology), PGCE, Dementia Friendly City Coordinator, Plymouth City Council.



**Tony Husband**

Tony Husband is an award-winning cartoonist and has worked for many of the top newspapers and magazines around the world including for the last 36 years, Private Eye. He's had over 50 books published including 'Take Care Son' the story of his dad's journey through dementia. The book had a huge impact and led him into the dementia world where he's worked on projects all over the UK helping to raise awareness of dementia.

# Dementia friendly communities

---

## **Dementia Friendly Communities, Why We Need Them**

Dementia Friendly Community initiatives should reflect the needs of each community taking into account accessibility, affordability and acceptability. One size does not fit all!

Dementia, as a hidden disability, is a significant health and social care challenge faced by our society. This challenge cannot be ignored. It can only be tackled through new approaches that draw on all parts of our communities. In March 2012, the then Prime Minister, David Cameron, set a challenge to deliver major improvements in dementia care and research. One of the key aims of the challenge is to raise public awareness about dementia and build inclusive Dementia Friendly Communities. (Source: *Dementia 2012: A national challenge and the 2020 dementia challenge document*).

Furthermore, this has been exacerbated by the COVID-19 pandemic which has seen disastrous effects for people living with dementia such as a reduction in memory, change in routine which has caused high stress, panic around the use of face masks due to not being able to see people's faces, reduction in confidence, further mental and physical deterioration and a significant increase in stress for carers.

COVID-19 has prevented the usual way of communicating with people living with dementia and their families. Whilst there is no substitute for human contact, organisations and communities have had to change how they engage with people living with dementia and their families and this includes dental practices.

## **What are Dementia Friendly Dental Surgeries?**

The lives of people living with dementia and their carers in rural and urban communities would be enhanced if their everyday living tasks were made easier. People living with dementia and their family carers can feel that the vast majority of businesses, organisations, agencies and people, have no perception of what life is like for individuals living with dementia and their carers.

The challenge is how do dentists become Dementia Friendly and promote Dementia Friendly dental surgeries and how can these be sustained?

# Dementia and dentistry

---

The prevalence of dementia and the associated issues of isolation and loneliness which have increased as a result of COVID-19, the reduction of services and the development of social prescribing schemes means both rural and urban dentists have a role to play in responding to and addressing the challenges of improving the quality of life for people living with dementia and their families. Research indicates that a diagnosis of dementia can result in the person withdrawing from an active lifestyle in their community. Dentists can play a part in ensuring that people living with dementia can live well with the right dental support in their community.

## **What Is a Dementia Friendly Dentist?**

An inclusive Dementia Friendly Dentist in both rural and urban areas creates an enabling environment, engaging with people living with dementia, their families and carers. This makes it possible for people living with dementia to continue to have compassionate, individualised dental health care. A Dementia Friendly dental practice will enable people with dementia to have a sense of belonging and feel a valued part of a community and civic life. (Source: National Dementia Declaration 2012).

An inclusive Dementia Friendly dental practice works to sustain and improve the dental quality of life for people living with dementia which will reduce the impact of the lack of dental care, stigma, isolation and loneliness.

Dementia Friendly dental practices need to be flexible, adaptable and responsive to the different needs of people living with dementia and their carers. It is important to ensure that people living with dementia can continue to enjoy the previous dental support they had been receiving.

## **Actions that Dental Practices can take to become Dementia Friendly**

This section suggests some dental dementia friendly actions within three broad areas that dental practices could consider to help improve the experience and quality of care for people living with dementia and their families and carers. It is important to remember that it may not be possible to achieve everything suggested in the short term. However, every practice can easily achieve many of the suggestions to improve their patient's experience. We suggest that these ideas are discussed at a team meeting; with a designated dementia lead undertaking the work and reporting back to the team.



## Action Area 1 – People

Relationships and building trust are key to supporting patients through the dental experience. Some suggestions to consider are:

- Use the personal touch e.g. accompany the patient to and from the waiting area so they feel less overwhelmed and anxious.
- Suggest to the patient and/or carer the use of the Alzheimer's Society 'This is Me' document which enables patients to share important details about themselves easily.
- If needed, offer assistance with completing dental/medical history forms and consider having these available in a dementia friendly format. You may also want to consider offering paper copies of treatment plans in a dementia friendly format. The Alzheimer's Society website has a useful section for professionals providing information, resources and specialist training for professionals working with people living with dementia.
- Have regular dementia workshops/training for all staff to help keep them up to date with the latest information and developments. This will increase their knowledge and confidence and enable them to provide better support to patients. Consider making dementia friends awareness part of new staff induction and for existing staff hold annual mandatory training and follow up programmes.
- Ask your patients living with dementia and their carers what would make their visits to your practice easier, remember they are the experts.





## Action Area 2 – Processes

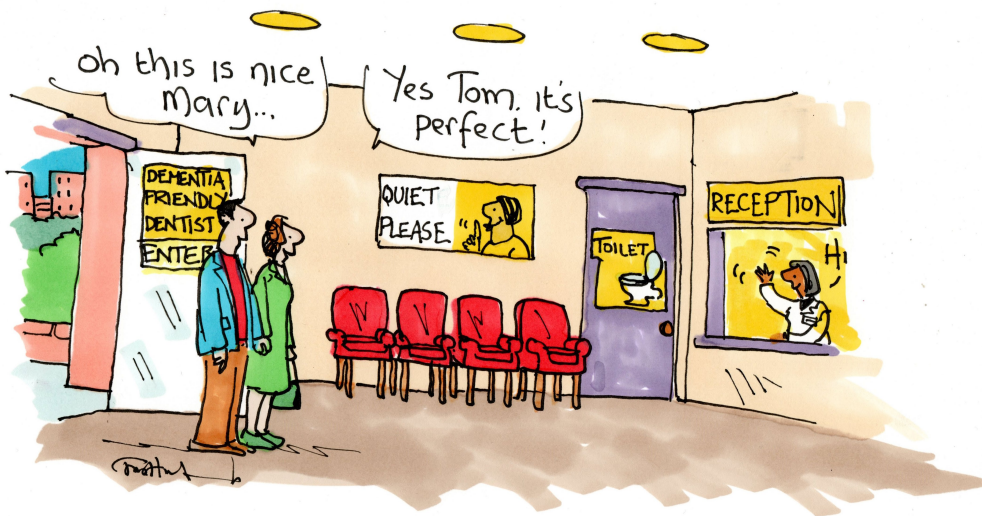
Processes within a practice can provide a better patient experience by supporting the team to deliver the best care. Some suggestions to consider are:

- Where possible, to minimise anxiety and confusion try to ensure continuity of care from the same clinician and nurse, and where not possible, look at ways to make the patient aware in advance. It can also help to chase up any missed appointments, in a supportive way to see if you can make adjustments to enable attendance.
- Offer familiarisation visits to the practice prior to appointments, to help alleviate anxiety.
- Consider having an alert system to flag up to reception staff when a person living with dementia is expected so they can be ready to offer any support.
- Consider being flexible with appointments i.e. offer at times that work best for the patient and carer's needs and perhaps offer double appointments. Also offer a variety of reminder methods e.g. letters, calls, texts.
- Have a process to signpost patients living with dementia to national and local organisations for support and information and have relevant literature readily available in the waiting area.
- Consider HR policies e.g. what you could put in place to support staff who may become carer to a person living with dementia to allow them flexibility when they need it. Similarly, consider what you could put in place to support staff who are diagnosed with dementia, to keep them at work for as long and as is safely possible e.g. making adjustments to their duties, extra supervision, reducing hours, use of assistive technology etc.
- Encourage openness about dementia by making information readily available in forms of newsletters, notices and training etc.

## Action Area 3 – Place

The built environment impacts on health and well-being and good design can make a huge difference to patient's experiences in dental surgeries. Some suggestions to consider are:

- Try to keep the layout of the practice simple and clutter free, to avoid confusion.
- Ensure the entrance is well lit and there is clear dementia friendly signage (yellow background and bold black font is preferable, approximately 1.2 metres from the ground) to the entrance and reception from outside.
- If laminating signs ensure you use a matt finish as high gloss reflects glare and interferes with seeing the words and images.
- In the waiting room, have traditional style seating available with backrests and armrests and in a contrasting colour to the floor so they are clearly visible.
- Have dementia friendly clocks displaying time, day and date clearly visible around the building to support orientation.
- Avoid having shiny, reflective floor surfaces as they can look slippery, like water. Overly dark flooring can be perceived as holes. Similarly, avoid speckled or patterned flooring as this can lead to confusion and misperceptions. Ensure plain, matt flooring as continuously as possible throughout the building as changes in floor surfaces can appear like obstacles or changes in floor levels.
- If possible, have higher lighting levels throughout the building, avoiding areas of deep shadow or bright light.
- Keep any background noise to a minimum as this can help keep people calm and reduce anxiety. So if possible, offer a quieter waiting space.
- Have a dementia friendly sign on the front of the toilet door as not being able to find the toilet can cause anxiety. Also have signage on the back of the door explaining how to unlock it and find the way out. Ensuring good colour contrast of sanitary fittings, including grab rails will also make everything easier to distinguish and use. If fittings are modern, adding clear dementia friendly signage explaining how to use them is helpful. It can be confusing if everything is white, simply changing to a contrasting coloured toilet seat can make a big difference. If there are mirrors, perhaps install a roller blind at the top to avoid causing distress and confusion as some people with dementia may no longer be able to recognise their own reflection and think the person looking back at them is a stranger.
- Place signs slightly below eye level around 1.2m from the ground as this takes into account stooped postures and downward gaze that a lot of older people experience.
- Also, conducting regular reviews and updates, including feedback from staff, patients and their families will ensure the suggested actions support dental practices' ongoing commitment to deliver excellent care and treatment for people diagnosed with dementia.



# Promoting dementia friendly dental surgeries in a COVID-19 environment.

---

Some issues to consider during your work to become a Dementia Friendly Dental Surgery:

- What difficulties do people living with dementia and their carers face when wanting to access dental services? Has COVID-19 brought additional challenges?
- What changes can dental surgeries make to resolve these difficulties and challenges to become dementia friendly?
- What lessons can be learnt from COVID-19 in planning for the future?
- How can dental surgeries develop the use of information technology to engage with their patients?

Each Dementia Friendly Dental Surgery should reflect the needs of their community. Small steps and changes make a big impact for people living with dementia and their families e.g. identifying someone to welcome people living with dementia and their carer to the practice.

# Case study

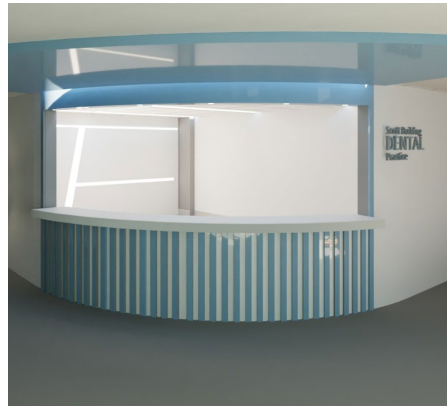
## Plymouth Peninsula Dental School Inter-Professional Engagement Project

---

Each year, second year students' work on projects with a range of community partners. In 2018-2019, a group of students worked in partnership with Ian Sherriff B.E.M. (Academic Partnership Lead for Dementia, School of Medicine and Dentistry, Plymouth University), Claire Puckey (Dementia Friendly City Coordinator, Plymouth City Council), Bailey Partnership (architectural firm) and Well Connected (Charity). One aspect involved the students producing a virtual dementia friendly dental clinical environment based on a real clinical setting with guidance from partners and the use of technology.



**1. Real Setting Reception**



**2. Simulated Reception**

Compare images 1 and 2. On the left, the dark and uninviting real setting reception area with the new student designed one on the right which is much more welcoming, boasting a higher lighting level and allows for a clear view of the waiting area.

Similarly, compare image 3 to 4 and 5 below:



**3. Actual Waiting Area**



**4. Simulated Waiting Area**



**5. Simulated Waiting Area**

Image 3 shows the real setting waiting area, with its low light levels (creating shadowy areas which could be misperceived and cause distress to some people with dementia) and dark carpet (which could look like black holes to some people with dementia). The students designed two waiting areas (images 4 and 5) to give the option of a quieter space if one became too busy and noisy as this could cause distress and confusion to some people with dementia. Note that all the chairs have back and armrests and lighter flooring.

**Key learning points:**

- Consider your environment from the patient's perspective. Starting from the entrance area through to treatment. You may be able to make some simple changes to improve the patient experience such as lighting and furniture.
- If you're considering a refurbishment, explore opportunities to incorporate dementia friendly designs throughout the process.

# Case study

## Peninsula Dental Social Enterprise

---

Peninsula Dental Social Enterprise (PDSE) runs the Dental Education Facilities where University of Plymouth dental healthcare students study for a career in dentistry treating NHS patients under the care and supervision of qualified and experienced dental health professionals. PDSE aims to improve oral health across the South West and offers dental care for all, including those groups who may feel excluded from mainstream dentistry.

All PDSE staff complete Dementia Awareness Training and this philosophy underpins the person centred approach to care delivered by PDSE. A dementia audit of the facilities in Plymouth has been carried out through a student community outreach project working with the Plymouth Dementia Action Alliance. As a result simple changes were made to the building to improve the patient experience and be more dementia friendly.

The images opposite show how PDSE incorporated simple yellow and black signs at the correct height using guidance from The Dementia Services Development Centre at Stirling University to make the dental experience more inclusive for those accessing services.

### **Key learning points:**

- Simple, cost effective changes such as additional signage can be beneficial and have a positive impact on the patient experience. Consider whether you can use dementia friendly signs throughout your practice.





Reception



Stairway



Toilet Door



Exit from toilet



Drinking water



Main Entrance

# Case study

## Abbeyfield Tamar House Residential Home

---

*“The dentist comes to the residential home to provide the individuals with support around their oral care. The residents can sometimes not understand or process what is being said during the consultation so support is always in place to repeat to the individual so they do understand what is being done or said to them.*

*The home works very closely with a Bupa Dental Care dentist to ensure their residents have their oral care needs met. The dentist provided an information session before the COVID-19 pandemic, to ensure all the staff and individuals residing at Tamar House knew how to look after their teeth and how best the staff could support them. The individuals were given easy read information packs to allow them to understand the information. By everyone having the knowledge, this prevents the individual from experiencing oral health issues which could lead to infections and medical treatment. The dentists are always very professional and supportive to Tamar House”.*

**Francesca Fletcher, Registered Care Manager**

### **Key Learning Points:**

- Offering some dental care pre-advice and information before coming in for an appointment can be helpful.
- Whilst providing treatment, repeating information and advice when needed, will support patients to understand what is happening.
- Providing written information in an easy read format supports patients to understand it.

# Case study

## A Carer's Story

---

*"My partner who had a diagnosis of Alzheimer's Disease was in need of dental care due to loss of a tooth from a partial denture and in need of a check-up.*

*On arrival at the dental practice we were presented with a questionnaire regarding health and medication. It was made clear that my partner Bob had a longstanding diagnosis of Alzheimer's and that he was amiable and compliant but would need support and time. The dentist wore a mask and attempted examination without any communication. Bob was confused and reacted to having fingers put in his mouth without warning. Bob removed his dentures unaided but nothing was provided to put them in and at this point the dental nurse intervened to explain about him having dementia.*

*The dentist was talking to Bob and giving instructions without removing his mask and showed signs of being irritated but Bob couldn't understand him. He also wondered what the point of repairing the denture was as 'it will only happen again' and suggested referring Bob to the special needs dental team as he was being 'difficult'."*

**Dorothy Tudor, Carer**

### **Key Learning Points:**

- Pre-treatment familiarisation visits to the practice is helpful.
- Asking the patient what they think is going to happen at the appointment or using a simplified social story board and then repeating what you are doing throughout is helpful.
- Masks can hinder understanding and frighten people so speaking clearly and slowly and checking the patient understands is important. If removing the mask is not possible and communication is difficult, consider using a whiteboard where you can write down simple instructions or pictures.
- If present and appropriate it can be helpful to involve the carer who understands the patient's abilities. They may be able to help communicate on your behalf.
- Offering double appointments allows for more time when needed.
- Providing written information in an easy read format supports people living with dementia to understand it.

# Black, Asian and Minority Ethnic communities

---

Dementia does not discriminate between communities or ethnic groups of people. There are, however, some differences when it comes to prevalence rates of dementia in certain communities, which are due to lifestyle differences. Lifestyle factors can impact on the type of dementia certain communities are at risk of, for example, the BAME communities are at greater risk of vascular dementia due to underlying risk factors of hypertension or diabetes. The number of people with dementia in the BAME communities in the UK is currently estimated around 25,000 people.

Diagnosing dementia is often challenging in the BAME communities. Not everyone in the community who is at risk currently has a diagnosis. For accurate diagnosis of dementia, neuropsychological assessment forms a huge component of being able to diagnose and track the progression of the disease. These tests have not all been made available to people from BAME backgrounds due to a lack of standardisation and validation of such tests. Other factors such as, language barriers cause problems when supporting people with dementia in the UK from BAME communities. Information is often presented in English and for people aged 65 and over and from BAME communities, this poses a problem in their understanding and so it is important to consider patient information leaflets are presented in various languages such as Urdu, Hindi, Punjabi.

Aside from language barriers, cultural factors also play a role in some of the underdiagnosis and lack of access to health care services of people from this community. Often, they are not able to navigate through the health care system due to not understanding common medical and health related terms that are not easily translated into other languages, for example, dementia translates to 'madness' in many south Asian languages and so this would carry more stigma, which could impact on people accessing services. It is therefore, important to consider facilitators that support understanding symptoms of certain medical and health related conditions that helps reduce this stigma. Having information in other languages, as well as video and visual images is important to aid their understanding.

It is important to recognise that whilst there are language barriers to accessing services or support for dementia, there are further deep rooted barriers that need to be addressed. Social and economic deprivation and social discriminatory practices, which all hinder access to support services in these communities. Due to many people from the BAME population migrating to the UK in the 50's and 60's, these people will have aged with the same customs and traditions of managing and supporting one another as they would have in the countries that they migrated from. The togetherness of these communities coupled with some of the above factors including experiences of racism would cause mistrust with services providing support, so it is important to recognise that building a rapport with people from this community and engaging them with support services is a process which involves trust building and not only breaking barriers such as language and stigma. Building trust is something which requires time and often health experts from the same backgrounds to engage and support people from their community essentially through health services.

It is equally important to recognise that people from BAME backgrounds in the UK are often over pressured by their communities to 'care for their own' and these barriers are deep rooted into their culture and very difficult to break, however, with appropriate cultural awareness from health services, people from these communities can feel safe and supported by health experts where it is needed most.

**Dr Baber Malik, University of Manchester**



**THE ALZHEIMER'S SOCIETY COVID-19 STUDY 2020 SURVEYED 2,000 PEOPLE LIVING WITH DEMENTIA AND THEIR CARERS DURING LOCKDOWN AND ISOLATION. 82% OF THOSE RESPONDENTS REPORTED DETERIORATION IN THEIR SYMPTOMS.**



**OF THOSE 82% AROUND HALF REPORTED INCREASED MEMORY LOSS AND DIFFICULTY CONCENTRATING**



**1 IN 4 (27%) SAID READING AND WRITING HAD BECOME MORE DIFFICULT AND ONE IN THREE SAID THEY HAD DIFFICULTY SPEAKING AND UNDERSTANDING SPEECH.**



**MORE THAN A QUARTER (28%) HAD SEEN A LOSS IN THE ABILITY TO DO DAILY TASKS, SUCH AS COOKING AND DRESSING.**



**THERE ARE APPROXIMATELY 850,000 PEOPLE IN THE UK LIVING WITH A FORM OF DEMENTIA. THIS FIGURE IS PREDICTED TO RISE TO 2 MILLION BY 2051. 1 IN 3 PEOPLE OVER THE AGE OF 65 WILL DEVELOP DEMENTIA.**



**AN INCREASING NUMBER OF YOUNGER PEOPLE BETWEEN THE AGES OF 30 TO 64 ARE BEING DIAGNOSED.**



**ABOUT 225,000 PEOPLE WILL DEVELOP A TYPE OF DEMENTIA EVERY YEAR THAT'S ONE EVERY THREE MINUTES.**



**A THIRD OF PEOPLE LIVING WITH DEMENTIA LIVE ON THEIR OWN IN THE COMMUNITY.**



**THE TOTAL COST OF DEMENTIA TO THE UK ECONOMY, INCLUDING COSTS TO THE NHS, PAID SOCIAL CARE AND UNPAID CARE, HAS RISEN TO £34.7BN AND WILL RISE FURTHER TO £94.1BN BY 2040.**



**ONE IN FOUR BEDS IN THE NHS IS TAKEN BY A PERSON LIVING WITH DEMENTIA. PEOPLE LIVING WITH DEMENTIA STAY FIVE TO SEVEN TIMES LONGER IN HOSPITAL THAN OTHER PATIENTS.**



**PATIENTS WITH DEMENTIA FIND IT HARDER TO ACCESS HEALTH SERVICES. THIS MAY BE DUE TO A NUMBER OF REASONS, INCLUDING DIFFICULTIES IN MAKING APPOINTMENTS AND BEING RELIANT ON CARERS TO AID ATTENDANCE**



**DEMENTIA CAN BE ACCOMPANIED BY A GRADUAL INABILITY TO PERFORM SELF-CARE, INCLUDING ORAL HYGIENE WHICH CAN PLACE THESE PATIENTS AT HIGH RISK OF ORAL DISEASE.**

# Conclusion

---

We encourage you as individuals to be totally committed to helping society tackle the many challenges that people with dementia, their families and carers face daily. There is widespread recognition at the highest level of government about the present and potential future impacts of dementia in urban and rural communities. The search for ways to enrich the quality of life for those affected by dementia is a constant and complex one. This guide provides ideas and experiences which will assist dental practices to understand how the dental needs of people with dementia and their families can be met. It also provides examples of good practice and guidance.

The lack of appropriate dental services in urban and rural communities makes life more difficult for people with dementia and those who care for them. We welcome and fully support this guide which raises awareness about the issues of dementia faced daily in our urban and rural dental practices.

---

## Useful contacts

### **Dementia Friends**

[www.dementiafriends.org.uk](http://www.dementiafriends.org.uk)

### **Dementia UK**

[www.dementiauk.org](http://www.dementiauk.org)

### **Alzheimer's Society**

[www.alzheimers.org.uk](http://www.alzheimers.org.uk)

### **Social Care Institute for Excellence**

[www.scie.org.uk](http://www.scie.org.uk)

### **NHS Choices**

[www.nhs.uk](http://www.nhs.uk)

### **CQC – Care Quality Commission**

[www.cqc.org.uk](http://www.cqc.org.uk)

### **NICE – National Institute for Care and Excellence**

[www.nice.org.uk](http://www.nice.org.uk)

### **FGDP – Faculty of General Dental Practice**

[www.fgdp.org.uk](http://www.fgdp.org.uk)

### **Dementia Services Development Centre, Stirling University**

[www.dementia.stir.ac.uk](http://www.dementia.stir.ac.uk)

### **Kings Fund, Environmental Assessment Tools**

<https://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia>

### **Independent Mental Capacity Advocates (IMCA)**

[www.gov.uk/government/publications/independent-mental-capacity-advocates](http://www.gov.uk/government/publications/independent-mental-capacity-advocates)

### **Writing Dementia Friendly Documents DEEP**

<https://www.dementiavoices.org.uk/>

### **Alzheimer's Society – Dementia friendly documents**

[www.alzheimers.org.uk/dementia-professionals/dementia-experience-toolkit/real-life-examples/tips-dementia-friendly-documents](http://www.alzheimers.org.uk/dementia-professionals/dementia-experience-toolkit/real-life-examples/tips-dementia-friendly-documents)



## FAQ

**Q: I can't commit to expensive refurbishments, what else can I do?**

A: Simple, cost effective solutions can make a big difference to those patients living with dementia. You may want to change your signage using black on yellow laminated A4 card or changing the sanitary fittings in your toilet facilities to ensure the fittings contrast.

**Q: We don't have any patients living with dementia, is there anything we should be doing differently?**

A: It is likely that you do have some patients who are living with dementia, but who may not have told you or who might not have a diagnosis at this stage with a dementia. Consider looking at your medical history form and ask the 'do you have a hidden disability' question. Encourage your staff to notice when someone attends with a carer and ask if more support is needed.

**Q: I have a large team across a number of practices, how can I ensure they support our patients living with dementia in an equitable way?**

A: A good starting point is to include dementia awareness training during the induction process and include it in annual training reviews. This should enable all your staff to have the same level of knowledge. Consider making one member of staff a Dementia Champion in each practice to tailor the approach.

**Q: I'm worried about capacity and gaining my patients consent, do you have any guidance?**

A: The statutory test for decisions is:

**Stage 1:** Does the person have an impairment of, or disturbance in the function of their mind or brain? If the answer is yes go on to stage 2, if the answer is no, then they have capacity to make decisions.

**Stage 2:** Does the impairment or disturbance mean that the person is unable to make a specific decision? This stage can only be taken if you have taken all practical steps to support the person in making this decision and this has failed. A person is considered to be unable to make a decision if they cannot on the balance of probabilities:

1. Understand information about the decision to be made.
2. Retain the information in their mind.
3. Weigh that information as part of the decision making process.
4. Communicate their decision (by talking, sign language, pictures or other means).

The person only needs to understand the pertinent information for any individual decision and at the time that the decision needs to be made. They only need to retain the information for the length of the decision making process, if they have forgotten between visits, then they would need to be reminded. Where individuals do not have relatives or friends involved with their care an Independent Mental Capacity Advocate (IMCA) can be accessed to support any decisions that could be life-changing, for example a dental clearance.

**Q: Is there anything I can do before the patient arrives for their appointment to help?**

A: You can consider booking a longer appointment so the patient doesn't feel rushed, offer pre-appointment orientation visits to help patients feel comfortable in their surroundings and you may want to send them a leaflet with images showing the patient journey to prepare them.

# What now?

---

- Investigate Dementia Awareness Training in your area and ensure your team take part in the training.
- Consider carrying out a dementia audit of your practice to identify areas for improvement.
- Review your signage from entrance through to treatment. Some general good practice guidelines for dementia friendly signage are as follows and will apply throughout the building (this is from the Dementia Services Development Centre, Stirling University):
  - Signs need to be clear and in bold face with a good tonal contrast between text and background. This not only helps people with dementia but also those with any degree of sight loss. The lens of the eye naturally thickens with age and so, older people may experience colours as 'washed out'. A yellow background with bold, black typeface is preferable.
  - Signs should have a combination of pictures and simple text where appropriate (no jargon or acronyms) because people with dementia will lose cognitive function in different ways (some will lose the ability to recognise words whilst others may not be able to recognise pictures).
  - Signs should avoid the use of abstract images or overly stylised icons.
  - There should be a tonal contrast between the sign and the surface it is mounted on (To help those with dementia recognise it as a sign).
  - Signs should be mounted lower than at traditional eye level height (Optimal height is 1.2 metres from the ground as this allows for the downward gaze and the stooped posture that a lot of older people experience), wherever possible and well lit.
  - The signs should be consistent around the premises (if there are different types and designs of signs for the same thing this is likely to add to confusion and anxiety).
  - Ideally, the signs should be made from non-reflective materials.
  - If the signs are relating to doors, they should be fixed onto the doors they refer to and not on adjacent surfaces and it is also important that glass doors are clearly marked. Scan the QR code to access the Alzheimer's Society Dementia Friendly Signage Guide.

- Review your literature and leaflets, do they need refreshing and updating, are they easy-read?
- Do you have a display board? You could have photographs of your team with their names and descriptions of their roles.
- Consider your environment. Could you include some traditional style chairs with arms, install a traditional clock or explore ways to reduce anxiety whilst waiting such as reduced background noise?
- Consider designating a member of staff to become a Dementia Champion to continue to raise awareness of dementia.
- Review your policies and processes to ensure they are dementia friendly both for patients and for staff.
- Review your medical form and consider asking questions relating to hidden disabilities, what else you can do to make the appointment more comfortable and whether the patient has a carer or someone who supports them?
- If you're considering a refurbishment include dementia friendly fixtures, fittings and equipment wherever possible to future proof your practice.



**Scan here** to view the  
Alzheimer's Society Dementia  
Friendly Signage Guide

# Acknowledgements

---

**Abbeyfield Tamar House Care Home**

**Bailey Partnership**

**Dorothy Tudor**

**Peninsula Dental School students**

**PDSE**

**Well Connected**

**Dr Baber Malik, Manchester University and Member of the D-PACT research team**

Thank you to the Plymouth Dementia Working Group and dental colleagues who reviewed and provided feedback during the development stages of this booklet.

## FEEDBACK

We would appreciate any feedback regarding the booklet and would be grateful if you could take a few minutes to give us your views. Simply use your mobile phone camera and hover over the QR code to take you straight to our feedback form.

If you are accessing this booklet digitally you may need to enlarge your screen to enable your phone to access the QR code.



**UNIVERSITY OF  
PLYMOUTH**  
Faculty of Health

