Policy and guidance
Care services for older people with mental health needs/problems

This policy and guidance explains:
- How we register care services used by older people with dementia;
- The features of good specialist services for older people with dementia that we look for when reaching our judgements on regulated services;
- Where we can find information and good practice guidance about how services for older people who have dementia and/or other mental health problems should be commissioned and provided (Annex 1).

Outcome

1. Registered care services meet the needs of older people who have dementia and/or other mental health problems such as depression, anxiety, delirium, schizophrenia, and alcohol and substance misuse, among others.

Policy

Older People’s Mental Health

2. As people get older, they may experience a range of mental health problems. These can emerge for the first time later on in life or be longstanding mental health problems for people who are growing older. The most common is depression, but significant numbers of people in later life also experience anxiety, delirium, schizophrenia, other psychotic illnesses, alcohol and substance misuse.

3. People may experience these mental health problems singly, multiply, and/or in conjunction with physical and sensory disabilities, long-term health conditions or frailty. People may also experience mental health problems in conjunction with social factors such as isolation, discrimination, etc.

4. Social care plays a major, if not the most important, role in supporting people with mental health problems to lead the lives they want to live.
It is therefore important we check that commissioners and providers of social care are developing support services for older people that promote mental health and wellbeing as well as physical care.

5. We want to encourage commissioners and providers of social care to address the holistic needs of older people. We want them to work together to provide support in a way that preserves and values the unique identity of each older person. Above all, we want older people to be treated with dignity and respect.

6. We want to make sure that older people who are unable to protect themselves from abuse, or who are at risk of self-harm, are able to receive the protection and support that is their right. We want to ensure that multi-disciplinary safeguarding arrangements are well developed to protect older people in vulnerable situations. We want to ensure that services provided to older people with mental health needs allow them to make, or contribute to, decisions that are made about the care they receive.

7. We want to make sure that where people lack capacity their rights to make decisions are protected. When people have been assessed as not being able to make decisions we will check that the Mental Capacity Act 2005 is being followed. When people need, in their best interests, to be deprived of their liberty, the home will make an application to the supervisory body (local authority) to request authorisation. Before applying for authorisation, managing authorities (care homes) must always think about providing care or treatment in ways that avoid depriving someone of their liberty (see separate guidance documents on the Mental Capacity Act and the deprivation of liberty safeguards on our intranet).
## Guidance

### How we register care services for people with dementia

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| **What does the law require the regulator to do?** | - The law says that we must register, in a special dementia category (called ‘DE’), those services that provide care primarily for people with dementia whose care needs are of a degree that cannot be met by general services.  
- This does not mean that all services that provide support for people who have a diagnosis of dementia must be registered in the DE category.  
- Neither does it mean that a care service that is not DE registered is unable to support a person with a diagnosis of dementia. |
| **What does the regulator consider?** | - Many people with dementia can best be supported by general services in their own home and community or in a non-specialist care home.  
- The important questions to be asked are when deciding on the right service for a person with dementia are:  
  - What are this person’s particular holistic care needs?  
  - What support do they need now to live as independently as possible?  
  - Which service, general or specialist, can best provide that support now?  
  - How might their needs change over time?  
  - How will their changing needs be met? |
| **When do providers need to register in the DE category?** | - Providers do not need to register in the DE category if:  
  - They are providing only general social or nursing care to people who have a diagnosis of dementia but whose degree of dementia related behaviours do not need a specialist response.  
  - They adapt or need to adapt minor elements of their general social or nursing care to meet the low level dementia related needs of a minority of their clients.  
- Providers do need to register in the DE category if:  
  - Their primary focus is dementia related care and they have designed their service specifically for people with dementia who need specialist dementia related social or nursing care that cannot be met by general services.  
  - They have adapted or need to adapt major elements of their general social or nursing care to meet the significant dementia related needs of a majority of their clients.  
  
  - When applying for registration in the DE category, the applicant’s statement of purpose should set out, in detail, the special support and facilities offered and demonstrate how, with reference to sources of good practice guidance, they will secure positive outcomes for people with dementia.  
  - Applicants will need to show that their staff have the right skills and, for residential care, the right environment to meet the needs of people with dementia. |
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| They will also need to show how they will work together with other health and social care services to provide the best support possible for people with dementia. | Care services need to be flexible to meet the changing needs of people who use them.  
We need to be equally flexible in our approach to the registration of these services.  
Our aim is to register in the DE category, those services that are clearly offering a specialist, dementia focussed, service.  
Not general services that are taking a flexible, holistic approach, supporting older people with their range of physical and mental health needs. |
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Not general services that are taking a flexible, holistic approach, supporting older people with their range of physical and mental health needs. | It is difficult to describe precisely the features of a service that will fall into the DE category.  
We need to make a specific judgement in the case of every service. That judgement may change over time.  
We need to look at the overall focus of the service and how it operates along with the needs of the people it is supporting or aiming to support (please see previous question on ‘What does the regulator consider?’ to see the important questions that we would ask when looking to see if a service could meet people’s individual needs.) |
| We only impose additional conditions in exceptional and significant circumstances (please see our guidance on Conditions of Registration).  
When registering a service, we do have the power to impose conditions on their registration to ensure they only provide services they are fit to provide, although we do this within the requirements of our policy and guidance. | General social or nursing care services that were initially able to meet the needs of a person with dementia may later find that person’s needs have changed so that they now need special dementia care.  
We understand that people may not wish to change from their general social or nursing care service provider when their support needs increase.  
There will be no need to change if the care service can show that they can meet the people who use services new needs and that other people who use services are not adversely affected.  
The service may do this by training their staff to provide special support or working with special service providers who will bring extra support to the people who use services.  
We might sometimes need to look again at a general care service’s registration if the service and, more importantly the needs of the people who use it have changed over time.  
It may be that the service has changed into a special service. If the service wishes to admit people who have significant dementia related needs, they should apply for a change in their registration category to the dementia (DE) category.  
This allows us to assess their fitness to provide specialist dementia related services. |
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<td>If a care service that holds a general registration but has become a specialist dementia related home, but does not apply for registration in the DE category, they would not be able to admit a person whose primary care need was dementia. If they did we could take enforcement action, as they would be operating outside the conditions of their registration. We would always consider any enforcement action we may take very carefully.</td>
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1. The National Service Framework for Older People, published in 2001, set out the Government’s 10-year vision for older people’s health and social care. It identifies 8 standards including one (Standard 7) on mental health. It also has an additional section on medicines. Further details of the standards can be found at the Department of Health’s website – www.dh.gov.uk.

2. A separate National Service Framework for Mental Health was published in 1999, however it focused on adults up to age 65. The policy gap between the two NSFs has been recognised. The Care Services Improvement Partnership (CSIP) has built on the national service framework to produce a care service development guide for older people’s mental health. The guide, published in 2005, is called ‘Everybody’s Business’. It aims to improve health and social care practice and includes best practice information to help:

   - Improve quality of life for older people with mental health problems
   - Meet complex needs in a co-ordinated way
   - Provide a person-centred approach
   - Promote age equality
   - Get properly trained and committed staff with appropriate training systems.

The guide covers commissioning, development and delivery of services for older people with mental health problems. It is the benchmark we need to use for our performance assessment of councils, service inspection and regulation of registered care services in this area of social care.

3. The guide particularly emphasises the need to:

   - Involve older people with mental health problems and their carers in decisions about the planning, development and delivery of care services.

   - Encourage needs-based, flexible services that are responsive to people’s changing circumstances.

   - Develop culturally aware services, challenging the barriers posed by attitudes and practices.

   - Have an effective workforce development strategy across education, training, recruitment and retention.

   - Have a whole systems approach to commissioning integrated services across organisations.
• Involve independent-sector providers in long-term joint planning to meet the needs of older people with dementia.

11. The key messages from Everybody’s Business for social care service providers are:

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<td>Home care</td>
<td>• Encouraging people to be as independent as possible, rather than doing things for them.</td>
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<td>• Using experienced specialist workers to carry out assessment and work with people who use services</td>
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<td>• Developing good links with specialist resources such as community mental health teams for older people and community rehabilitation teams.</td>
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<td>Care in residential settings</td>
<td>• Providing comprehensive assessment and person centered services that cater for a wide range of cultural, dietary and spiritual needs.</td>
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<td>• Ensuring that recruitment reflects the diversity of the home and staff receive training in all aspects of dementia care and mental illness, including communications.</td>
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<td>• Developing good links with local specialist services such as community mental health teams.</td>
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<td>• Promoting social inclusion.</td>
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12. We will look to see that these key messages are being acted upon in our performance assessment, regulation and service inspection activity. Our Key lines of regulatory assessment (KLORA) and Key lines of assessment of a services performance (KLASP) can help us to do this.

13. The Department of health has issued guidance on the care management for older people with mental health problems. The assessment of older people’s needs with severe mental health problems should be based on the Single Assessment Process (SAP) for older people. Further information on this can be found at the DH website: www.dh.gov.uk

14. Other sources of good practice advice are available from the Social Care Institute of Excellence (SCIE) through their Social Care Direct service and from the National Institute of Mental Health Excellence (NIHME) (this is now part of CSIP) and National Institute for Health and Clinical Excellence (NICE).

15. The Mental Capacity Act 2005 contains provisions that support people to make, or contribute to, decisions about the care or treatment they receive, even if they lack capacity. The Act requires those who are involved in a professional or paid role in caring for those who may lack capacity to have regard to two detailed Codes of Practice. The main code covers assessing capacity and making decisions. There is a supplementary code that provides ‘deprivation of liberty safeguards’. The Codes of Practice can be found at the Department of Constitutional Affairs website: www.dca.gov.uk. We will look to see that the staff engaged in the care and support of older people with mental health needs are aware of their obligations, and that the principles and requirements of the Mental Capacity Act are being
implemented in the services we regulate. CQC has a statutory duty to monitor and report on activity under the deprivation of liberty safeguards.